

# **Providing The Right Support to Meet a Child's Needs across Tees**

Version:	V2 June 2019
Approved by:	Redcar & Cleveland Safeguarding Children Board, Middlesbrough Safeguarding Children Board, Hartlepool and Stockton-on-Tees Safeguarding Children Partnership.
On:	28 June 2019

## Contents

		<b>Page</b>
<b>1.</b>	Introduction	<b>1</b>
<b>2.</b>	Levels of Need and Vulnerability	<b>1</b>
<b>3.</b>	The Tees Local Safeguarding Children Boards' Child Protection Procedures Website	<b>6</b>
Appendix 1	Flowchart: Providing the right support to meet a child's needs	<b>7</b>
Appendix 2	Providing the right support to meet a child's needs – Model	<b>8</b>
Appendix 3	Indicators of Possible Need	<b>9</b>

## 1. Introduction

- 1.1 This document is for everyone who works with children and their families across Tees. It has been developed to provide clear thresholds that should be applied consistently to ensure the right help is given at the right time. We have adopted a model in which there are **four levels of need** and this document outlines the services that will be most appropriate at each level.
- 1.2 The vast majority of children will have their needs met through **universal services** such as those provided by early years, education and health. However, some children will need extra help to be healthy and safe and to achieve their potential.
- 1.3 When agencies and services working with children and families across Tees identify that a child has additional needs and vulnerabilities, we want to offer help and support that is proportionate and timely; provided at the earliest opportunity and in a voluntary way with parents, carers and children. Effective early intervention can help to prevent a child's needs escalating to the point where specialist or statutory services are needed and we recognise that the most effective support is tailored to the family's needs and provided at the lowest level necessary to ensure desirable outcomes are achieved, with as little disruption to family life as possible.
- 1.4 It is important to stress at the outset that whenever there are concerns that a child may be suffering, or be at risk of suffering, significant harm, the Tees procedures must be followed. These procedures can be found on the internet at [www.teescpp.org.uk](http://www.teescpp.org.uk).
- 1.5 For the purposes of this document a child will refer to anyone under the age of 18 years and a parent will refer to anyone with parental responsibility for a child. Mothers always have parental responsibility for their children and the only time they would lose this is if their child is adopted. Fathers usually have parental responsibility if they were married to their child's mother at the time of their child's birth and unmarried fathers whose children were born after the 1<sup>st</sup> December 2003 and are named on their child's birth certificate will also usually have parental responsibility. Other people can be granted parental responsibility in a number of ways including:
- A parental responsibility agreement (between a mother and a father who does not have parental responsibility or between a parent and a step-parent).
  - Through a court order including Special Guardianship Order, Adoption or Child Arrangements Order (previously a Residence Order).

## 2. Levels of Need and Vulnerability

- 2.1 There is no perfect way to bring up children and at times it can be challenging. A parent who asks for, or accepts, help should be seen as someone who is taking a positive step towards meeting their responsibility to their child rather than being seen as someone who is demonstrating failure.

2.2 The Tees **four levels of need model** has been designed to support services to identify where an individual child's needs lie and the level of response that should be provided. The four levels of need are:

- Level 1 – Children's whose needs are met by universal services.
- Level 2 – Children with additional needs which can be met from one other agency.
- Level 3 – Children with a range of additional needs that require a multi-agency response.
- Level 4 - Children with complex/significant needs that require specialist or statutory intervention.

2.3 If any person working with children and families has concerns about a child they should consult their line manager or designated safeguarding officer about the most appropriate course of action bearing in mind the principles set out in this document.

### **Level 1 – Children whose needs are met by universal services**

2.4 Most children will have their needs met by their families, universal services and informal support networks. Children who fall within this level are making good overall progress in all areas of their development.

2.5 Universal services are available to all children and families with the most easily identifiable being primary health and education. They are services that anyone can access and there are no pre-requisites. Universal services and settings are often the places where emerging difficulties can first be spotted, or where a child or parent can first ask for help. They are also often the most appropriate setting to source and deliver any extra help that may be needed but this will generally be time limited and lead to continued positive outcomes.

2.6 Professionals working within universal services support families to identify their own solutions to problems and reduce the likelihood of children developing additional needs. They promote achievement, resilience and healthy lifestyles, maximise life chances and minimise risk.

