



# Swindon LSCB

The Right Help at the Right Time

A guide to assessing levels of need and identifying  
the most appropriate support

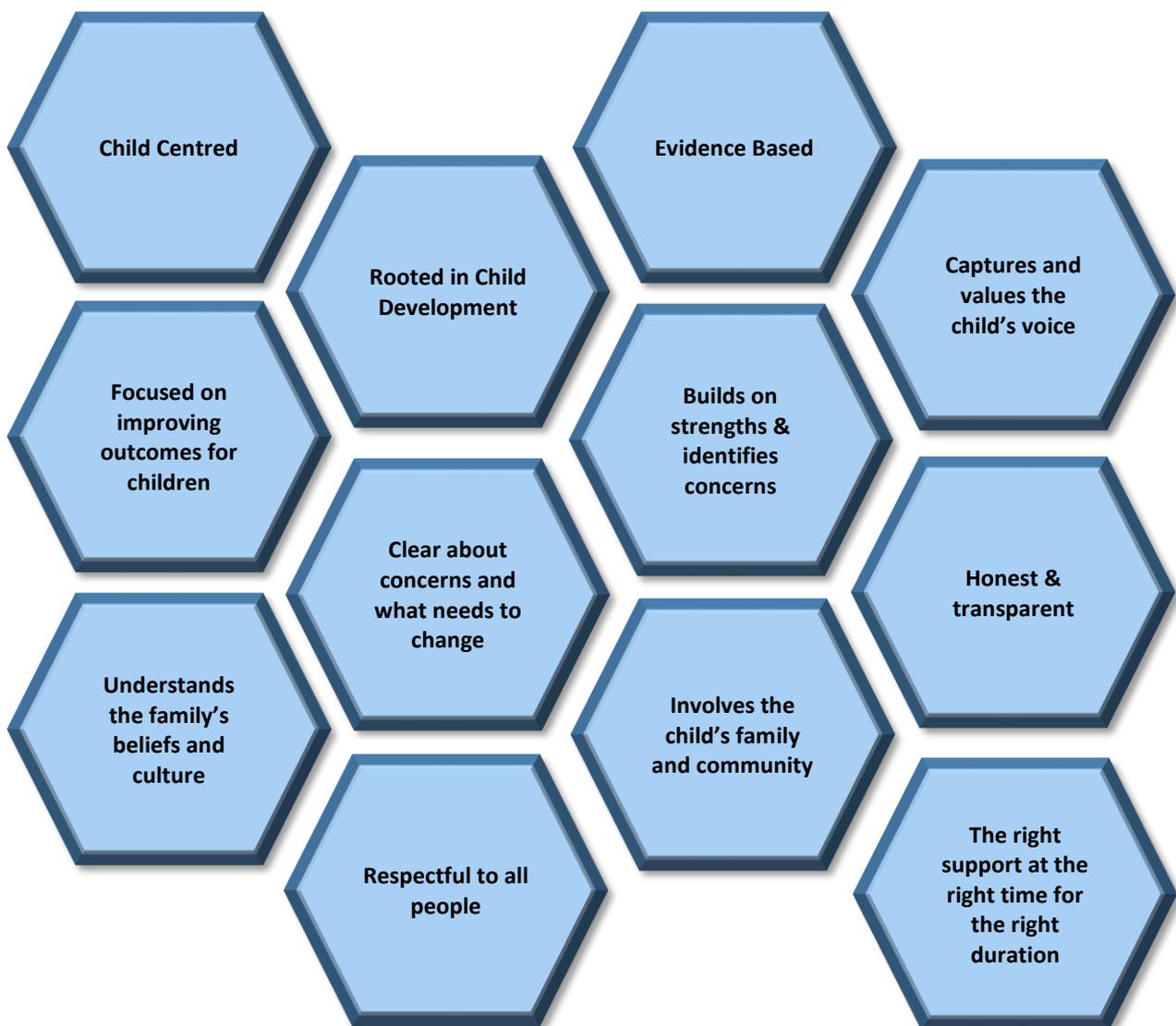
## QUICK START GUIDE

	<b>Page</b>
Principles of Practice	1
Assessing Need through Conversation	2
Assessing Levels of Need and Accessing Support	3
Levels of Need Examples	8
Resolving Professional Disagreements	9
Information Sharing	10

## Principles of Practice

It is important that people working with children and their families share a common set of principles which inform their practice. The diagram below sets out principles of practice that support an approach to working with children and families which:

- Focuses on the needs of the child;
- Facilitates early conversations when there are emerging worries about children; and,
- Promotes the development of safety and strengths that exist within the family and their existing networks to properly address their needs on a long-term basis.



