



**Hillingdon Safeguarding Children Board  
Threshold's Guidance  
and  
Hillingdon Children & Young People's Social Care  
Assessment Protocols  
2014**

**PROPOSED LOCAL THRESHOLDS GUIDANCE & ASSESSMENT PROTOCOL  
2014**

## SECTION 1: INTRODUCTION

### 1.1 Thresholds guidance & assessment protocol

This document provides revised and up-dated guidance to determine local thresholds and an assessment protocol to assess and support children with additional needs, and their families.

The Local Safeguarding Children's Board (LSCB) and Hillingdon Children's Services have agreed to publish a joint document that combines the LSCB thresholds guidance and Children's Services assessment protocol to clarify professional responsibilities and expectations and ensure that children and young people receive timely:

- Early help to prevent problems escalating, and;
- Statutory services to safeguard and promote their welfare

This document is primarily targeted at professionals who come into contact with children and families and have a concern about a child's development, welfare or safety. Understanding and appreciating how local thresholds are applied will help professionals decide what to do and inform the action that they take. This will enable services to work well together and in the best interests of children and families.

This document is compliant with, and builds upon, the relevant statutory and best practice guidance and procedures, which are outlined below, and is underpinned by the following two key principles;

- **safeguarding is everyone's responsibility:** for services to be effective each professional and organisation should play their full part, and;
- **a child-centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children.

### 1.2 Working Together statutory guidance

The statutory guidance, "Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children", which came into force on 15 April 2013, streamlined previous guidance by clarifying professional responsibilities for safeguarding children and strengthening the focus away from bureaucratic processes and onto the needs of the child. It replaces the previous Working Together (2010) guidance, the Framework for assessment of children in need and their families (2000) and section 11 of the Children Act (2004). Working together (2013) focuses on assessment, partnership working, local safeguarding children's boards and serious case reviews.

Importantly, the statutory guidance confirms that the Local Safeguarding Children Board should publish a threshold document to:

- Confirm the process for the early help assessment and set out the type and level of early help services
- Confirm the criteria and level of need for referring to local authority children's services for assessment and statutory services for children in need, including those in need of support, protection, accommodation and care (sections 17, 47, 20 and 31 of the Children Act 1989)

Furthermore, the statutory guidance also states that the local authority, in consultation with partners and with the agreement of the Local Safeguarding Children Board (LSCB), should develop and publish a local protocol for assessment to;

- Ensure assessments are timely, transparent and proportionate
- Set out how the particular needs of disabled children, young carers and children in the youth justice system will be addressed
- Clarify how agencies and professionals can contribute to assessments
- Clarify how statutory assessments will be informed by other specialist assessments
- Ensure that specialist assessments are coordinated and joined up as part of an outcome-focused single planning process
- Confirm how assessments will be reviewed with other professionals during the assessment process
- Confirm the process of assessment for children returning to the care of their parents following a period of care
- Ensure that children and families understand the type of help that they are offered and their own responsibilities
- Provide details about complaints procedures
- Ensure that local records capture decisions, monitoring and review arrangements to ensure that progress is made and outcomes are improving

### **1.3 The London continuum of need**

The London continuum of need, which has developed in consultation with local authorities and key local, regional and national partners, aims to facilitate swift and easy access to appropriate services and remove barriers to cross-authority integrated service delivery. The London continuum of need offers a

model of approach which identifies a set of risk and resilience triggers which builds from four levels of need.

#### **1.4 London child protection procedures**

The London child protection procedures (London SCB, 5<sup>th</sup> edition, Dec 2013) sets out the procedures that all London agencies, groups and individuals must follow in order to safeguard children and promote their welfare in the home and within the community. The procedures apply to professionals coming into contact with or receiving information about children 0 – 17 years, including unborn children and adolescents up to their 18<sup>th</sup> birthday.

#### **1.5 Munro recommendations**

“The Munro review of child protection: Final report – A child centred system”, (DfE, 2011) undertaken by Professor Eileen Munro, is arguably the most influential development in recent times and recommends a “step change” in the child protection system to;

- radically reduce central prescription to allow professionals to move from a compliance culture to a learning culture where they have freedom to exercise their expertise in assessing need and providing the right help
- promote the importance of early help services to identify and support children and families that do not match the criteria for children’s social care services
- enable social workers to exercise their professional judgement by developing their skills and expertise throughout their career
- improve outcomes for children by making best use of evidence about what helps to resolve problems in children’s lives
- create a learning culture that promotes regular case review and reflection