2.7 Examples of needs and circumstances at Level 1:

- A new born baby is provided with post-natal care through midwifery services
- A mother having problems with her child's sleep patterns and feeding difficulties seeks support and guidance from health visiting services

2.8 For some children, universal provision will not be sufficient to meet their needs and additional services will be required. When this is the case, the extent of the child's needs determine whether they fall within Level 2, 3 or 4.

## **Level 2 – Children with additional needs that can be met from one other agency**

- 2.9 Professionals working with some children or families may identify that they have some emerging or low level needs which if ignored, could develop and lead to adverse outcomes. Often, one service working with a family for a limited period at a particular point in time is all that is required to address needs at this level.
- 2.10 An Early Help Assessment (EHA) (formally known as the Common Assessment Framework or CAF) is a holistic assessment tool that helps identify and assess need early and looks at the family's strengths, needs and goals after considering all aspects of the child's life, family and environment.
- 2.11 The assessment process is underpinned by collaborative partnership working with family and the child or young person. The assessment is designed to be shared between professionals and used as a starting point for planning a response for support and prevent escalation of need.
- 2.12 Across Tees there are a range of early help services that can be accessed to help support children and their families. Initial advice and guidance to support children and families should be sought via an individual's own organisation.
- 2.13 Examples of needs and circumstances at Level 2:
- A child is struggling to communicate at nursery. Speech and language therapy services are accessed and the assessed need is met.
  - A class teacher identifies that a child has problems accessing the curriculum and the school SENCO requests a service from another education professional for example, a specialist teacher or educational psychologist.
  - A health visitor assesses a child as having additional health needs and refers to a paediatrician who meets the need.
  - A housing officer assesses that a family has financial difficulties, accesses welfare benefit advice and the need is met.
  - A youth worker assesses a child as being at risk of becoming involved in anti-social behaviour and accesses specific activities to successfully divert the child from risky behaviour.
  - A child has experienced the loss of a significant adult through bereavement and is provided with bereavement counselling.

## **Level 3 – Children with a range of additional needs that require a coordinated response from multiple agencies**

- 2.14 In the majority of cases, effective early intervention at level 2 will prevent a child's needs escalating to the point where a more co-ordinated response from multiple agencies is required.

2.15 However there will be circumstances where an EHA identifies that a child has a range of additional needs where a co-ordinated multi-agency response, within or between agencies, will be needed. In these circumstances a lead professional must be identified to co-ordinate any intervention through a Team Around the Family (TAF). The range of needs will often influence one another and may be associated with:

- Disruptive or anti-social behaviour;
- Parental conflict or lack of parental support / boundaries;
- Risk taking behaviour;
- Involvement in, or risk of, offending;
- Poor school attendance, truancy or exclusion;
- Bullying;
- Poverty;
- Ill health;
- Substance misuse;
- Domestic abuse;
- Mental health problems;
- Housing issues.

2.16 Agencies and professionals working with a child and their family at this level will need to be aware of the range of universal and targeted services available and know how to link with them, including engaging with adult services where relevant to ensure a whole family approach. If an individual needs advice and guidance it should be sought in the first instance from their own organisation. If further advice and guidance is needed, contact can be made with the Hartlepool & Stockton-on-Tees Children's Hub or the Middlesbrough Multi-agency Hub or the Redcar & Cleveland Multi-agency Hub.

2.17 Examples of needs and circumstances at level 3:

- A family where the children have complex needs, there is no extended family and one of the parents has a life limiting illness.
- A child who is displaying a range of anti-social behaviours and is not attending school.
- A single unsupported parent who continues to miss their child's hospital appointments.
- A child who has engaged in criminal activity and is being supported by the Youth Offending Team.
- A child whose needs are being met through an education, health and care plan due to their special educational needs or disability.

#### **Level 4 – Children with complex / significant needs that require specialist or statutory intervention**

2.18 Specialist services are needed by a small number of children where there are urgent and/or complex problems that are likely to have a significant impact on their health and development without the provision of services.

