



***MULTI-AGENCY SAFEGUARDING CHILDREN  
POLICY AND PROCEDURES***

**CONTINUUM OF NEED  
AND SERVICES**

Adopted **November 2010 (V1)** by

**Stockton-on-Tees Children's  
Trust Board & Local  
Safeguarding Children Board**

SLSCB Procedures: Section **1.8**

Contents

<b>1.</b>	<b>Introduction .....</b>	<b>2</b>
<b>2.</b>	<b>Levels of Vulnerability and Need.....</b>	<b>3</b>
	Level 1 Children whose needs are met.....	3
	Level 2. Children with additional needs, whose health and development may be affected without additional services and an improved outcome would be likely if services were provided .....	3
	Level 3. Children and young people whose health and development is being impaired by a range of unmet needs and where an integrated response from a number of agencies and support systems is necessary to achieve an improvement in outcomes. ....	4
	Level 4. Children with significant additional needs that have not been met following a co-ordinated, multi agency response and for whom significant concerns remain and it has been identified that statutory intervention is required.	4
	Level 5 Children at risk of or who have experienced significant harm. ....	5
<b>3.</b>	<b>The Role and Responsibilities of Agencies.....</b>	<b>5</b>
<b>4.</b>	<b>Ensuring Equality of Opportunity.....</b>	<b>5</b>
<b>5.</b>	<b>Involving Children and Families.....</b>	<b>6</b>
<b>6.</b>	<b>Building on Strengths as well as Identifying Difficulties .....</b>	<b>6</b>
<b>7.</b>	<b>Engaging with Hard to Reach Children and Families.....</b>	<b>6</b>
<b>8.</b>	<b>Common Assessment Framework .....</b>	<b>7</b>
<b>9.</b>	<b>Lead Professional .....</b>	<b>7</b>
<b>10.</b>	<b>Information Sharing.....</b>	<b>8</b>
<b>11.</b>	<b>The Role of Children's Centres.....</b>	<b>8</b>
<b>12.</b>	<b>The Role of Schools .....</b>	<b>9</b>
<b>13.</b>	<b>The Role of Midwives .....</b>	<b>10</b>
<b>14.</b>	<b>The Role of Health Visitors .....</b>	<b>10</b>
<b>15.</b>	<b>The Role of School Nurses .....</b>	<b>10</b>
<b>16.</b>	<b>The Role of First Contact .....</b>	<b>10</b>
<b>17.</b>	<b>The Role of Children's Social Work Teams.....</b>	<b>10</b>
<b>18.</b>	<b>Effective Referrals .....</b>	<b>11</b>

## 1. Introduction

In Stockton-on-Tees, a number of new initiatives are being developed, continuing the move to integrated and collaborative ways of working to meet the needs of children, young people and their families. These include children's centres, extended school services, targeted youth support services, integrated services for children with disabilities and reconfigured children's social work teams.

The emergence of new services together with a greater focus on agencies working together challenges many of the traditional referral and assessment systems currently in place. This lack of clarity can lead to confusion for users of the service and practitioners alike and updated guidance is therefore required to ensure our services and the processes that support them are quick, efficient and easy to understand.

Alongside this, the implementation of the Common Assessment Framework (CAF) by all agencies requires clear guidelines as to when and how it should be used and how it interfaces with more specialist assessments in order to be of maximum benefit to children and families.

The *Continuum of Needs and Services* is therefore proposed as a framework to provide greater clarity in relation to the roles and responsibilities of all agencies working with children in Stockton-on-Tees. This replaces *Children's Social Care: Eligibility Criteria and Initial Assessments*, which has been operational since October 2006.

The shared aim of all services from universal to highly specialised is to provide supportive early intervention, which focuses on the needs of the child, young person and family and enables them to achieve the five Every Child Matters outcomes.

It is important to stress at the outset that this framework does not replace the Stockton-on-Tees Local Safeguarding Children Board (SLSCB) procedures for safeguarding children. If any member of staff is ever concerned that a child may be suffering significant harm they should ring First Contact immediately (Tel 01642 527764) who will provide advice, support and a protective response. For issues arising out of office hours the Emergency Duty Team should be contacted (Tel 08702 402994).

