

# Meeting the Needs of Children in Lincolnshire A Shared Responsibility



BRILLIANT LINCOLNSHIRE

## Accessing Support Services in Lincolnshire – a Shared Responsibility

*Preventative services will do more to reduce abuse and neglect than reactive services and the coordination of services is important to maximise efficiency (Munroe 2011)*

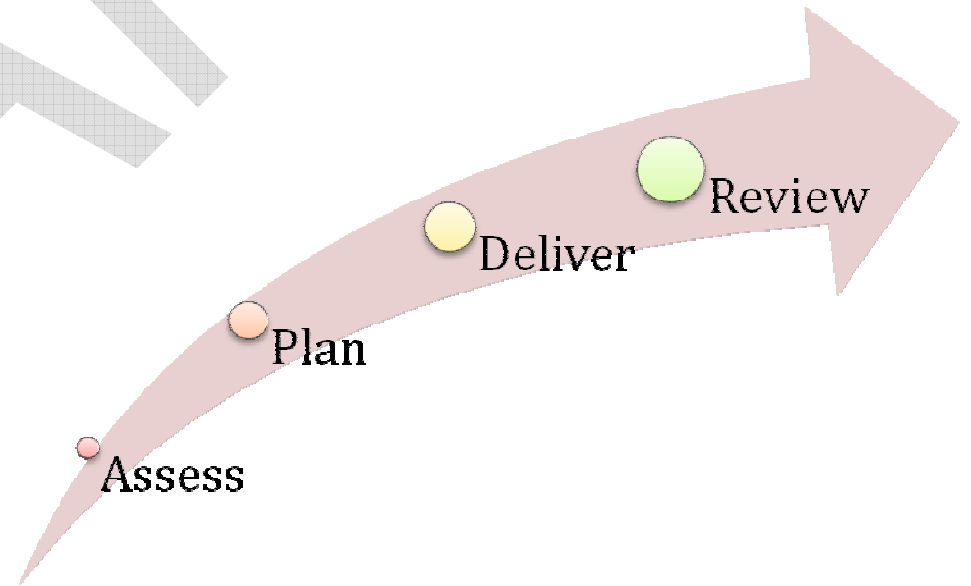
This is a framework for assessment, planning, delivering and review providing a single coherent approach for undertaking these key processes of working with all children who are in need of support services.

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

**Our overriding philosophy is that if a child is in need of support then this should be provided using a range of intervention taking into account the wishes and feelings of the child and working in partnership with the family.**

Having identified a potential need for support it is then crucial that there is a rigorous assessment of the child's needs. Assessment needs to be multi-disciplinary, engaging a range of professionals. The Assessment Framework requires that at the conclusion of the assessment a 'realistic plan of action is drawn up which sets out how a child's needs can be met. This should make it clear who is going to do what, where and when for the child (including actions for the parents or carers). Support for children can be provided by a direct service and/or a financial sum which can be used to purchase the services a child needs. This plan should be reviewed together with the child and family at regular intervals.

A child's needs depend largely on parental capacity to meet those needs. Such parental capacity varies according to the ability of parents or carers to meet those needs. Factors such as learning disability, mental health, substance misuse and environmental pressures impact upon the parental capability. We must also consider parenting capacity can also be challenged in cases of children with very complex disabilities making certain aspects of their care very difficult.



are concerns about the circumstances the child is living within. With specific reference to children with a disability every effort must be made to ensure effective communication for the child – where this is difficult consultation with CWD colleagues can be sort to help advise. Research regarding safeguarding with this very vulnerable group of children has shown that it can be overlooked due to some of the difficulties practitioners face in gathering information.