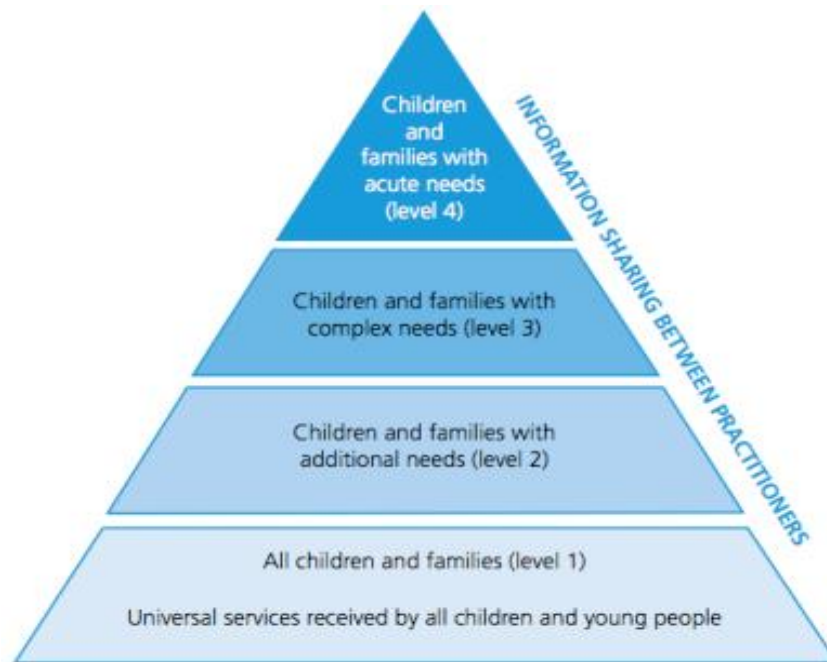
### **SECTION 2 : THRESHOLDS GUIDANCE**

In accordance with *Working together* (2013), the LSCB is required to publish a thresholds document to provide guidance about different types of assessment and services to be commissioned and delivered. This document provides guidance about the local thresholds.

#### **2.1 The continuum and levels of need**

The Hillingdon LSCB thresholds are aligned with the London continuum of need (2009), which can be found at [www.younglondonmatters.org](http://www.younglondonmatters.org), and is attached and marked Appendix 1. The continuum of need provides a conceptual model to help professionals identify and assess the most appropriate threshold of intervention and support for a particular child. It is intended to be used as guidance, not a prescriptive procedure, to support practitioners and managers exercise sound professional judgement.

The four levels of need are outlined below:



## 2.2 Level 1: All children and families

At level 1, children with no identified additional needs will have their developmental needs met by universal services.

## 2.3 Level 2: Additional needs

Children at level 2 will have additional needs that are not clear, not known or not being met. This is the threshold for beginning an early help assessment. Response services are universal support services and / or targeted services. These services are typically early intervention and preventative services.

## 2.4 Level 3: Complex needs

Children at level 3 have complex needs that are likely to require longer term intervention from statutory and / or specialist services. High level unmet needs will usually require a targeted integrated response, which will usually include a specialist or statutory service. This is also the threshold for a child in need which will require children's social care intervention.

## 2.5 Level 4: Acute needs

Children at level 4 have acute needs requiring statutory intensive support. This includes the threshold for child protection which will require children's social care intervention.

## 2.6 Changing needs

Children's needs and circumstances often change over time and accordingly, children can, and do, move from one level of threshold to another. It is important therefore to ensure that the assessment is an on-going process that provides continuity and consistency throughout the child's journey from needing to receiving help. When a child meets certain criteria within the context of the threshold this does not mean that they will stay at this level. Additionally, agencies and professionals, including universal services, may need to offer support at a number of different levels.

## 2.7 Seeking advice

It is important to be clear about the purpose and intended outcome of a referral. It is helpful to consider the three main categories of referral and related levels of need to consider where the best "fit" is likely to be. It is often useful to consult with other professionals in the child's network, such as a health visitor or teacher, when there are concerns about a child. When the concern is about risk of harm the agency's named or designated lead for child protection should be contacted. Alternatively, a local authority children's child protection adviser can be contacted for advice.

## SECTION 3 : ASSESSMENT PROTOCOL

In accordance with *Working together* (2013) the local authority, in consultation with partners and with agreement of the LSCB, have produced the following assessment protocol which focuses on how cases will be managed once a child is referred to children's services.

### 3.1 Early help assessment framework

Early help assessments, where a child with additional needs may benefit from support from more than one agency, are completed in accordance with the Early Help Assessment Guidance. An early help assessment should be completed when a professional in any agency has a concern about a child with additional or unmet needs. It is a process for recognising signs that a child may have needs that a single universal service cannot meet, for identifying and involving other agencies who may be able to support the child and / or undertaking a specialist assessment.

The use of an early help assessment will enable effective information sharing, avoid children and families having to re-tell their story, prevent repeated assessments and provide co-ordinated help to make the most efficient use of resources.