## 2. Levels of Vulnerability and Need

The following provides more information on the different levels of children and young people's needs, supported by examples. This is not intended as an exhaustive list of needs, however. If any member of staff has concerns about a child they should consult their line manager and if necessary share information with the most relevant agency/organisation.

### **Level 1 Children whose needs are met**

Universal services are available to all children and young people.

The most easily identifiable universal services that children and families will access are primary health and education. Most children will access universal services successfully and have their needs met via those universal services and their family, informal support systems and the voluntary sector.

Indicative examples of needs and circumstances:

- A new born baby is provided with the necessary post natal care through midwifery services
- A mother having problems with her child's sleep patterns, feeding difficulties has the child's needs met through health visiting services
- Most children and their families have their education and support needs met through schools
- A young person aged 13 plus has their need for careers information, advice, guidance and support from Connexions

### **Level 2 Children with additional needs, whose health and development may be affected without additional services and an improved outcome would be likely if services were provided**

If the child's circumstances do not improve after maximising the worker's own agency resources, the worker must consider other agencies that may have skills and knowledge that may be of benefit. Advice and guidance can be sought from the appropriate agency.

Indicative examples of needs and circumstances:

- A child is struggling to communicate at nursery. Speech and language therapy services are accessed and the assessed need is met
- A learning mentor assesses that a young person has a problem with alcohol and drugs, therefore substance misuse services are accessed and the need met
- A class teacher identifies a child's problems with accessing the curriculum and the school SENCO requests a service from another education professional for example specialist teacher, education psychologist
- A health visitor assesses a child as having additional health needs and refers to a paediatrician who meets the need
- An adult social care worker providing support for a parent with mental health problems assesses the young person in the family as inappropriately caring and refers to the Young Carers Project as part of the action plan for the family
- A housing officer assesses that a family has financial difficulties and accesses welfare benefit advice and the need is met

- A child / young person is assessed as being at risk of being involved in anti social behaviour by a youth worker who accesses specific activities and the young person is diverted from the risky behaviour

**Level 3 Children and young people whose health and development is being impaired by a range of unmet needs and where an integrated response from a number of agencies and support systems is necessary to achieve an improvement in outcomes.**

If the child's circumstances do not improve after a multi agency co-ordinated approach, supported by a plan of action the lead professional should consider consulting children's social care services.

Indicative examples of needs and circumstances:

- A child or young people who may be at risk of sexual exploitation through their own vulnerability or association with others who are believed to be victims of sexual exploitation
- A family where the children have complex needs, there is no extended family and one of the parents becomes terminally ill
- A young person who is displaying a range of anti social behaviours, is not attending school and whose parents' ability to manage this is compromised by their own drug or alcohol abuse
- A parent with ongoing mental health difficulties who has fled domestic violence and whose children are exhibiting a range of challenging behaviours at school
- A single unsupported parent who continues to miss their child's hospital appointments for investigation of failure to thrive
- A child who has severe disabilities or health needs which will require coordinated intervention from a number of agencies and specialist assessments from social care

Assessments of additional needs at Level 2 and 3 should always be recorded on a CAF form unless this is covered by another statutory process eg Special Educational Needs Code of Practice. Where it is identified that a further specialist assessment may also be required the CAF will provide better evidence based information to access such services. In cases where there is uncertainty about initiating the CAF assessment the CAF pre-assessment check list can be used to help to establish if additional services are required.

**Level 4 Children with significant additional needs that have not been met following a co-ordinated, multi agency response and for whom significant concerns remain and it has been identified that statutory intervention is required.**

Indicative examples of need and circumstances:

All those examples described in level 3 where families have had the benefits of a multi agency, coordinated approach, where services have been provided and the impact of these reviewed, where a lead professional and the multi agency team assess that despite the appropriate services being provided the concerns for the children remain or have escalated, and their outcomes remain poor.

### **Level 5 Children at risk of or who have experienced significant harm.**

Children will have a high level of vulnerability at this level and a referral must be made to children's social care. All professional referrals should be confirmed in writing by the referrer within 48 hours.

The judgement about what constitutes significant harm is a complex and is set out in more detail in *Working Together to Safeguard Children* (HMSO, 2010) and SLSCB procedures and practice guidance.