## Assessment

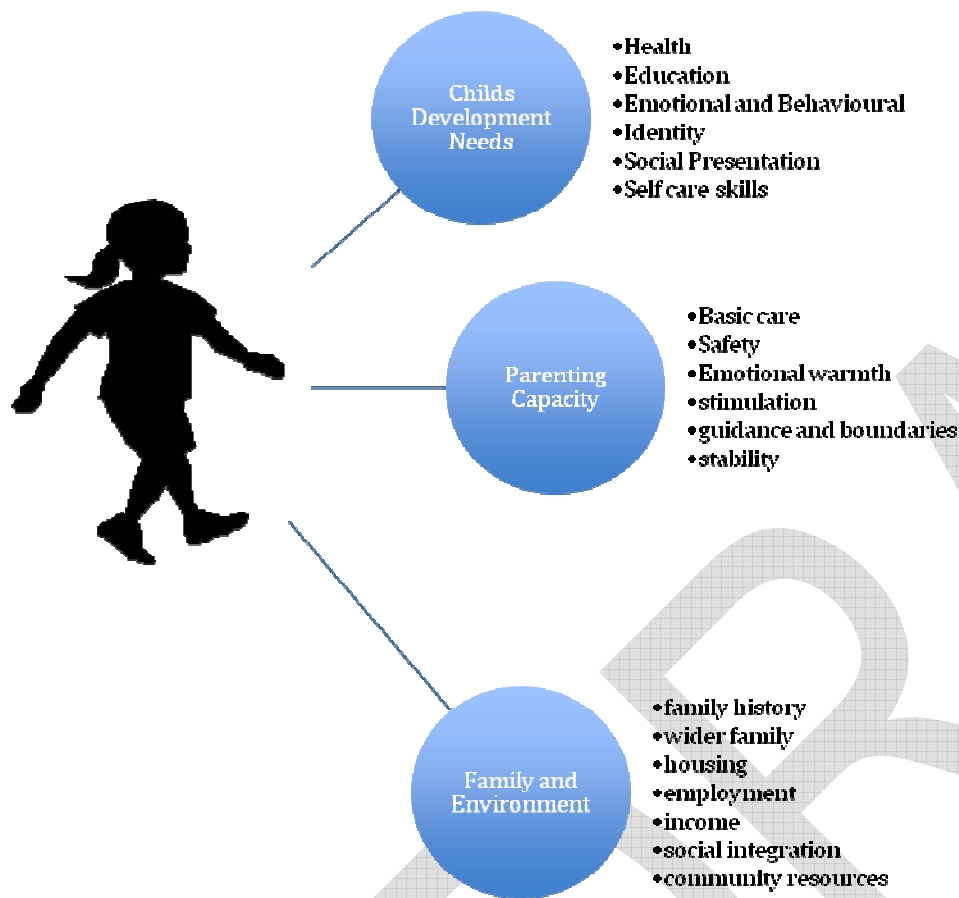
### Key Principles

- Child-centered;
- Focused on outcomes;
- Holistic in approach;
- Involving children and families;
- Child's welfare and safety is everyone's responsibility;
- Multi and Inter-agency approach
- Builds from previous assessments and is continual
- Evidence based
- Building on strengths as well as identifying difficulties;
- Meeting the needs within locally based services
- Families given the opportunity to find their own solutions

### Information Gathering

The first part of any assessment is to gather information using the assessment framework.

Assessment requires you to gather information and form judgments 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



## Assessment

You will need to consider whether additional support or intervention is needed if the child is to be kept safe, experience healthy out-comes and to ensure that their developmental needs are adequately met. The Single Assessment Form should be used for information gathering. This can be found on:

**[www.microsites.lincolnshire.gov.uk/children/practitioners/caf-and-tac](http://www.microsites.lincolnshire.gov.uk/children/practitioners/caf-and-tac)**

When a child's needs can no longer be met within universal provision a TAC should be initiated.

When a child's needs can no longer be met by a Team around the child then Social care will become the lead agency and will build on the TAC assessment. (Using same assessment tool)

If there are concerns about neglect, maltreatment or any other risk of significant harm then these concerns need be addressed through the Child Protection procedural route .if these concerns are unfounded or the risk ameliorated then the case becomes that of a child in need.

**The telephone number for the Customer Service Centre is 01522 782111**

All assessments should be multi agency and be able to draw on a wide range of support services .At the end of any assessment the it should be possible to see what help and support is need and from whom to meet the child and family 's needs.