The LSCB has agreed a template for Early Help Assessments to be used across the partnership and this can be found in Appendix 2

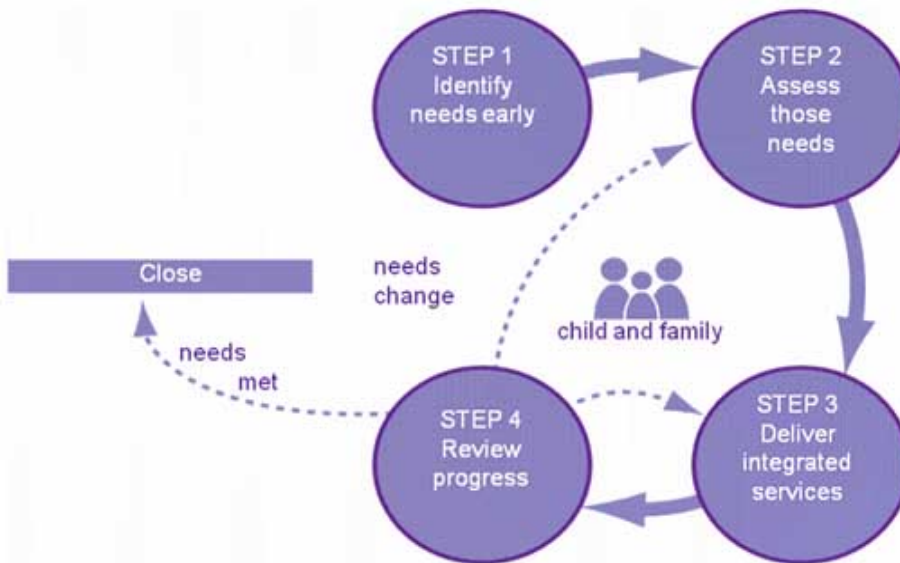
### 3.2 Early help assessment characteristics

Early help assessments should;

- Be completed by a professional who knows the child and family, can act as an advocate and co-ordinate integrated support
- Be undertaken with the agreement of the child and their parents / carers and should involve them and all relevant professionals working with them
- Help practitioners to identify the needs of a family and what further action may need to be taken, for example a single agency referral or calling a Team around the Family meeting. Details about the range and type of local early help provision can be accessed via the Family Information Service which is being developed to reflect the multi agency offer of early help services.
- Help identify which organisations should be invited to a Team around the Family Meeting
- Provide opportunities for professionals to discuss concerns with a local authority social worker.
- Prompt a referral to local authority children's social care whenever a child may be in need or has suffered significant harm. The early help assessment can be used to support the referral
- Be reviewed to ensure that the assessment and provision of services result in real progress is being made.

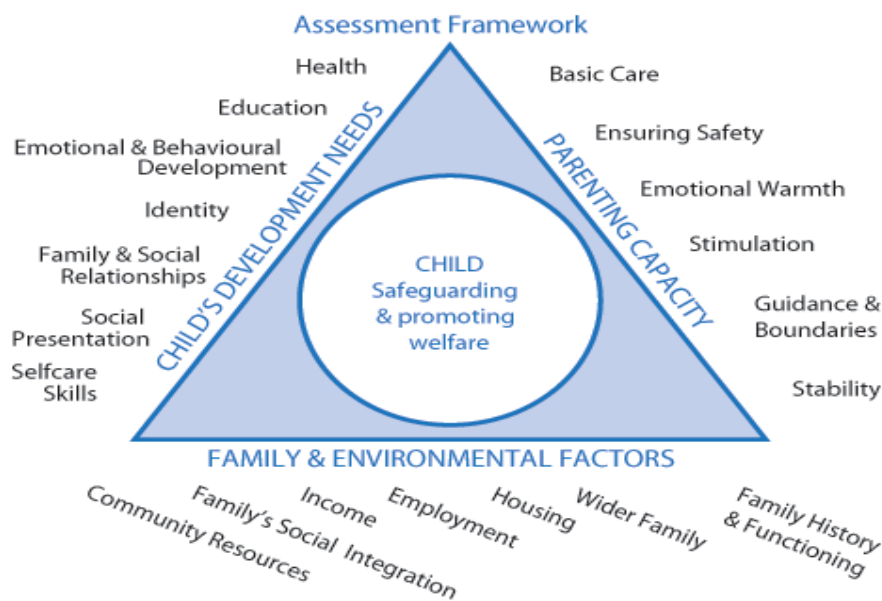
Advice on the completion of an Early Help Assessment is available from the Team around the Family Co-ordinator.

The diagram below provides a simple illustration of the assessment process from identifying and assessing needs, providing integrated early help services and reviewing progress to deliver the desired change so that needs are met.



### 3.3 Statutory assessment framework: Assessment Triangle

The assessment triangle provides a systematic way to undertake a statutory assessment and places the child at the centre of the process. The framework sets out a way to gather information, consider risk, analyse evidence and form professional judgements across the 3 key domains, including the child’s developmental needs and the parent’s capacity to meet those needs within the context of the family and other relevant environmental factors. The diagram below illustrates the assessment triangle and outlines the relevant dimensions for consideration within each of the 3 key domains:





### 3.4 The purpose of statutory assessments

In accordance with the Children Act 1989, local authorities are required to provide services for children in need in order to safeguard and promote their welfare. Local authority children's social care operate within a strict legal framework that dictates which cases must be accepted from referral and what services can be offered or provided to children, young people and families.

A local authority children's social worker leads and co-ordinates the assessment of the child's needs in order to determine what appropriate action to take and what services to provide.