Indicative examples of need and circumstances:

- A child or young person who needs protection from harm, including an unborn child
- A child or young person who has been sexually exploited
- A child or young person who has been abandoned
- A child or young person who makes an allegation of abuse against a professional
- A child or young person with a serious and persistent eating disorder who refuses, or is refused, treatment
- A child or young person who has significant, life threatening, self-harming behaviour

### **3. The Role and Responsibilities of Agencies**

*Working Together to Safeguard Children* (HMSO, 2010) sets out very clearly the principles of practice that should underpin agency practice in safeguarding and promoting the welfare of children.

The part played by agencies to discharge their responsibilities is to identify user need through assessment, give access to appropriate resources held by the agency, refer/signpost the user to partner agencies to meet any outstanding need and then to work in partnership to ensure children, young people and families are enabled to benefit from the individual and combined efforts of universal and targeted services. Any planned intervention must set out the intended outcomes for each child and interventions must have a positive impact. All involvement and outcomes must be recorded.

### **4. Ensuring Equality of Opportunity**

Equality of opportunity means that all children and young people should have the opportunity to achieve the best possible development, regardless of their gender, ability, race, ethnicity, sexual orientation, circumstances or age. Some vulnerable children may have been particularly disadvantaged in their access to important opportunities and their health and educational needs will require particular attention in order to optimise their current welfare as well as their long-term outcomes in young adulthood.

**5. Involving Children and Families**

In the process of finding out what is happening to a child, it is important to listen and develop an understanding of their wishes and feelings including any needs they may identify. It is also imperative to develop a cooperative working relationship with parents or carers so that they feel respected and informed and believe practitioners are being open and honest with them.

The consent of children, young people and their parents or carers should always be obtained when sharing information, unless to do so would place the child at risk of significant harm. Decisions should also be made with the child's agreement, whenever possible, unless to do so would place the child at risk of significant harm.

If a decision is made to share information when consent is withheld, the reasons for this should always be fully recorded.

**6. Building on Strengths as well as Identifying Difficulties**

Identifying both strengths and difficulties experienced by the child and their family and the context in which they are living is important, as is considering how these factors have an impact on a child's health and development. It has been found that working with a child or family's strengths is an effective way of encouraging change and resolving difficulties.

**7. Engaging with Hard to Reach Children and Families**

Some children, young people and families can be 'hard to reach', that is they do not wish to work with agencies to resolve their problems or difficulties, or find doing so in a consistent manner difficult.

It is always important that agencies do everything they can to be flexible and adaptable so that children, young people and families who perhaps find it challenging to fit into routines and patterns of appointments are encouraged to do so. If having done so and the care and/or well being of a child or young person continues to be compromised, a referral should be made for statutory social work involvement.

No professional should ever give up on a child or family, no matter how challenging they are to engage. If efforts to engage parents and carers on a voluntary basis and concerns about their welfare, the Local Authority and partners can pursue this through statutory involvement and legal channels if necessary.

Consequently, there should never be a 'no further action' (NFA) response to a child or family whilst a need is identified.

## **8. Common Assessment Framework**

The CAF is a standardised approach to conducting an assessment of a child's additional unmet needs and then acting on the result. The CAF is a key tool for delivering frontline services that are integrated and focused around the needs of children and young people.

CAF has been designed to help practitioners assess needs at an early stage and then work with the child/young person and/or parent(s), alongside other practitioners and agencies, to meet identified needs.

CAF aims to:

- avoid children and young people having to undergo unnecessary, repeat assessments
- ensure that children receive the required universal and additional services at the earliest opportunity and be a mechanism for requesting a service for children with additional unmet needs
- facilitate multi-agency working and communication, thereby encouraging early intervention where this is appropriate

Further information regarding CAF is available on the Stockton-on-Tees Borough Council website at <http://www.stockton.gov.uk/childrenstrust/projects/ecmproj/caf/>

## **9. Lead Professional**

A lead professional is someone who takes the lead to coordinate service provision and be a single point of contact for a child/young person and/or their parent(s), when a range of services are involved and an integrated response is required. Their role is to:

- Act as a single point of contact for the child/young person and/or parent(s) and other practitioners
- Support the child/young person and/or their parent(s) in making choices and finding their way through the system
- Ensure that interventions are well planned and reviewed to facilitate effective delivery
- Reduce overlap and inconsistency by practitioners involved with the child/young person

Identifying a lead professional ensures that professional involvement is rationalised, coordinated and communicated effectively. Most importantly, it provides a better experience for children, young people and their parent(s) involved with a range of agencies. The lead professional role will be agreed at the first team around the child meeting (see CAF guidance for further detail). It is essential that this is agreed with the child, young person or parent(s) and all other practitioners involved. It will be necessary to identify the specific remit of the lead professional when agreeing a package of support, who will deliver it and timescales for outcomes to be achieved.

## **10. Information Sharing**

All Children's Trust Board and SLSCB partners are committed to embedding effective information sharing into the daily routine of the children's workforce and developing existing partnerships in order to promote good practice in this area.

Information sharing is key to early intervention and safeguarding to protect the most vulnerable, such as those at risk of harm or neglect. Good information sharing will improve outcomes for those children in need or requiring additional support, improve standards of service delivery, assist in signposting users to specific services and prioritise help and support.

It is important that all the children's workforce staff are aware of their roles and responsibilities in relation to information sharing to ensure they carry out their duties in the most timely and efficient manner, where an information sharing request is made or received.

Golden rules of information sharing:

- Remember that the Data Protection Act (DPA) is not a barrier to sharing information
- Be open and honest with the person or family
- Seek advice if you are in any doubt as to whether or not you can share the information you hold
- Share with consent where appropriate; although consent is not a requirement in child protection cases and information should be shared when it is in the public interest to do so
- Consider the safety and well-being of children, young people and vulnerable adults
- Be necessary, proportionate, relevant, accurate, timely and secure
- Keep a record of your decision and reasons

## **11. The Role of Children's Centres**

Children's centres have multi-disciplinary teams, which comprise home visitors, early years staff, midwives, health visitors, customer care workers, teenage pregnancy support workers and numerous other support staff.

Children's centres contribute to the development of more co-located and integrated multi-disciplinary universal and preventative services to provide personalised support to children and their families.

A range of services are provided depending on local need and parental choice. A network of centres has been developed across the borough to offer information, advice and support to parents/carers, early years provision (ie integrated child care and early learning) or access to a local partner provider, health services, family support, parental outreach and employment advice for parents and families. Children's centres also promote the delivery of public health priorities and support the child health programme. Services offered are not the same everywhere, because needs and communities vary greatly, but the greatest resource for children's centres will go to those children most in need. The intention is that children's centre services become permanent mainstream community services, which are developed and delivered with the active involvement of parents/carers and the local community.

The underpinning principle of children's centres is the bringing together of early education, childcare, health and family support services so that families have one point

of access. All children's centres in Stockton-on-Tees offer access to these core services:

- Early education integrated with childcare
- Family support and outreach to parents
- Child and family health services
- Help with learning and work issues

In addition, they act as a service hub within the community for parents and providers of childcare services for children aged 0-5, offering a base for childminder networks, a link to other day care provision, out of school provision and extended schools. Centres will also have links to local education and training providers, Job Centre Plus and Family Information Services (FIS).

## **12. The Role of Schools**

As universal services, schools are very well placed to identify and meet the individual needs of the children and young people they serve. Schools are a vital player in the 'team around the child' in ensuring assessments, planned intervention and referrals are in line with the educational, social and emotional needs of the child. School staff are well placed to lead or contribute to a CAF assessment and take on the role of lead professional where appropriate.

At Level 1, schools need to ensure they offer provision which is preventative through the curriculum and the wider opportunities available via extended schools to ensure children and young people understand how to stay safe and are empowered to do so. At Level 1, schools meet the needs of young people through high quality teaching and learning, specialist support and inclusive practice. This includes the effective deployment of designated teachers, trained staff, including staff who play the role of mentors, and those who engage in family liaison work.

Schools are required to track and monitor thoroughly the progress of children and young people. If this routine and regular assessment identifies that a child is not making the appropriate progress in its learning or social and emotional development, additional and different provision will be put in place through the school's special educational needs processes and provision for vulnerable children and young people. This may necessitate the involvement and support of other agencies at Level 2 and 3. Processes covered by the Special Educational Needs Code of Practice do not require the completion of a CAF unless it is considered that a child is not making the required progress or additional needs are identified.