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

In most situations meeting a child's needs will also involve responding to the needs of the family

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

Risk / Vulnerability Factors are defined as those in the child's world 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 adults like the child
- One supportive parent
- Sibling support
- Sense of humour in child
- Good social skills and intelligence

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

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

Once protective and risk factors have been analysed, the process requires an assessment of the likely outcomes of these factors on the child. The Single Assessment provides a structure for this analysis. Finally, the analysis must consider what needs to change if the level

of risk is to be reduced? This brings you into planning.

## **Planning**

Plans should be clear, specific and outcome focused. It should be clear who is responsible for each action and outcome.

The different plans for children needs are;

1. TAC/CIN plans
2. Child Protection plan
3. Care plan for lac
4. Pathway plan for young person who is in care or is about to leave care

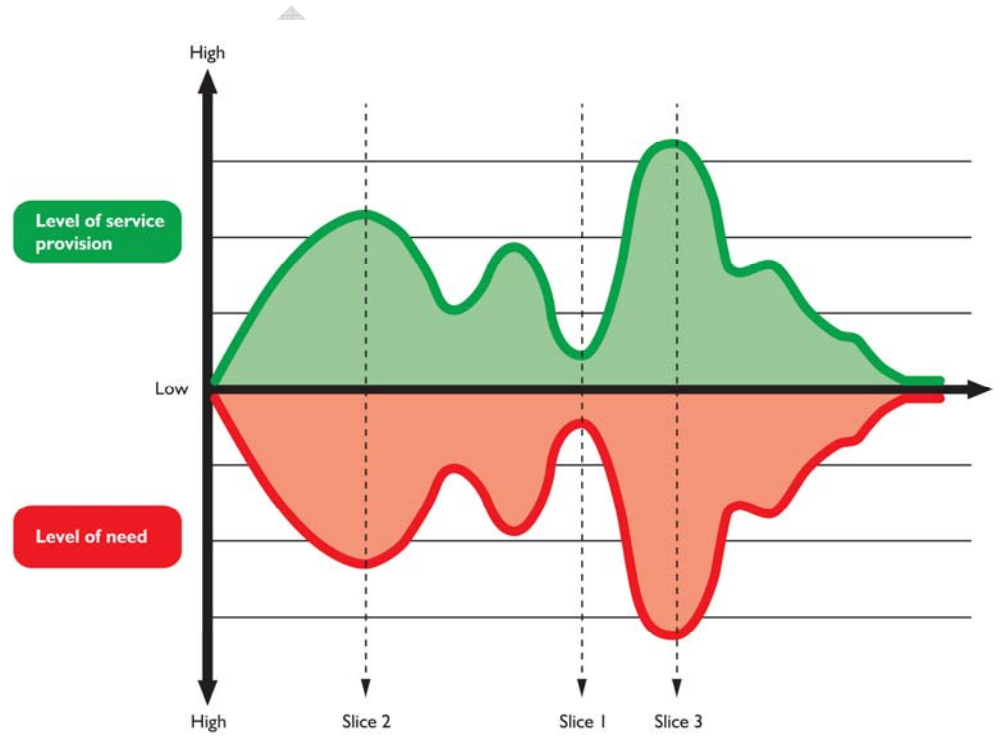
## **Deliver and Review**

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 examples once the child's needs are met through a child

protection plan, a conference will normally decide to discontinue the plan and offer support through a TAC plan.

Reviews should take place no less than once every three months for any provision plan and more frequently if the child's needs warrants or where there is a significant change in the child's circumstances ( save for CP cases which are bound by procedural timescales)



## Levels of need and Service Provision

This diagram represents the changing level of need experienced by children and families over time with a recognition that need changes in a non-linear fashion at times. Needs could possibly escalate sharply or indeed drop sharply without progressing through services in a steady procession. At needs change, the level of service provision should change accordingly.

Each "slice" represents a family or child at different times with different levels of need and what may be an appropriate service provision response to this.