## Assessing Need through Conversation

Most practitioners will be used to having conversations with children and their families and with other workers. When you have concerns about a child these questions might help you to clarify those concerns and inform your assessment of need.

### What are you worried about?

Identifying past harm, future risks & complicating factors

- What have you seen or heard that worries you?
- Are there any barriers preventing the family from speaking openly?
- What are you most worried about?
- If nothing changes what are you worried will happen to the child?
- Have things become worse recently?
- What has been the impact on that child?
- What are the child's worries?
- What do you already know about the family and the child's needs and difficulties that makes this problem harder for them to manage?

### What is working well?

Recognising existing strengths and safety

- Where do the family and child get their best support from?
- Who and what are those supports?
- In relation to the worry, what do the family and child do already that makes things even a little better?
- What has already been done to try and help the situation: who did what and when?



### Questions you might ask the family:

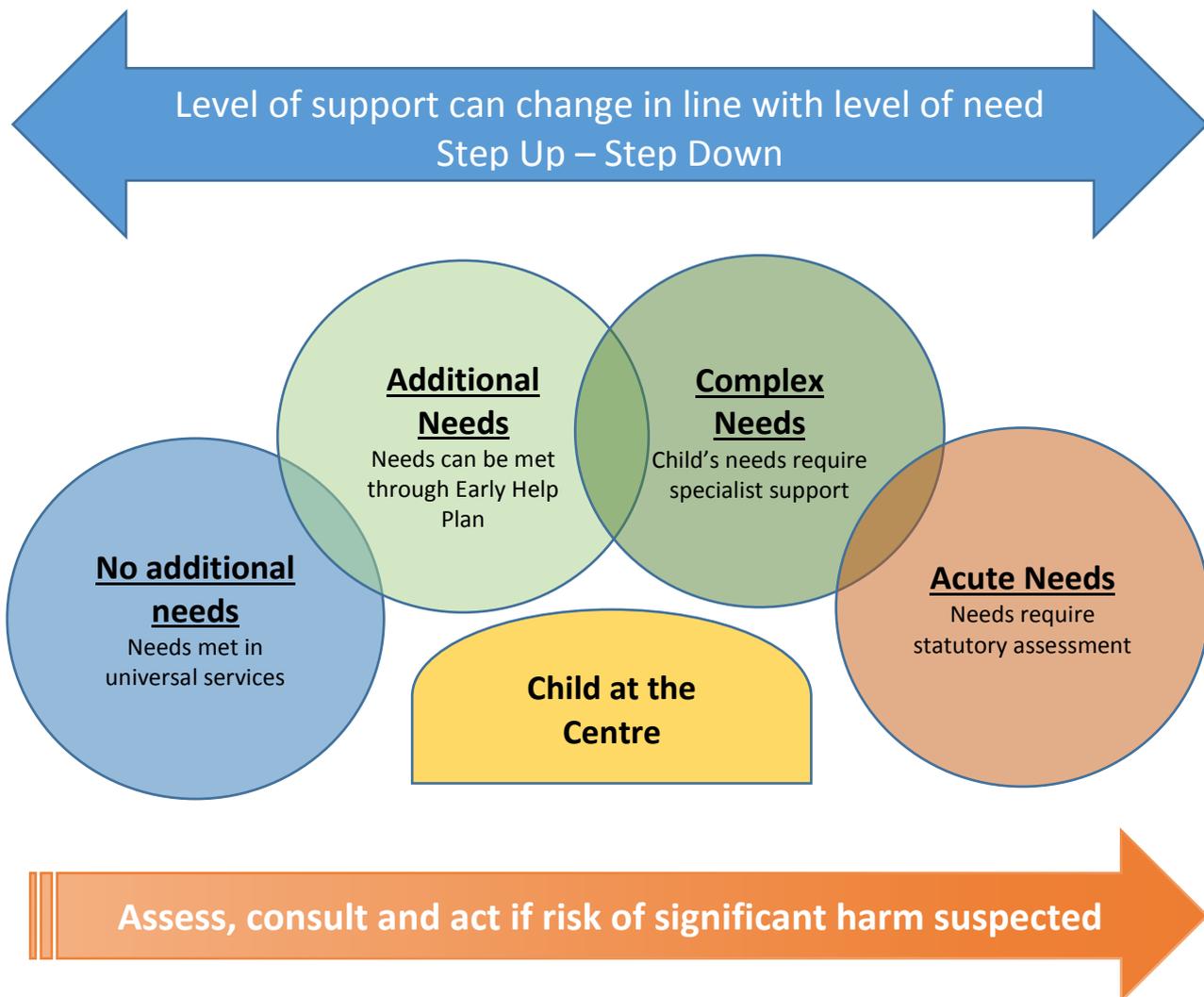
- Is there anyone else supporting you at the moment?
- Do you mind if I speak to them?
- Is there any other support that you feel you need at the moment?
- What would you ideally like to see happen next?
- Have you told anyone about this before?
- Has this happened before?
- Do you feel that professionals understand your concerns?