Schools maintain robust partnerships with a range of agencies and have designated staff who are trained to refer to these other agencies swiftly and effectively when children and young people needs require further intervention at Levels 4 and 5.

School Governors have a statutory responsibility to ensure their school has excellent quality assurance and risk assessment systems which are routinely informed by children's, parents' and carers' views. They must ensure that there is a comprehensive awareness of safeguarding issues amongst all staff at all levels, all of whom receive regular training on safeguarding and, in particular, child protection. This responsibility is supported and monitored through the Local Authority and inspected by Ofsted. The effectiveness of safeguarding procedures is a limiting judgement in an Ofsted inspection and in the Local Authority's categorisation of schools. This reflects the significance of safeguarding as schools work to meet the needs of every child and young person.

### **13. The Role of Midwives**

The healthy child programme starts in pregnancy. Midwives are the primary health professionals likely to be working with and supporting women and their families throughout pregnancy. The close relationship they foster with their clients provides an opportunity to observe attitudes towards the developing baby and identify potential problems during pregnancy, birth and the child's early care.

### **14. The Role of Health Visitors**

Health visitors are responsible for leading the healthy child programme, 0-5 years and 5-19 years, which provides a framework to ensure the promotion of the health and wellbeing of children and young people. Through their preventative work, they are frequently the first to recognise children who are being or are likely to be abused or neglected and therefore when safeguarding procedures need to be initiated. Knowledge of the child, family and their circumstances gathered during home visits enables the health visitor to recognise signs and symptoms of a worsening environment, lack of progress to improve the child's circumstances, or actual harm being suffered by the child.

### **15. The Role of School Nurses**

School nurses have a crucial role to play in safeguarding. They have regular contact with children aged 5-19 who spend a significant proportion of their time in school and are commonly the lead professional for children subject to a CAF. They have opportunities for periodic, anticipatory health assessments of this group of children as part of universal services. They lead public health actions, implement health education programmes and deliver enhanced services according to assessment of individual or group needs. They may be the first to identify the needs of specific children and instigate preventative interventions, and/or safeguarding procedures.

### **16. The Role of First Contact**

First Contact is the first point of contact for statutory intervention, which generate referrals in respect of children and families when there are complex child in need issues or safeguarding concerns.

Contacts/referrals from members of the public (who can remain anonymous) are dealt with in the same respectful manner and level of seriousness as all other contacts/referrals. All contacts/referrals are screened by a qualified social work practitioner.

First Contact undertakes information gathering which feeds into assessments for children and their families. The assessment includes information from professionals, parents/carers and children's views. It takes into account historical information including significant events for the child/young person and the impact of their situation on their physical, social and emotional well being.

Should it be considered that further assessment is required, this will be passed through to the duty team to undertake an initial assessment. Alternatively contacts/referrals can be sign posted to relevant agencies to offer support.

### **17. The Role of Children's Social Work Teams**

In addition to the duty team, there are a range of targeted and specialist social work teams dealing with longer term interventions. These teams are supported by a range of teams dealing with specific groups of service users such as looked after children, care leavers and children with complex needs.

The role of the social work team is to:

- Coordinate services for children, young people and families
- Provide targeted and specialist services for children, young people and their families when this is not available elsewhere
- Assume the role of key worker in complex cases or where there is a statutory involvement

## **18. Effective Referrals**

An effective referral provides the basis for a productive and successful response. The characteristics of a good referral are:

- That it is timely and accurate in the description of the child or family's circumstances
- The information provided is balanced, highlighting strengths and complexities of the child or family
- That it provides factual information about the child or family, offering an informed opinion as to the overall circumstances and has a brief analysis of the problem, circumstances or difficulties
- Whenever possible engages the child or family in a positive way in providing information and seeking help and support

Those receiving a referral, are responsible for:

- Ensuring the information received, including decision and course of action, is accurately logged into the system and processed efficiently within 24 hours
- Providing feedback to the referrer as to the outcome of the referral and contact with the user

## Stockton on Tees Children's Trust Board/Local Safeguarding Children Board Continuum of Need and Services