The purpose of all statutory assessments is to;

- Gather information about the child and family
- Analyse needs and / or the nature and level of any risks and harm being suffered
- Decide whether the child is in need (s17) and / or is suffering, or is likely to suffer significant harm (s47), or may require accommodation (s20) or care (s31A)
- Provide support to address the child's needs, improve their outcomes and make them safe

### 3.5 The Children Act 1989

The range of statutory assessments include:

- **Children in need of support** (section 17, Children Act 1989): A child is in need if they are unlikely to achieve or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. A child is also in need if s/he is disabled.
- **Children in need of protection** (section 47, Children Act 1989): Whenever concerns arise about a child being maltreated, the local authority children's social care must initiate enquiries to find out what is happening and whether protective action is necessary. The local authority, with other relevant organisations, have a duty to make enquiries when there is reasonable cause to suspect that a child is suffering, or is at risk of suffering, significant harm to decide what any action to safeguard and promote the child's welfare. This may include taking immediate protective action.
- **Children in need of accommodation** (section 20, Children Act 1989): A child may require accommodation because there is no-one with parental responsibility to care for them, when they are lost or abandoned, or the person who has been caring for them is prevented from providing them with suitable care or accommodation. In these circumstances the local authority has a duty to accommodate children in their area.

- **Children in need of care** (section 31A, Children Act 1989): Where a child is subject to a court care order the local authority is the child's corporate parent and has a duty to assess the child's needs and establish a care plan which sets out the services that will be provided to meet those needs.

### 3.6 "In need" referral criteria

The decision about whether a child is eligible for an assessment or on-going service rests with the social care managers. The assessment of whether a child's needs fall within the "in need" eligibility criteria takes into account and is informed by:

- The age of the child
- The level of the child's need and the impact of the concern on the child's welfare and development
- The level of risk facing the child, currently and in the future, and any risk that they may pose to others
- The child and family's family and wider circumstances
- The level of support that is being provided, or may be provided, by other agencies and professionals
- The risk of deterioration if services are not provided
- The local authority's statutory responsibilities

### 3.7 Early Help

The vision for early help as developed by the multi-agency Early Intervention and Prevention Sub-Group of the Children and Families Trust Board is that *"Hillingdon families are safe, healthy, happy, prosperous and self-reliant because agencies work effectively together to make timely interventions which prevent family problems arising or enable them to be overcome at the earliest opportunity"*.

The following principles provide the framework for local early help provision;

- The early help assessment (EHA) will be the tool used to help families and professionals identify needs and how these may be met.
- The child/family is maintained in the universal context wherever possible
- When additional needs are identified, the targeted service(s) is brought into the universal provision to add to the support being provided in the universal context
- Professionals will have good local knowledge of and be able to access, the local services that can support children and families
- Where the family may need access to a number of targeted services the 'Team Around the Family' (TAF) approach will be used to manage the process and ensure activity is integrated and seamless
- The lead professional role is central to the successful delivery of co-ordinated services

- All professionals within the children's work force will understand and undertake the lead professional role where appropriate.
- Intervention plans will build on the existing strengths of the family.
- All family members will be supported to develop the intervention plan and review its effectiveness.
- Where at all possible there is one integrated intervention plan agreed by all relevant parties. It is recognised that some services are legally required to have their own plan but all plans will correlate and support each other.
- Withdrawal of targeted service when the need has been met.

### **3.8 Team Around the Family**

Where an agency has undertaken an early help assessment and is considering convening a Team around the Family (TAF) meeting, the TAF Co-ordinator is available to provide support and advice. This can range from guidance on who to invite to the meeting, through to practical advice on arranging and chairing the forum. The TAF co-ordinator can also check whether an EHA assessment has previously been completed, or a Team around the Family meeting ever held, by another agency.

Parents/carers and in some situations the young person must give their consent to the TAF taking place. If they do not the practitioner will discuss their concerns with the MASH (see below).

At the Team around the Family Meeting the decisions will be made with the family as to what outcomes are being sought and what interventions will be provided by which agencies. The TAF plan developed at the forum will be reviewed on an agreed schedule. The TAF will also identify a Lead Professional for the family. The Lead Professional is the worker who will be the core contact point for the child or family, co-ordinate the delivery of actions agreed in the TAF process, organise reviews and help reduce overlap and inconsistency. This person can come from any agency working with the family.

### **3.9 Family Key Working Service**

The Family Key Working service (FKWS) works with

- Families who don't yet meet the threshold for Statutory or Specialist Tier 3/4 services but have difficulties they are unable to overcome without additional support. This support need will usually have been identified through the TAF process.
- Families where tier 3 or 4 services are no longer required but the family has some outstanding difficulties with which it would benefit from additional support as part of a 'step down' process or exit strategy.

There are many agencies providing assistance and guidance to families at the Universal and Targeted Levels including schools, children's centres, health visitors, youth services and voluntary sector providers. The FKWS is not a replacement for

the existing services that may be working with a family, rather it is available to supplement and provide additional support through bespoke programmes of work. Its activities should form part of the integrated intervention plan developed with all the agencies working with the family.