## SLICE 1

### Examples of Type of Need

All children and their families have access to universally provided services that compliment support provided within family and community networks. Activities and services are available generally in the community

### Analysis against Assessment Framework

#### Childs Development Needs

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

#### Parenting capacity

- Carers provide for children's needs and protects from danger and harm
- Shows warmth and encouragement
- Carer provides appropriate boundaries and guidance
- Supports development through play

#### Family and Environment

- Not living in poverty
- Supportive wider family and community networks
- Appropriate accommodation and housing

### Examples of Service Provision

• Midwifery	• Faith Groups
• Primary Care Services (including GPs)	• District Council Services (inc Leisure & Community)
• Health Visitors	• Library & Cultural Services
• School Nurse	• Youth Centres
• Dental Practices	• Adult & Community Learning
• CAMHS promotion and prevention	• Connexions
• Healthy Schools Programme	• Further Education
• Early Years settings	• Citizen's Advice Bureau
• Extended Schools (Mainstream Nursery, Junior, Infants, Primary, Secondary)	• Benefits Agency
• Children's Centres	• Housing Agencies
• Voluntary Sector Services	• Family Information Service

DRAFT



## SLICE 2

### Examples of Type of Need

- Children with complex needs requiring targeted preventative services at risk of becoming looked after, significant harm or of significantly compromised parenting capacity
- Children whose health and development **is or may be** impaired or affected.
- Children and families where there is a **risk of deterioration** and the child's health or development **may** be affected in the near future
- Children at School Action, School Action Plus or have an SEN statement of Education
- Children who have organic development delay
- Children who have a sensory or physical impairment
- Children with disabilities who cannot access Universal Services without a level of support

### Analysis against Assessment Framework

#### Childs Development Needs

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Concerns re diet / hygiene/ clothing</li> <li>• Defaulting on health appointments</li> <li>• Not reaching developmental milestones</li> <li>• Few opportunities for play / socialisation</li> <li>• Substance use concerns</li> <li>• Mental health concerns</li> <li>• Poor school attendance / exclusion</li> <li>• Experiencing bullying;</li> </ul> | <ul style="list-style-type: none"> <li>• Special educational needs;</li> <li>• Disengagement from education, training or employment post-16</li> <li>• Difficulties with peer group relationships and with adults</li> <li>• Some evidence of inappropriate responses and behaviours</li> <li>• Finds it difficult to cope with anger, frustration and upset</li> <li>• Disruptive or anti-social behaviour;</li> <li>• Slow to development age appropriate self care skills</li> <li>• Disabilities</li> </ul> |
|--|---|

#### Parenting capacity

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Overt parental conflict or lack of parental support/boundaries;</li> <li>• Pregnancy and parenthood</li> <li>• Parental engagement with services is poor</li> <li>• Parent is struggling to provide adequate care</li> <li>• Previously looked after by Local Authority</li> </ul> | <ul style="list-style-type: none"> <li>• Mental health / anxiety or depression;</li> <li>• Child previously subject of a Child Protection Plan</li> <li>• Post natal depression</li> <li>• Concealed pregnancy</li> <li>• Perceived to be a problem by parents or carers</li> <li>• Inconsistent boundaries</li> </ul> |
|---|--|

#### Family and Environment

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Parents or carers have some conflict or difficulties that can involve the children</li> <li>• Has experienced loss of significant adult e.g. bereavement or separation</li> <li>• Young carers</li> </ul> <p>Parent has physical / mental health</p> | <ul style="list-style-type: none"> <li>• Family is socially isolated</li> <li>• Poor housing</li> <li>• Poverty</li> <li>• Involvement in / risk of offending</li> <li>• Poor access to universal services</li> </ul> |
|---|---|