- 2.19 The majority of children with needs at this level will require assessment under Section 17 (Child in Need) or Section 47 (Child in Need of Protection) of the Children Act 1989. These children **may** become subject to a child protection plan and/or need to become a looked after child either under Section 20 (voluntary accommodation) or Section 31 (Care Order) of the Children Act 1989.
- 2.20 A referral to children's social care should be made by a professional if they have the consent of a parent (or other person with parental responsibility) or, where appropriate, the child. The exception to this is where gaining consent would place the child at risk of significant harm or where it might interfere with a police investigation. Where consent is sought and refused, the professional working with the family must make a decision about whether to make the referral regardless. This should be done where they believe that the child may be suffering, or be at risk of suffering significant harm. The rationale for their decision to make this referral must be recorded on their own agency files.
- 2.21 It is important to remember that children's social care cannot compel parents to allow an assessment or to accept services although careful consideration about how to proceed will need to be given where a refusal might raise the level of risk posed to the child.
- 2.22 There are no absolute criteria on which to rely when judging what constitutes significant harm. Significant harm was introduced by the Children Act 1989 as the threshold that justifies compulsory intervention in family life in the best interests of children. Physical abuse, sexual abuse, emotional abuse and neglect are all categories of significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable – and the impact of parental factors such as history of significant domestic abuse, substance misuse or mental ill-health.
- 2.23 Significant harm could occur where there is a single event, such as a violent physical or sexual assault or where there have been a number of events which have compromised the child's physical and psychological wellbeing; for example a child whose health and development is severely impaired through neglect.
- 2.24 Examples of needs and circumstances which may indicate a child is in need of specialist services:
- All of the examples from level 3 where there has been ongoing multi-agency support under through an Early Help but no observed improvement to the child's outcomes or where there has been an escalation of risk.
  - A child who is in need because their health or development is likely to be significantly impaired or further impaired without the provision of services.
  - A child who is in need because they are unlikely to have or don't have the opportunity to achieve or maintain a reasonable standard of health or development without the provision of services.

- A child who is in need because they are disabled.
- A child who needs protection from harm, including an unborn child.
- A child who is at significant risk of, or who has suffered, sexual exploitation.
- A child who needs to be accommodated by the Local Authority.
- A child who makes an allegation of abuse.
- A child with a serious and persistent eating disorder who refuses, or is refused, treatment.
- A child whose behaviour places themselves at risk of significant harm.
- A child who is at risk of harm from radicalisation or from being taken into conflict zones.
- A child at risk of female genital mutilation (FGM)

### **3. The Tees Child Protection Procedures Website**

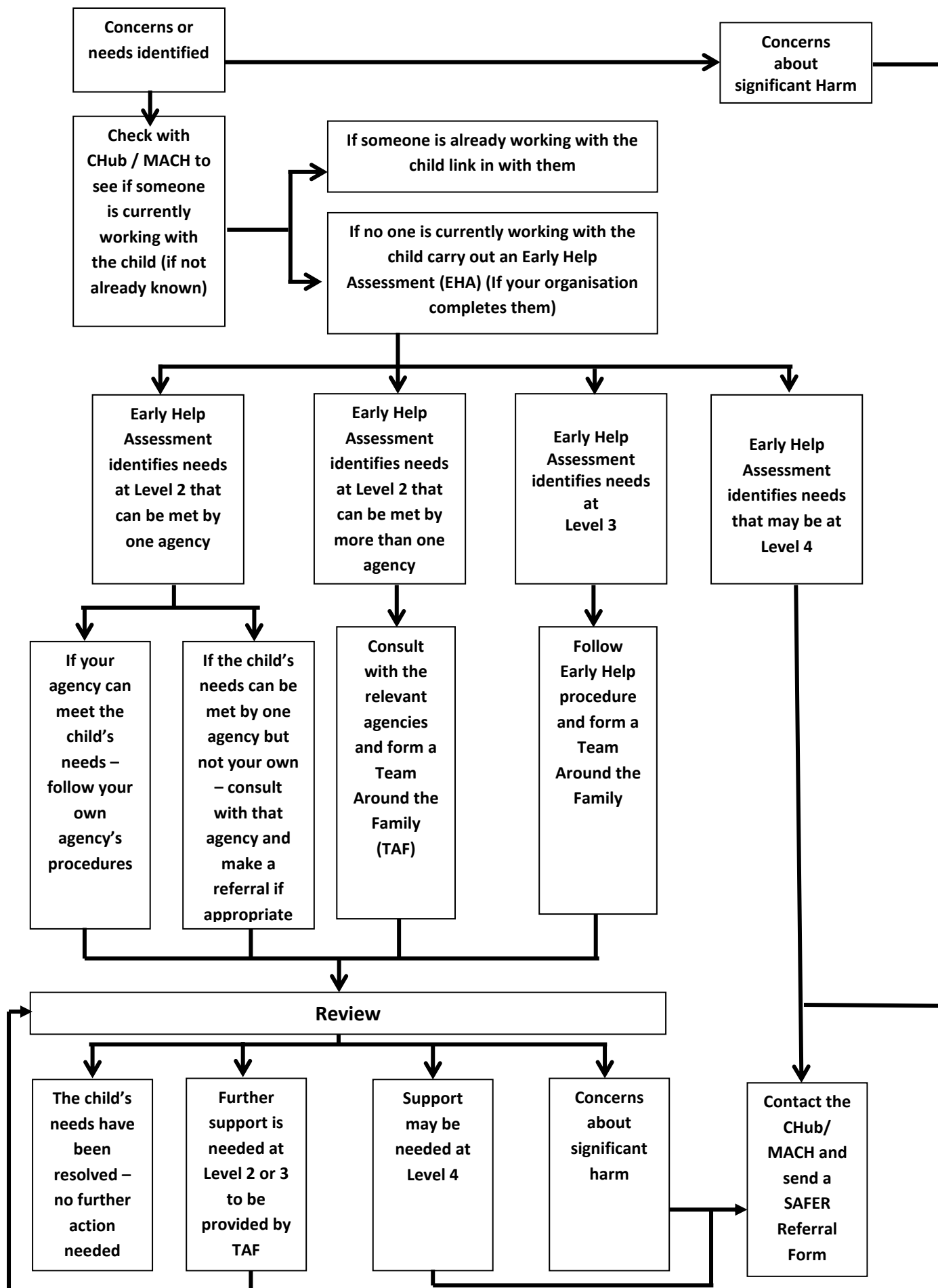
3.1 An up-to-date copy of The SAFER referral form can be downloaded from:

[www.teescpp.org.uk](http://www.teescpp.org.uk)

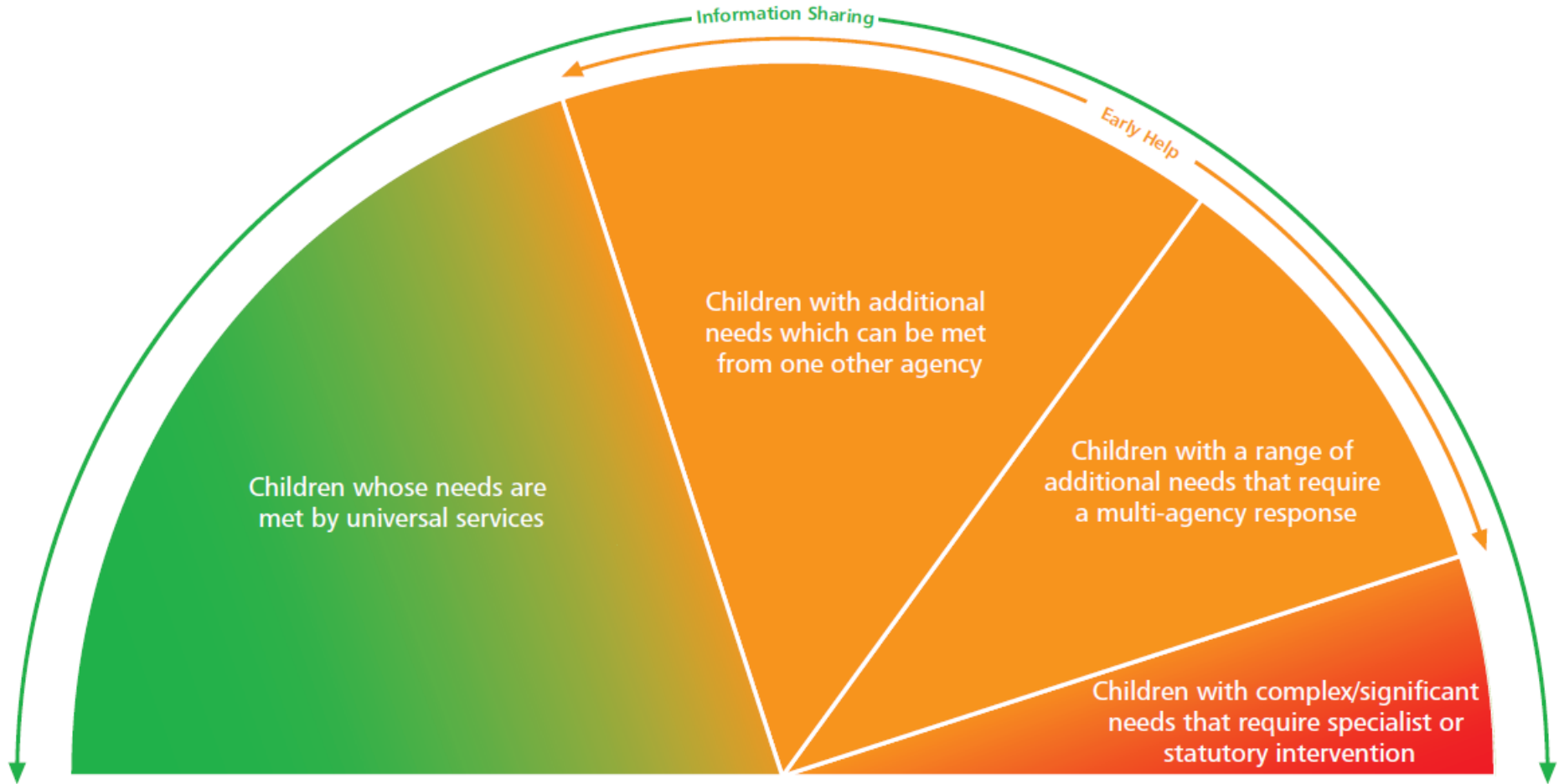
3.2 This website also contains information about Teeswide child protection procedures and updates on good practice in relation to child protection.