Referrals from the childrens workforce (ie schools, childrens centres etc) will usually come via the TAF process. The FKWS can be contacted directly by the organiser of the TAF to explore the issues and consider whether their attendance at the TAF would be appropriate. At the meeting the role of the FKWS in the particular case is agreed.

Agencies such as GPs, Police or London Ambulance service (ie those not within the Childrens Workforce) can contact the FKWS directly with their concerns. They should where possible obtain permission from the family to pass on their details. If the concerns appear to fall within the remit of the FKWS a key worker will carry out the Early Help Assessment, identify the needs of the family and either make a single agency referral or arrange a TAF to develop an integrated plan. The FKWS may or may not be involved subsequently depending on the decisions made at the TAF.

### **3.10 Referral to the FKWS from Children's Social Care (Step-down)**

Where CSC considers that there is no longer a need for further statutory social work intervention a referral to FKWS as part of a step down programme may be appropriate. Social care will also consider what other support options may be relevant to the families needs alongside or instead of the FKWS.

Where appropriate a FKWS representative will then attend the relevant CSC review/exit planning meeting. The required outcomes for the child/young person/family are then agreed and CSC involvement would then cease. The review meeting will operate as a TAF agreeing with the family the ongoing interventions from individual agencies, identifying any other services that may need to be brokered and confirming the Lead Professional role within the FKWS. The TAF process would then be ongoing until such time as all the outstanding outcomes have been met and the Lead Professional role is transferred back to a universal service.

### **3.11 Referral from FKWS to Children's Social Care (Step-up)**

Should Level 3/4 issues or risk be determined during FKWS involvement, referral to CSC will then be required. Where such risk is identified the FKWS duty manager will be informed without delay and appropriate action agreed. Where risk impact or urgency permits, CSC will be invited to 'attend' a reconvened TAF meeting for the case. If immediate action is required a referral will be made to MASH.

### **3.12 Involvement requests from Children's Social Care (CSC)**

A request may be made by CSC to the FKWS Management Team to request possible involvement by FKWS as resources within a continuing CSC care plan (of any description) to assist in the achievement of a specific desired outcome. Essentially this process mirrors that of the FKWS referral (step-down) except that following attendance at the review meeting convened by CSC and following establishment of the required outcomes for the child/young person/family, CSC

involvement would continue. FKWS services would be provided on the basis of a CSC care plan rather than a TAC/TAF plan.

The contact/referral, assessment and service coordination process is therefore integrated and will be seamless. The interface between Level 1/2 and 3/4 processes are therefore effectively managed.

### **3.13 Multi Agency Safeguarding Hub (MASH)**

Hillingdon children's services are launching a Multi Agency Safeguarding Hub, or MASH as it is often called, in collaboration with the Metropolitan Police and other safeguarding partners. The MASH will inform and support operational teams by researching, interpreting and determining what information is proportionate and relevant to share. MASH then share information available to ensure effective and appropriate decision making as to whether the statutory threshold has been met for a referral into social care or whether a more proportionate response is to refer to another agency or provide advice and guidance to the referrer.

MASH activity is undertaken on a confidential basis, collating practice knowledge and local intelligence held by MASH partners to build a picture that is shared on a "need to know" basis with the operational team that is best placed to respond. Most commonly, where the threshold for social care involvement has been met, referrals will be passed to the intake teams for assessment and follow up, although depending on the particular needs of the child this may also include specialist teams like the Youth Offending Service and Disabled Children's Team.

All contacts regarding safeguarding and welfare concerns will be screened by qualified social workers. The screening will determine if the threshold for social care involvement is met. If the threshold is not met a decision will be made as to the most appropriate early help support required. If the threshold for social care is met the referral will be routed into the MASH to bring a consistent approach to risk assessment and decision making. The MASH will also use research and practice evidence to identify potential / actual victims in order that they can be protected, redirected or provided with the most appropriate service

The MASH aims to improve the way that local safeguarding partners deal with cases where there are serious welfare or safeguarding concerns. It does this by co-locating safeguarding partners together into one place, providing access to electronic data systems and allowing expert navigation of their agency's personnel and processes. This ensures that they can share information quickly and efficiently as soon as any safeguarding concern is received about a child. In line with the pan-London implementation programme, Hillingdon aims to implement the MASH and be fully operational by June 2014.

### **3.14 Statutory single assessment process**

The statutory assessment process is a dynamic and evolving process that aims to bring continuity and consistency for children and families. It is important that practice is responsive, maintains focus, brings impact, makes progress and delivers improved outcomes for children and families.