### What needs to happen?

Identifying agency and family goals

- What do you think needs to happen to make the situation better?
- Are other services needed to provide early help for this family?
- Will a coordinated, multi-agency approach help this family?

## Assessing Levels of Need and Accessing Support



### Level 1: Children with no additional needs

Children with no additional needs are children whose health and developmental needs will be met by good parental care and the universal services that are available to all children. Universal services are available to all Swindon children and families whatever the level of concern and most children will be kept safe from harm and able to reach their full potential with support from Swindon's excellent universal services such as: Schools - Nurseries – Child-minders; Youth projects; Local police; Midwife; Family GP; Health Visitors; Job Centre; Housing Officer; Mentors; Voluntary Sector. Many of these agencies will use their own assessment processes to tailor support to individual needs of the child.

## Level 2: Children with additional needs

Children with additional needs are children who require support above that provided by universal services to ensure that their health and developmental needs are met.

They may be vulnerable and showing early signs of abuse and/or neglect, but often their needs are not clear, not known or not being met.

Additional support may be provided by a single agency, or by a number of different agencies working together, with a lead professional co-ordinating the work. Additional services from providers such as family support services and parenting programmes may be required.

This kind of support is described as 'early help' or 'early intervention', as it seeks to provide help and support to children, young people and their families in the early stages when concerns are identified, and to avoid those concerns escalating. However, the level of need or risk is not such that involvement by statutory children's social care services is required.

[Please refer to Appendix 1 for Examples of Levels of Need](#)

### Accessing Support

If the need for support can be met by your agency, hold a conversation with the child and family and put agreed support in place.



If it appears that the need can be met by another single agency, discuss with child and/or parents or carers. With their consent, refer them to that agency.

Information about other resources available to families can be found through the My Care My Support website at: <http://children.mycaremysupport.co.uk/>



If a multi-agency package of support is required, discuss your concerns with the child and/or parents or carers and seek their consent to share information with other agencies. If consent is obtained, an assessment should be completed using the [Early Help Record and Plan \(EHR&P\)](#). This is an assessment tool that is completed with a child, young person and their family as well as other professionals, to decide what help is needed. Once the EHR&P is completed, it should be sent to FCP/MASH at [fcp@swindon.gov.uk](mailto:fcp@swindon.gov.uk).

It will probably be beneficial to hold a Team Around the Child (TAC) Meeting. Guidance and paperwork to support you in this can be downloaded from <http://schoolsonline.swindon.gov.uk/sc/iwg/Pages/Home.aspx>.

**If at any point in the EHR&P or TAC process it appears that a child or young person's needs might best be met at Level 3 or Level 4 a referral to FCP/MASH should be made.**

### Level 3: Children with complex multiple needs

These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. In most cases agencies would be expected to complete Early Help Records to assess, plan and provide intervention for these children and their families. They may require longer term intervention from specialist services.

If these needs are significant and not met within specialist services, then the threshold for a children and families' assessment led by a qualified social worker under Section 17 of the Children Act 1989 is met - although the assessments and services required may come from a range of provision outside of children's social care.

If the conclusion of the assessment is that continued social care involvement is required to prevent impairment of the child's health or development suffering, a 'child in need plan' setting out the contribution of all agencies to meeting the child's needs will be drawn up and implemented.

[Please refer to Appendix 1 for Examples of Levels of Need](#)

### Accessing Support

Everyone who works with children **must** know how and when to refer safeguarding concerns to Children's Social Care.