Flowchart: Providing the right support to meet a child's needs



# Providing the right support to meet a child's needs



**Indicators of Possible Need**

This matrix should be used in conjunction with the 'Providing the right support to meet a child's needs across Tees document. Practitioners must use common sense when using the matrix to help in their assessment of need i.e. one issue in level 4 will not always demand a level 4 service and multiple issues in level 3 when considered together might demand a level 4 service. Also consider a child's age and stage of development.

	<b>Level 2 Children with additional needs that can be met from one other agency</b>	<b>Level 3 Children with a range of additional needs that require a coordinated response from multiple agencies</b>	<b>Level 4 Children with complex / significant needs that require specialist or statutory intervention</b>
<b>HEALTH</b>	<ul style="list-style-type: none"> <li>• Chronic / recurring health problems</li> <li>• Concerns about developmental progress</li> <li>• Persistently missing health appointments – impact on the child's health and wellbeing will be minor</li> <li>• Limited / restricted diet or hungry</li> <li>• Under or over weight</li> <li>• Persistent failure to address the child's oral health needs</li> <li>• Substance / alcohol misuse which may impact on health</li> <li>• 'Unsafe' sexual activity which can be addressed through education / advice</li> <li>• Teenage pregnancy</li> <li>• Sexually transmitted infections</li> <li>• Minor speech / communication issues</li> <li>• Poor hygiene</li> <li>• Frequent A&amp;E attendance</li> <li>• Smoking</li> <li>• Missing immunisations / checks</li> <li>• Bedwetting / soiling</li> </ul>	<ul style="list-style-type: none"> <li>• Neglect of oral health resulting in significant tooth decay</li> <li>• Vulnerability to Child Sexual Exploitation</li> <li>• Increasingly harmful drug misuse</li> <li>• Mental health issues including self-harm</li> <li>• Health problems becoming chronic</li> <li>• Child is mostly unintelligible at an age when they shouldn't be</li> <li>• More significant communication issues</li> <li>• Poor self-care which is impacting on health</li> <li>• Health issues as a result of obesity or malnutrition</li> <li>• Bedwetting where previously dry and no organic cause evident</li> <li>• Soiling where no organic cause evident</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual activity in children aged under 13</li> <li>• Severe / chronic health problems</li> <li>• Significant developmental delay</li> <li>• Failure to thrive without organic cause</li> <li>• Refusing medical care which might endanger life / development</li> <li>• Seriously obese / underweight</li> <li>• Non-accidental or unexplained injury</li> <li>• Bruises, bites and suspicious marks on babies and children</li> <li>• Evidence of fabricated or induced illness</li> <li>• Disabled child requiring specialist services including short breaks</li> <li>• Problematic substance misuse requiring detox and rehabilitation</li> <li>• Significant mental health problems e.g. threat of suicide, psychotic episode, severe depression, significant self-harm including those children detained under the Mental Health Act 1983</li> <li>• Persistently missing health appointments which could have a significant impact on the child's health and wellbeing</li> <li>• Evidence / high risk of female genital mutilation</li> <li>• Very significant communication issues e.g. child being unable to express themselves, interact with peers</li> </ul>