The timeliness of an assessment is a critical element that ultimately determines both the quality of the assessment and the outcome for the child. The following section sets out the assessment timeframe, with relevant practice guidance, when a child is referred into children's services:

- Where a child or young person is subject to a Child Protection Plan MASH will respond **one working day** of a referral being received about the type of response that is required and what service is best placed to respond. Where child protection procedures do not apply the response will be within three days. An acknowledgement will also be given to the referrer.
- In relation to new contacts, the Children's Social Work Teams are likely to follow up the majority of in-coming social care referrals for assessment, although other teams like the Children with Disabilities Team and the Youth Offending Service will assume assessment responsibility for children who meet their criteria
- Assessments will be **proportionate** and conducted at a **pace** that reflects the nature and level of need and risk indicated by the presenting referral circumstances.
- Supervision and professional case discussions will take place to plan the **depth and focus** of assessments. In some cases a **quick and simple** assessment will be required and in other cases a more **comprehensive and detailed** assessment will be necessary.
- Action will be taken **as soon as possible** to see and communicate with children requiring protection and where there are welfare concerns.
- A social worker will start an **Assessment** which will include a home visit within an appropriate time scale to see and communicate with the child, interview the parents and any relevant family members / others and complete a check on the home / living conditions
- In any event, children will always be seen, and whenever possible they should be seen on their own, and communicated with within a maximum of **2 days**
- The social worker will review the MASH outcome, undertake any necessary additional multi-agency checks, sharing relevant information and promoting effective collaborative working with key partners during the course of the assessment process.
- During the course of the Assessment each case will be discussed at a POD meeting and the social worker will review the ongoing work with the manager who will bring challenge and support to critically reflect on the social worker's assumptions, analysis and professional judgements.
- At this stage, following consultation and review between the social worker and manager, the decision about next steps will be reached.



- In line with any child protection assessment and when a child protection strategy discussion / meeting decides that a multi agency initial child protection conference is required, this will be convened within **15 days**.
- At the conclusion of an assessment a decision will be taken to clarify next steps. This may include a number of outcomes including a decision for the case to “step – down” to the Early Intervention Service, to proceed to an initial child protection conference or looked after child review, to pursue a further period of assessment, provide support and intervention, transfer for follow up by another agency or close the case without taking any further action.
- Where an on-going assessment is recommended an a care plan (either Children in Need, Child Protection or Looked after Child) will be put in place and endorsed by the manager. This will include arrangements for the manager to review progress and future decisions.
- All assessments will be progressed and completed within a maximum of **45 days**. If, following discussions with the child, their family and other professionals, an assessment exceeds 45 days the reasons will be recorded as to why this is necessary. It is intended that this will only be in exceptional arrangement.

### 3.15 Statutory assessment practice guidance

- To ensure that children’s views, wishes and feelings are taken into account, consideration will be given to the child’s age, understanding and any particular communication needs, including the need to use an interpreter or signer where appropriate, to ensure that seeing and communicating with children is both meaningful and purposeful.
- Social workers will have appropriate skills, equipment and use of suitable venues to help engage and build a rapport with children in order to ascertain their views, wishes and feelings. For example, this will include the application of appropriate play skills and use of equipment and communication tools for undertaking direct work with children.
- As part of the consultation process with other professionals, social workers will obtain already completed assessment reports to build up a comprehensive picture of the child and family over time and establish a base line to help inform direct contact and communication with the child and family. This will inevitably help to broaden and extend the scope and impact of the current assessment. For example, this should include Education, Health and care Plans or / or child and adolescent mental health assessment reports.
- Social workers will coordinate assessment activity with other professionals and agencies to streamline communication and activity

with the child and family, avoid the potential for repetition and duplication and maximise the impact of available professional experience and expertise. A professional network meeting should be considered by the social worker as a mechanism to assist and support the exchange of information between agencies and other professionals and clarify service planning and coordination.

- Every assessment should focus on the desired outcomes. Where continued social care involvement is recommended there should be a clear plan, outlining the services to be provided, actions to be undertaken, by whom and for what purpose. Outcomes should be measurable and plans should be reviewed regularly to make sure that satisfactory progress is being made.
- Assessment outcomes should be shared with parents and children where they are of sufficient age and understanding. Parents and children should be encouraged and supported to identify what kind of support will be most helpful to them and actively engaged in the planning process. Any conflicting perspectives should be noted and copies of completed assessment reports should be provided.
- The Association of Chief Police Officers “Risk Principles”, which were adapted and referred to by the Munro Review (2011), are attached and marked Appendix 3 for ease of reference. It is intended that these principles are applied locally to help inform “risk sensible” child protection practice.

### 3.16 Recordkeeping

Children’s social care records are created and maintained on an electronic system called Protocol. Protocol provides a user data base, a workflow management system and a facility to manage performance activity reports.

Professor Munro highlighted the need to free practitioners and managers from the bureaucratic burden of record keeping and bring about a shift in practice to maximise the proportion of time spent undertaking direct work with children and families. In keeping with the spirit of this recommendation, records should be explicit about recording evidence that focuses on;

- The child’s needs and circumstances
- The child’s journey from needing to receiving help
- The impact of support and intervention provided to the child and his / her parents and family
- The positive outcomes that are achieved for the child and his / her parents and family

Casework recording for children’s social care, and indeed other agencies, will record decisions and information about a child’s development so that progress can be monitored to ensure that the child’s outcomes are improving.