### Examples of Service Provision: Universal Services identified in other slices **and possibly** the following:

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Secondary Health Services</li> <li>• Speech and Language</li> <li>• Child Health Development Teams</li> <li>• Community Paediatric Service</li> <li>• CAMHS (tier 2 services)</li> <li>• Psychology services</li> <li>• Special Schools</li> <li>• Drug &amp; Alcohol and Substance Misuse Services</li> <li>• Lincolnshire Police (Community Policing)</li> <li>• Domiciliary care</li> <li>• Child care subsidy grant</li> <li>• Carers Assessment</li> <li>• Sitting Service</li> </ul> | <ul style="list-style-type: none"> <li>• Targeted family support services</li> <li>• School Counselling Service</li> <li>• Specialist Voluntary sector organisation e.g. Homestart, Family Action</li> <li>• Education Welfare</li> <li>• Learning Mentors</li> <li>• Sensory Impaired Service</li> <li>• Learning Support Services</li> <li>• Educational Psychologists</li> <li>• Portage</li> <li>• Birth to Five services</li> <li>• Adult Mental Health Services</li> <li>• Translation/Interpretation Services</li> </ul> | <ul style="list-style-type: none"> <li>• Housing Agencies</li> <li>• Special Needs Sector</li> <li>• Parenting Programmes</li> <li>• YSIP</li> <li>• Youth Inclusion Programmes</li> <li>• Early Support Care Coordination - CWD</li> <li>• Relate</li> <li>• Parent Support Advisors</li> <li>• Day care 15 hours per week for 38 weeks for 3-4 years olds in targeted areas. 10 hours per week for 2 year olds in targeted areas</li> <li>• Early years action</li> <li>• Early years action plus</li> <li>• Early Support</li> </ul> |
|---|---|---|

<ul style="list-style-type: none"> <li>• Early support care co-ordination for children aged 0-5</li> <li>• Supported Youth Clubs</li> <li>• Specialist holiday provision through special schools</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• CAFCASS</li> <li>• Young Carers Groups</li> <li>• Therapeutic physio / OT S&amp;L input Equipment and aids</li> <li>• Integrated clubs and play schemes</li> <li>• Specialist clubs</li> <li>• Voluntary sector provision as part of care package</li> </ul>	<ul style="list-style-type: none"> <li>• Childminding including special needs child minders</li> <li>• Therapeutic physio / OT S&amp;L input Equipment and aids</li> </ul>
--	---	--

**SLICE 3**

<p><b>Examples of Type of Need</b></p> <ul style="list-style-type: none"> <li>• Children at immediate risk of significant harm including physical, sexual, emotional harm and neglect</li> <li>• Children with unexplained injuries, suspicious injuries or where there is an inconsistent explanation of the injury</li> <li>• Children from families experiencing a crisis likely to result in a breakdown of care arrangements</li> <li>• Where there are serious concerns regarding the risk of significant harm to an unborn baby</li> <li>• Children who are remanded</li> <li>• Children who are engaged in criminal activity ( refer to YOS)</li> <li>• Children who allege abuse</li> <li>• Vulnerable children who are left alone</li> <li>• Children with <u>substantial</u> learning difficulties</li> <li>• Children with <u>substantial</u> organic and non-organic development delay</li> <li>• Children with substantial sensory or physical impairment</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Children who have behavioural and emotional difficulties arising from their disability</li> <li>• Children who have substantial ill health (which may be short term)</li> <li>• Children on the autistic spectrum where functioning is severely affected and / or limited by their condition</li> <li>• Children with disabilities where their care needs cannot be met because the carers have a disability themselves</li> <li>• Children with disabilities where the care needs cannot be met because their carers have significant parenting capacity difficulties</li> <li>• Severe learning difficulties seriously impairing intellectual functioning</li> <li>• Severe organic / non-organic development delay seriously impairing functioning</li> <li>• Children with sever sensory / physical impairment</li> <li>• Children with serious emotional, behavioural difficulties associated with their disability and which impacts upon their functioning in all areas</li> <li>• Degenerative or life limiting conditions</li> <li>• Children with disabilities where the care needs cannot be met because their carers have significant parenting capacity difficulties</li> </ul>
<p><b>Analysis against Assessment Framework</b></p>	
<p><b>Childs Development Needs</b></p> <ul style="list-style-type: none"> <li>• Disability (permanent / substantial impairment of function);</li> <li>• Life threatening conditions;</li> <li>• Severe Health Problems</li> <li>• Significant emotional and behavioural difficulties or significant mental health needs;</li> <li>• Significant involvement in alcohol/ substance misuse;</li> </ul>	<ul style="list-style-type: none"> <li>• Suicide attempts</li> <li>• Neglects to use self-care skills due to alternative priorities e.g. Substance use</li> <li>• Children whose behaviour has been sexually harmful;</li> <li>• Family breakdown related in some ways to the child’s behavioural difficulties</li> <li>• Children who are runaways or who put themselves in danger</li> <li>• Long term neglect which significantly impacts on child’s development</li> </ul>
<p><b>Parenting capacity</b></p> <ul style="list-style-type: none"> <li>• Serious / repeated domestic abuse;</li> <li>• Serious family relationship problems;</li> <li>• Parenting is not safe</li> <li>• Previously subject to child protection plan</li> </ul>	<ul style="list-style-type: none"> <li>• Physical or learning disability / mental ill health / are seriously ill / use substances;</li> <li>• Children who are sexually exploited;</li> <li>• Children who are homeless</li> <li>• Young Carers</li> </ul>
<p><b>Family and Environment</b></p> <ul style="list-style-type: none"> <li>• Housing places child in danger</li> </ul>	<ul style="list-style-type: none"> <li>• Extreme poverty impacting on ability to care for the child</li> </ul>
<p><b>Examples of Service Provision: Universal and Targeted Services</b> identified in other slices <b>and possibly</b> the following:</p>	