You may be concerned that the early help provided at Level 2 is not working and things are not getting better for the child. If so you should discuss this with the child, parents/carers and the other agencies involved before contacting FCP/MASH

It may be that the need to discuss safeguarding concerns has arisen because of an incident, or an injury to the child, or because something the child has told you suggests they are at risk of harm or have been harmed.

You should discuss your concerns with the child or young person's parents or carers and seek their consent to share information, **unless** you have reasonable cause to believe that do would place the child at risk of significant harm. Guidance in relation to information sharing is available in the Government publication:

[Information sharing – advice for practitioners providing safeguarding services to children, young people, parents and carers, March 2015.](#)

If you believe that a child has unmet needs at Level 3 then contact the Family Contact Point/MASH by email [fcp@swindon.gov.uk](mailto:fcp@swindon.gov.uk) or by phone on 01793 466903 (or 01793 436699 for the out of hours Emergency Duty Team).

The Multi-Agency Referral Form (RF1) should also be completed for all referrals to FCP/MASH and can be downloaded from <http://www.swindonlscb.org.uk/wav/Pages/Forms.aspx>

Following consideration of your referral and any additional multi-agency information obtained, FCP/MASH will take one of the following actions.

If the child is not considered to have unmet needs at Level 3 then you may be offered advice on other actions you could take at Level 2 which may include a referral to SBC Early Help Service

If the child is considered to have unmet needs at Level 3 a social worker will undertake a statutory assessment under Section 17 of the Children Act 1989.

It may be that your referral is of sufficient concern to indicate that the child is at risk of significant harm and FCP/MASH will pass the details to the Assessment and Child Protection Team

You will receive feedback on the outcome of your referral but do contact FCP/MASH if you need additional information.

You might also consider...

A referral to MARAC (Multi Agency Risk Assessment Conference) in which information about high risk domestic abuse victims is shared between agencies and a risk focused, co-ordinated safety plan is drawn up to support the victim. Referral forms can be downloaded from:

<http://www.swindonwomensaid.org/our-services/referral-pathway-forms-to-access-our-services>

A MAPPA (Multi-Agency Public Protection Arrangements) referral so that information about high risk perpetrators can be shared between agencies and a risk focused, co-ordinated plan drawn up. For referral information contact [MAPPA@wiltshire.pnn.police.uk](mailto:MAPPA@wiltshire.pnn.police.uk)

Other resources available to families can be found through the My Care My Support website at:

<http://children.mycaremysupport.co.uk/>

Contacting the regional Police Prevent Team if your referral relates to a risk of radicalisation Channel.

Tel: 01179455539 or email:

[channelsw@avonandsomerset.pnn.police.uk](mailto:channelsw@avonandsomerset.pnn.police.uk)

A referral to TAMHS (Targeted Mental Health Service) or CAMHS (Child and Adolescent Mental Health Services). Further information on these services can be found at:

<http://schoolsonline.swindon.gov.uk/sc/Pages/tamhs.aspx> and <http://www.oxfordhealth.nhs.uk/children-and-young-people/south-west/child-and-adolescent-mental-health-services-camhs-tier-2-3/>

#### Level 4: Children with acute needs

These are children where there is reasonable cause to suspect that they are suffering or are likely to suffer significant harm. For further information on the concept of 'significant harm', you should refer the Child Protection Procedures at [www.proceduresonline.com](http://www.proceduresonline.com).

Inquiries under Section 47 of the Children Act 1989 will be undertaken, and if necessary emergency action to secure the child's safety will be taken.

If the suspicion of significant harm is substantiated, and is assessed as likely to continue, a multiagency Initial Child Protection Conference (ICPC) will consider what further action is required to protect the child.

This level also includes children in specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems, and children who are remanded into custody.

[Please refer to Appendix 1 for Examples of Levels of Need](#)

#### Accessing Support:

##### **If the child is at immediate risk, contact the police by calling 999**

When a child is at risk of significant harm, a referral must be made to FCP/MASH on 01793 466903 (or 01793 436699 for the out of hours Emergency Duty Team). You will need to provide:

- all of the details known to you/your agency about the child;
- their family composition including siblings;
- the nature of the concern; and,
- your view of immediate risks.

[\(See Appendix 2 for more information on making a good referral\)](#)

FCP/MASH will also need to know where the child is and whether you have informed parents/carers of your concern (see Sharing Information about Children and their Families).