Protocol should be updated by the social worker within **48 hours** of visits taking place.

### 3.17 Additionally vulnerable children

The assessment process for some children will require additional care to ensure that their particular needs, circumstances and vulnerabilities are taken into account. It is particularly important that any other assessments that are underway are co-ordinated so that the child continues to be at the centre of the process and does not get lost between different agencies and procedures. More specifically this includes:

### 3.18 Disabled children

The Children with Disabilities Team currently provides a service for children from birth to their 18<sup>th</sup> birthday, at which point the young person may transition to one of the adult teams for continuing support.

The Children with Disabilities Team supports children and young people who have a permanent and substantial learning and / or physical disability, The following information illustrates the type of needs that would indicate the involvement of the Team;

Children and young people aged from 0 to 18 years of age who resides in the London Borough of Hillingdon and

- has a substantive and severe physical disability; and/or
- has a substantive and severe learning disability; and/or
- has complex health needs; and/or
- has a severe Autistic Spectrum Disorder.

(substantive implies a level of need, significantly different to that of a child of a similar age, where the disability has a profound effect on their development.)

The child or young person meeting the above criteria will require a range of services to promote or safeguard their health, development and/or well-being and the intervention identified will aim to minimise the impact of the disability.

Physical Needs - descriptors to determine the criteria for a service are children and young people who:

- Unable to walk independently
- Daily postural management required
- Primarily uses a wheelchair for mobility

- Permanently restricted motor functioning requiring aids and adaptations
- Consistently requiring assistance when reaching, eating, writing, dressing
- Communication difficulties consistently requiring the need for technological aids
- High care needs requiring constant help and supervision
- Major adaptation required to help with daily living activities and/ or to assist the carer

Learning - descriptors to determine the criteria for a service are children and young people who:

- Psychometric/ Developmental assessment reveals Severe and / or Profound Learning Difficulty
- Severely delayed language development
  - Major reliance on others for care needs

Health - descriptors to determine the criteria for a service are children and young people who:

- Serious, deteriorating illness
- Major difficulty with the control of symptoms
- Palliative care required
- Daily interruption of normal activities requiring co-ordinated multi-disciplinary case planning

Autism - descriptors to determine the criteria for a service are children and young people who:

- Diagnosed with a Severe Autistic Spectrum Disorder
- Aggressive behaviour possibly causing significant injury to self or others
- Constant adult supervision required
- None or very little speech but able to communicate basic needs
- Unable to function alone or in a group without considerable help, support and supervision. Unwilling or unable to relate to other children and/ or adults

### **3.19 Young carers**

Young carers are children and young people who regularly look after and provide emotional support to someone in the home who is physically or mentally unwell, has a disability or is suffering from the effects of misusing drugs and / or alcohol.

A child or young person's caring responsibilities at home may not be well known or fully appreciated and because of this young carers may become additionally vulnerable. Young carers are often very proud of the care and support that they provide. However, without early identification and support young carers may find that their caring responsibilities begin to have an adverse impact on their education, health and wellbeing. It is important to ensure that a child or young person's caring responsibilities do not become excessive or inappropriate and that the effects of caring do not lead them to become isolated.

Identifying young carers is a shared responsibility that schools, colleges, adult and health services are well placed to do. In many cases an early help assessment will be appropriate to address any additional needs that are identified. However, if there are any safeguarding concerns regarding the nature, level and circumstances of the care being provided by a child or young person, their needs and circumstances should be assessed in accordance with the Children Act 1989.

### **3.20 Young offenders**

The Youth Offending Service holds a range of statutory responsibilities, some of which are shared with Children's Social Care, and include:

- Provision of Appropriate Adult services for young people aged 10 – 17 in custody suites when the parent/carer is unable or unsuitable
- Delivery of pre-court disposals
- Responsibilities for young people remanded into Youth Detention Accommodation or Local Authority Accommodation
- Assessment of children and young people and the provision for them of rehabilitation programmes in respect of bail and sentencing
- The provision of reports or other information required by courts in criminal proceedings
- Responsibilities for supervising community based penalties
- The supervision of children and young people sentenced to detention and training orders
- The supervision of parenting orders made in criminal proceedings
- Safeguarding vulnerable young people

The Youth Offending Service takes all its referrals direct from the courts and the police. Families with children at risk of offending or anti-social behaviour are supported through the EHA and TAF process, or through the FKWS.

The joint protocol between Hillingdon Youth Offending and Children's Social Care Services (July 2013) provides operational details to promote effective working practices in the best interests of children, young people and their families, and the wider community. It identifies the points along the child / young person's journey when collaborative working is required and the considerations that are required for assessing existing, new and changing needs and risks.

The YOS undertake assessments for different purposes including ;

- To assess suitability for bail in criminal proceedings
- To identify suitable sentencing options that can be proposed to the Courts
- Evaluating the risk of harm the young person presents to others
- Evaluating the risk of harm the young person presents to themselves

The same assessment framework operates across England and Wales and is incorporated in a national tool called the ASSET. In order to support the completion of assessments there is an expectation that the assessor will request and receive relevant information about the child / young person and their family from partner agencies as well as the young person and their carers.