<ul style="list-style-type: none"> <li>• Children’s Social Care</li> <li>• Youth Offending Service</li> <li>• Specialist Acute Health Services e.g. Tier 4</li> <li>• Asylum Team / Home Office</li> <li>• CAMGS Tier 4 services such as intensive outreach and inpatient services</li> <li>• Intensive high level family support</li> <li>• Prison Services</li> <li>• Foster Care</li> <li>• Probation Services</li> <li>• Residential Care</li> <li>• Local/National Voluntary Organisations</li> <li>• Inpatient Psychiatric Unit</li> <li>• Independent Residential Sector</li> </ul>	<ul style="list-style-type: none"> <li>• Overnight care</li> <li>• Intensive outreach / family support</li> <li>• Intensive behavioural support</li> <li>• Sessional support / child minding (as short break care)</li> <li>• Family Link</li> <li>• Family Link carer – 50 units per year</li> <li>• Domiciliary care – up to 8 hours per week</li> <li>• Overnight respite up to 50 units per year</li> <li>• Direct payments</li> <li>• Additional Needs</li> <li>• Specialist Teaching services – SIS/LSS/Portage/Birthe to Five</li> <li>• Family Support to manage behaviour</li> <li>• Continuing care health service</li> <li>• Lincolnshire Police Public Protection Unit</li> </ul>	<ul style="list-style-type: none"> <li>• Considerable hospital care significant acute bed use</li> <li>• Short-term emergency provision</li> <li>• Adoption</li> <li>• 52 or 38 week residential school</li> <li>• Residential short break care – more than 50 units per year</li> </ul>
--	---	--

**Children with Disabilities**

In addition to the definition of disability:

- 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 situations without supervision because of his/her disability
- 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 Disability Team.

This criteria outlines those children and young people that should be referred to specialist services and those that should not.

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

**Children likely to receive services from the disability teams:**

- 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 disability as a result of an accident. This might include severe head injuries following a road traffic 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.

Underlying this criteria is the assessed impact of the disability upon their daily lives and functioning.

**Significant Harm**

Some children are in need because they are suffering, or likely

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

The court may make a care order or supervision order in respect of a child if it is satisfied that:  
The child is suffering, or is likely to suffer, significant harm;  
The harm or likelihood of harm, is attributable to a lack of adequate care or control

The following list provides a guide of all children where Children's Services have a statutory responsibility:  
Children who are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services;  
Children who are subject of a child protection plan;  
Children subject to care or supervision order;  
Looked after children;  
Children for whom adoption is the plan;  
Offenders remanded into the care of the Local Authority  
Children who are privately fostered  
Unaccompanied asylum seeking children

## Sharing Information

Knowing when and how to share information isn't always easy, but it's important to get it right. Families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent, but there may be circumstances when you need to override this.