Remember to complete the [RF1 Referral Form](#) and send it to [fcp@swindon.gov.uk](mailto:fcp@swindon.gov.uk)



The MASH will then undertake further information gathering about the child and their family from relevant agencies and their own records, and make a decision as to whether the referral needs to go to the Assessment and Child Protection Team (ACP) or the Disabled Children's Team for a social work assessment. Where a social work team has worked with the case within the previous three weeks the referral information will be passed direct to that team's manager.

If concerns for a child are immediate and serious, the FCP/MASH processes runs parallel to essential safeguarding action planning between Children's Services, Police and Health.

FCP/MASH provides a referral management and decision making process. It does not provide direct services to children. FCP/MASH will inform referrers of the decision that has been taken, i.e. that a referral has been passed to the Assessment and Child Protection Team or, where appropriate, will recommend that the referrer considers approaching the Family Service or other Early Help services.

Information about other resources available to families can be found through the My Care My Support website at: <http://children.mycaremysupport.co.uk/>

[See Appendix 3 for Information and flowcharts showing what should happen once a child is referred to the Local Authority's Childrens Social Care Service](#)

## Example of Needs at Levels 2, 3 & 4

### LEVEL 2

This can include children and young people:

- Who have 'young carer' responsibilities
- with low level behavioural problems
- in poor living conditions or with identified housing need
- in households under chronic financial pressures or without recourse to public funds
- With poor school attendance
- With learning needs
- With mild or moderate disability
- With disabilities whose needs can be met with basic additional support
- At risk of or involved in low level crime/anti-social behaviour
- in households where parenting is compromised by parental illness or disability, mental health, substance abuse or domestic violence, but no indication of significant impairment to the child's health or development
- Who experience intimidation or bullying behaviour or are at risk of isolation
- Who exhibit self-harming behaviour
- Who send or receive inappropriate sexual material produced by themselves or other young people via digital or social media
- Who sometimes express extreme or intolerant views about those who do not share political or religious views, or support for extremist actions
- Who are involved in low-level substance misuse
- Who go missing occasionally from home or care

### LEVEL 3

Children with multiple complex needs may:

- Live in households where they experience persistent domestic abuse.
- Be those where there is an allegation of physical assault but with no visible or only minor injury (other than to a pre-or non-mobile child), or allegations of serious verbal threats
- Experience a series of apparently accidental injuries or a minor non-accidental incident
- Be the subject of repeatedly expressed minor concerns from one or more sources
- have severe and profound disabilities in a range of developmental areas or in one significant area
- have a disability and whose parents or carers are not meeting their developmental needs in areas such as feeding, use of equipment, communication, or engagement with professionals, or respecting their right to dignified and safe care
- be believed to be neglected or emotionally abused, and whose health and development are showing signs of impairment
- display signs of sexual abuse (e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour, carer)
- have no available parent or carer, and are in need of accommodation
- at risk of criminal exploitation
- raise concerns that they are being targeted and groomed for sexual exploitation, and 'warning signs' of exploitation have been identified, but there is no evidence at this stage of any offence. Who demonstrate strong support for extremist ideologies, which may be encouraged by family or community networks
- be at risk of affiliation with gangs
- undertake intimate personal care for a parent or carer
- be privately fostered
- be at immediate risk of homelessness
- be heavily engaged in substance misuse
- repeatedly go missing from home or care
- be at risk from purported witchcraft or malign spirituality
- be pregnant under the age of 16 with additional vulnerabilities