The time frame for the assessments vary depending on their purpose from immediate (for bail hearings) to 15 days for court reports. Assessments must be reviewed at least every three months but this is usually more frequent depending on the prevailing risk or safeguarding issues.

Where the young person is also allocated within children's social care all relevant information is shared, including the ASSET, Risk of Harm Assessment, Integrated Intervention Plan, Children Looked After Care / Pathway Plans, Child Protection Plans and any other recent assessments. This is to ensure that wherever possible interventions delivered by the two services are complimentary and don't duplicate effort.

### **3.21 Looked after children who are returning to the care of their parents**

Children should only return home from care when:

- Relevant professionals have assessed the likelihood of further abuse or future harm and shared their findings with each other as part of a multi agency meeting eg: as part of the statutory review of the child's looked after arrangements
- The assessment of need confirms that the risk of further abuse is, on balance, extremely low

In these circumstances a plan should be formulated in advance of the child returning to the care of his / her parents to address the transitional arrangements and any future risks to confirm how the child and family will be properly supported.

There are a number of planning options that should be considered on a case by case basis to ensure that decisions are appropriate to meet the individual

needs and circumstances of each child who is returning home to the care of their parents. These options may include, but are not restricted to, the following:

- A period of testing the rehabilitation, not exceeding 6 weeks, whilst the child remains subject to an Interim Care Order
- A Child in Need Plan alongside a Supervision Order for the duration of the Order
- A Child in Need Plan (without an Order) for a period of 3 months

Consultation with the child and his / her parents is crucial to ensure that they are supported to be active participants in the planning process. Relevant plans need to be clearly defined and accessible for the child and family.

In order to avoid a change of social worker at such a critical point in the child's journey, the child's existing allocated social worker from the Looked After Child Team will continue to be the child's key worker for the duration of the transition and rehabilitation period.

The pace and level of the transitional and rehabilitation support plans will be determined by the needs and circumstances of the individual child and his / her family. In preparation for the withdrawal of statutory services, consideration should be given to the need for on-going support provided by the Early Intervention Service.

To encourage and support swift and easy access and continuity of provision by universal services, especially when a child is moving back from an out of borough placement or moving across different areas, consideration should be given to how local support services can be identified and co-ordinated by a TAF and Lead Professional.

### **3.22 Complaints**

Hillingdon children's services aim to provide the best possible response for children, and their families, who need help, within the resources that are available. All feedback, including comments, compliments and complaints, are welcome. It is always beneficial to know when things work well, when improvements can be made and when there are complaints.

In the first instance, attempts should be made to resolve complaints at a local level by contacting the relevant line manager. However, if this does not resolve the matter satisfactorily there is a Children & Families Complaints Service.



**APPENDIX 2: HILLINGDON CONTACT DETAILS**

**Children's Social Care 01895 556644**

**EDT out of hours 01895 250111**

**APPENDIX 3: THE ASSOCIATION OF CHIEF POLICE OFFICERS “RISK PRINCIPLES”****ADAPTED BY THE MUNROW REVIEW (2011)****Principle 1:**

The willingness to make decisions in conditions of uncertainty (i.e. risk taking) is a core professional requirement for all those working in child protection

**Principle 2:**

Maintaining or achieving the safety, security and wellbeing of individuals and communities is a primary consideration in risk decision making.

**Principle 3:**

Risk taking involves judgement and balance, with decision makers required to consider the value and likelihood of the possible benefits of a particular decision against the seriousness and likelihood of the possible harms.

**Principle 4:**

Harm can never be totally prevented. Risk decisions should, therefore, be judged by quality of the decision making, not by the outcome.

**Principle 5:**

Taking risk decisions, and reviewing others' risk decision making, is difficult so account should be taken of whether they involved dilemmas, emergencies, were part of a sequence of decisions or might appropriately be taken by other agencies. If the decision is shared, then the risk is shared too and the risk of error reduced.

**Principle 6:**

The standard expected and required of those working in child protection is that their risk decisions should be consistent with those that would have been made in the same circumstances by professionals of similar specialism or experience.

**Principle 7:**

Whether to record a decision is a risk decision in itself which should, to a large extent, be left to professional judgement. The decision whether or not to make a record, however, and the extent of that record, should be made after considering the likelihood of harm occurring and its seriousness.

**Principle 8:**



To reduce risk aversion and improve decision making, child protection needs a culture that learns from successes as well as failures. Good risk taking should be identified, celebrated and shared in a regular review of significant events.

**Principle 9:**

Since good risk taking depends upon quality information, those working in child protection should work with partner agencies and others to share relevant information about people who pose a risk of harm to others or people who are vulnerable to the risk of being harmed.

**Principle 10:**

Those working in children protection who make decisions consistent with these principles should receive the encouragement, approval and support of their organisation.