Six Key Principles:

1. Explain openly and honestly at the outset what information will/ could be shared, why, and seek agreement, except where doing so puts the child or others at risk of significant harm.
2. The child's safety and welfare must be the overriding consideration when making decisions on whether to share information about them.
3. Respect the wishes of children or families who do not consent to share confidential information unless in your judgement there is sufficient need to override that lack of consent.
4. Seek advice when in doubt.
5. Ensure information is accurate, up-to-date, and necessary for the purpose for which you are sharing it, shared only with those who need to see it and shared securely.
6. Always record the reasons for your decision

Points for consideration:

- < Is there a legitimate purpose for sharing information?
- < Does the information enable a person to be identified?
- < Is the information confidential?
- < If so, do you have consent to share?
- < Is there a statutory duty or court order to share the information?
- < If consent refused, / there are good reasons not to seek consent,
- < Is there sufficient public interest to share information?
- < If the decision is to share, are you sharing the right information in the right way?

< Have you properly recorded your decision?

Lincolnshire's Information Sharing Toolkit is available on

## Team Around the Child (TAC)

### Definition of TAC

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 a range of different agencies and may require a Team around the child, a team of professionals who can provide different services to meet the identified need.

### When a TAC is required

When a professional from any agency identifies a child with an additional need and where the care needs require co-ordination due to complexity or due to the number of agencies involved, then a team around the child meeting should be initiated. As a guide, a TAC would normally be required where two or more support services are involved, however this is not prescriptive and professionals should use their judgement to consider when a TAC is necessary

A TAC meeting will consider the support services required for the child and appoint a Lead Professional to co-ordinate the support provision.

For guidance on completion of a TAC refer to ????

### Role of the Lead Professional

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

### TAC Action Group

The TAC Action Group is to be administered by the TAC co-ordinator who is responsible for ensuring the meeting is set up, staff invited, the management of the agenda (under the direction of the LCC Children's Services Locality Team Manager/Principal Practitioner who will act as chair of the meetings.

The TAC Action Group is a locality group made up of staff sufficiently senior to ensure decision making, and will meet fortnightly in the first instance within each locality, but it is anticipated that district meetings may be more appropriate, depending upon traveling and other relevant considerations.

The TAC ACTION GROUP will

Consider cases which are transferring between TAC and Child in Need – (CIN) where normal working arrangements have not resulted in an agreement on such transfer and vice versa “stuck cases”

Consider cases which are causing agency problems regarding lack of attendance/resources/commitment

Act as a quality assurance body or function to ensure local case management is running smoothly and agencies are working together to promote children's interests.

Each partner representative on the TAC Action Group will have responsibility for ensuring their own individual agency work is of a high qualitative standard through random audit and selection of cases

Each partner representative on the TAC Action Group will be responsible for making arrangements to unlock resources within their function.

Each partner agency will, where the appointment of a lead professional has become an irresolvable issue, undertake to direct the appointment of a specific lead professional at the meeting, or no later than within 5 working days of the meeting.

### **Referring cases to the TAC Action Group**

Any agency may make a referral to TAC Action Group, through contact with the TAC Co-ordinator. However, all efforts to make progress without referral should have first been attempted. It would be expected however that referral from the LCC Children's Services would be by agreement with the team manager chair. For other agencies, a nominated representative, to act as a conduit for referral is recommended.

### **ESCO – Early Support Care Coordination**

#### **Definition of ESCO**

Early Support is a programme that is used nationally as a means of improving the way in which families who have children with disabilities and/or complex health needs can access information and services to support them.

The early support materials provide a framework that families are able to use, whatever their child's needs. These materials can be downloaded free of charge from the link below.

Early Support is relevant to all agencies that provide services for families:

- Hospital and clinical settings
- Children's centres
- Mainstream Early Years settings
- A range of specialist support agencies, including portage services , sensory support services etc
- Voluntary organisations.

Early Support promotes services for families and children that work in partnership with parents and carers, so that families are at the heart of discussion and decision-making about their child.

Early Support integrates service planning and delivery, particularly when families are in contact with many different people and agencies. This is achieved through care co-ordination schemes that provide key workers for families. The care co-ordination scheme in Lincolnshire is called ESCO (Early Support Care Co-ordination)

Further information is available from....