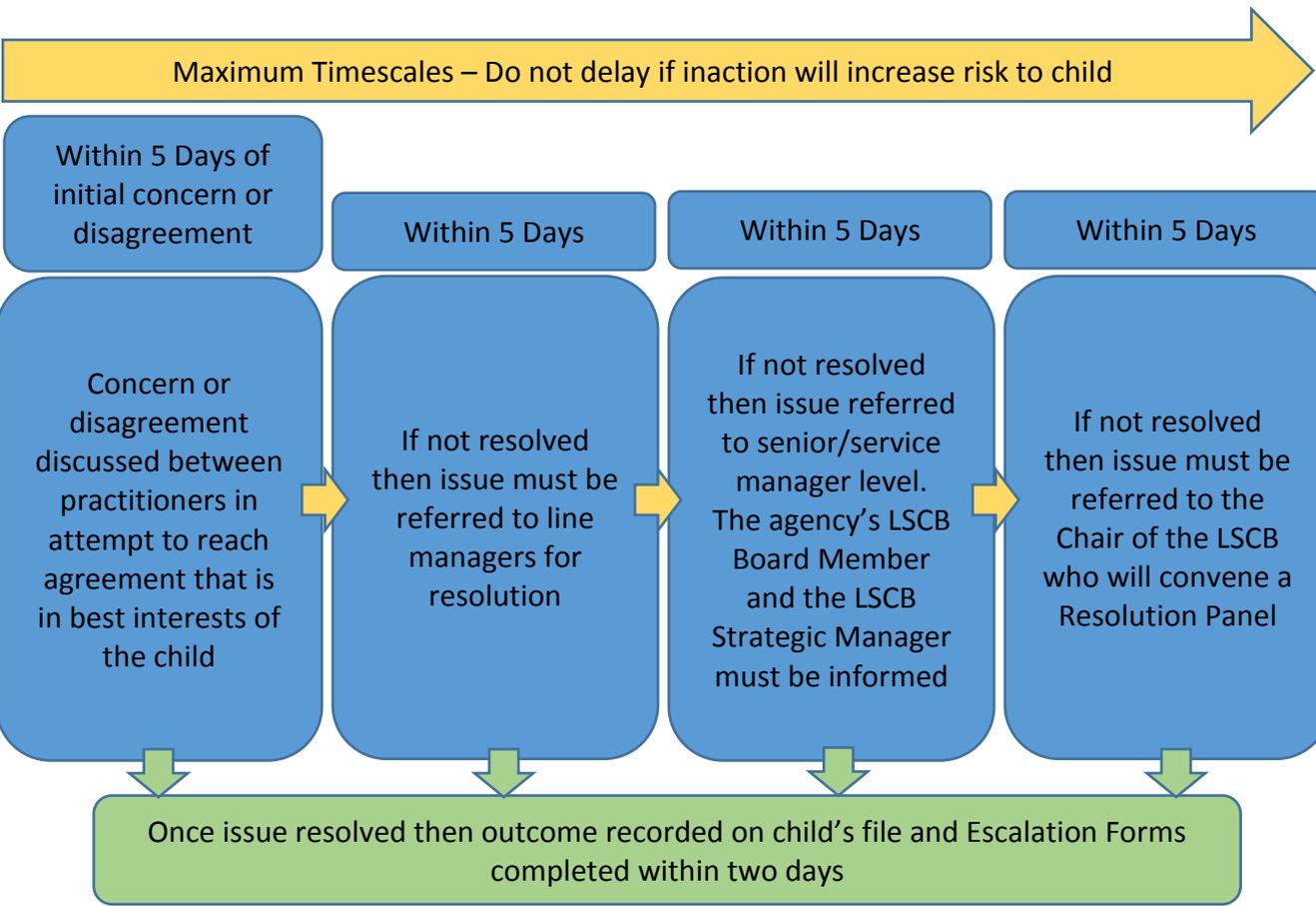
### LEVEL 4

Situations in which children may be suffering or be likely to suffer significant harm include:

- any allegation of abuse or any suspicious injury in a pre- or non-mobile child
- any allegation of serious physical assault or suspicious injury
- two or more minor injuries to pre-mobile or non-verbal babies or children
- Children with a disability whose health and development is likely to be significantly impaired by parental or carer failure to meet their needs
- Chronic domestic abuse or actual/serious risk of domestic abuse in a care setting.
- Persistent or chronic neglect of their needs
- emotional abuse likely to cause serious impairment of health and/or development
- allegations or confessions of sexual abuse.
- an allegation suggests connections between sexually abused children in different families or with more than one abuser
- living in a household with an individual known to pose a risk to children
- subjects of a current Child Protection Plan or looked after by a local authority and the subject of suspicious injury or allegation of harm
- no available parent and the child is vulnerable to significant harm (e.g. an abandoned baby)
- suspected to be at risk of significant harm due to fabricated or induced illness
- parent/carer with severe mental illness or substance addiction which poses a serious risk to the child's health or development.
- Criminal, including sexual, exploitation
- trafficking
- in a household into which a registered sex offender or convicted violent offender subject to MAPPA moves
- sexually active and aged 13 or below (statutory rape)

# It's OK to disagree!

In fact, if you believe that what is happening is not in the best interests of the child you must speak up...



Effective working together depends on open and honest relationships between practitioners and agencies. Problem resolution is an integral part of healthy challenge, professional co-operation and joint working to safeguard children.

The Escalation Policy can be found at: <http://www.swindonlscb.org.uk/procedures/Pages/Home.aspx>

## Information Sharing