	<b>Level 2</b> <b>Children with additional needs that can be met from one other agency</b>	<b>Level 3</b> <b>Children with a range of additional needs that require a coordinated response from multiple agencies</b>	<b>Level 4</b> <b>Children with complex / significant needs that require specialist or statutory intervention</b>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Below 85% school attendance</li> <li>• Fixed-period exclusions</li> <li>• NEET post 16</li> <li>• Mild/Moderate learning needs</li> <li>• Poor punctuality</li> <li>• Pattern of absences</li> <li>• Poor engagement in learning e.g. poor concentration, low motivation or interest</li> <li>• No stimulation at home e.g. no books, internet, toys</li> <li>• Low aspirations</li> <li>• Disruptive behaviour</li> <li>• Not reaching potential</li> </ul>	<ul style="list-style-type: none"> <li>• Has an Education, Health and Care Plan</li> <li>• Continued poor attendance despite intervention</li> <li>• Lack of basic literacy skills</li> <li>• School refuser</li> <li>• Persistent lateness</li> <li>• Extra support needed by schools to meet behavioural / healthcare needs of the child</li> <li>• Permanent exclusion</li> <li>• Significant disruptive and challenging behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Parents prevent the child from accessing any education</li> <li>• Children with severe and complex learning needs</li> <li>• Significant amounts of education missed</li> </ul>
<b>Emotional and Behavioural development</b>	<ul style="list-style-type: none"> <li>• Anger and frustration issues</li> <li>• Some inappropriate sexualised behaviour taking into account age and development</li> <li>• Unusually withdrawn / unwilling to engage or anxious</li> <li>• Evidence of persistent attachment difficulties</li> <li>• Bully / Bullied</li> <li>• Starting to offend</li> <li>• Running and missing from home or care</li> <li>• Accessing inappropriate pornography</li> <li>• Some difficulties with family relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Child to parent violence</li> <li>• Persistent running and missing from home or care</li> <li>• Regularly involved in anti-social or criminal activities</li> <li>• Cruelty to animals</li> <li>• Suffering emotional distress by seeing or hearing the abuse of another including domestic abuse</li> <li>• Vulnerable to sexual exploitation</li> <li>• Significant eating disorder</li> <li>• Bedwetting where previously dry and no organic cause evident</li> <li>• Soiling where no organic cause evident</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional abuse</li> <li>• Sexual abuse</li> <li>• Trafficked</li> <li>• Significant mental health problems e.g. threat of suicide, psychotic episode, severe depression, significant self-harm</li> <li>• Sexual exploitation</li> <li>• Modern slavery – servitude</li> <li>• Puts self or others at risk of harm due to behaviour</li> <li>• Beyond parental control</li> <li>• Significant neglect</li> </ul>
<b>Identity</b>	<ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Lack of confidence</li> <li>• Provocative behaviour</li> <li>• Experiences discrimination on the basis of ethnicity, race, religion, sexual orientation or disability</li> <li>• Victim of a hate crime where additional support is needed</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation (including hygiene) significantly impacts on relationships</li> <li>• Experiences persistent discrimination which is internalised and reflected in poor self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• At risk of being taken into conflict zones</li> <li>• At risk of or involved in extremism</li> </ul>

	<b>Level 2</b> <b>Children with additional needs that can be met from one other agency</b>	<b>Level 3</b> <b>Children with a range of additional needs that require a coordinated response from multiple agencies</b>	<b>Level 4</b> <b>Children with complex / significant needs that require specialist or statutory intervention</b>
<b>Social Presentation</b>	<ul style="list-style-type: none"> <li>• Appearance reflects poor care - poor hygiene, dirty clothes, ill-fitting clothes or shoes, lack of appropriate hair or skin care</li> <li>• Makes unsafe choices in behaviour potentially putting themselves at risk of harm</li> </ul>	<ul style="list-style-type: none"> <li>• Lacks sense of safety and often puts self in danger</li> </ul>	<ul style="list-style-type: none"> <li>• Frozen watchfulness</li> </ul>
<b>Self-Care Skills</b>	<ul style="list-style-type: none"> <li>• Little / no responsibility for age appropriate self-care tasks</li> <li>• Disability prevents self-care in a range of tasks which cannot be met by the parent / carer</li> <li>• Periods of inadequate self-care</li> <li>• Continually slow to develop new self-care skills</li> </ul>		
<b>Family and Social Relationships</b>	<ul style="list-style-type: none"> <li>• Disabled child's care needs prevents them from participating in family or community activities which impairs their social or emotional development</li> <li>• Defiant and oppositional</li> <li>• Socialises with inappropriate peer group</li> <li>• No positive role models</li> <li>• Unresolved issues arising from loss</li> </ul>	<ul style="list-style-type: none"> <li>• Often left at home for long periods of time (judgement needed re age and home alone issues)</li> <li>• Child may be receiving food/accommodation, drugs, alcohol, cigarettes, affection, gifts, money</li> <li>• Relationship with carers is characterised by unpredictability</li> </ul>	<ul style="list-style-type: none"> <li>• Family breakdown leaves child without accommodation</li> <li>• Traumatized, injured or neglected as a result of domestic abuse or persistent serious verbal threats</li> <li>• Radicalisation</li> </ul>

	<b>Level 2</b> <b>Children with additional needs that can be met from one other agency</b>	<b>Level 3</b> <b>Children with a range of additional needs that require a coordinated response from multiple agencies</b>	<b>Level 4</b> <b>Children with complex / significant needs that require specialist or statutory intervention</b>
<b>Parenting Capacity</b>	<ul style="list-style-type: none"> <li>• Parents need additional support to meet the child's needs</li> <li>• Basic care and / routines are inconsistent and impacts on the child</li> <li>• Food, warmth and other basics not always available</li> <li>• Poor supervision and attention to safety</li> <li>• Chaotic family life</li> <li>• Domestic abuse where parent is seeking support</li> <li>• Parent's mental and/or physical health impact on their care of the child – use of PAMIC tool recommended <a href="https://www.teescpp.org.uk/specific-issues-that-affect-children/parental-mental-illness-procedure/">https://www.teescpp.org.uk/specific-issues-that-affect-children/parental-mental-illness-procedure/</a></li> <li>• Child is not often exposed to new experiences; has limited access to leisure activities</li> </ul>	<ul style="list-style-type: none"> <li>• Children left home alone, beyond their ability to be allowed to do so, or with another child who is not capable enough to care for the home alone child</li> <li>• Parents struggle / refuse to set effective boundaries e.g. too loose / tight / physical chastisement</li> </ul>	<ul style="list-style-type: none"> <li>• Parents have or may have abused / neglected the child</li> <li>• Previous children have been permanently removed from their care</li> <li>• Non-abusing parent unable to protect the child from another person who poses a risk of harm</li> <li>• Domestic abuse which poses a risk to the child where the parents are not willing to engage with support services</li> <li>• Multiple carers</li> <li>• Unborn babies meeting the criteria for children's social care referral in the Tees Child Protection Procedures <a href="http://www.teescpp.org.uk/safeguarding-the-unborn-baby">http://www.teescpp.org.uk/safeguarding-the-unborn-baby</a></li> </ul>
<b>Family and Environment</b>	<ul style="list-style-type: none"> <li>• Family thinks it is acceptable to use illegal substances in front of children</li> <li>• Parents have relationship /health difficulties which impact on the child but are willing to accept help</li> <li>• Parents request advice to help them manage their child's behaviour</li> <li>• Child affected by difficult family relationships or bullying in the home</li> <li>• Family require advice about social exclusion / hate crime</li> <li>• Housing in poor state of repair, temporary or overcrowded</li> <li>• Intentionally homeless</li> <li>• Rent arrears put family at risk of eviction or proceedings initiated</li> </ul>	<ul style="list-style-type: none"> <li>• Community are hostile to the family</li> </ul>	<ul style="list-style-type: none"> <li>• History of suspicious child death in the family</li> <li>• Domestic abuse which places the child at risk of significant harm</li> <li>• Members of the wider family known to pose a risk to children and have contact with the child</li> <li>• No recourse to public funds</li> <li>• Home conditions are dangerous and pose a risk of harm to the child</li> <li>• Parents have relationship / health difficulties which impact on the care of the child and are unwilling or unable to accept help</li> <li>• Extreme poverty / debt impacting on ability to care for the child</li> </ul>