



Local Safeguarding Children's Board

Early Help Safeguarding Strategy:

“Safe, supported, transformed”

Final Version September 2013

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1. Welcome

Welcome to our North Lincolnshire's Early Help Safeguarding Strategy 2013 - 2015. The Strategy is set within the context of the [Health and Wellbeing Strategy 2013-18](#), the [Children and Young Peoples Plan](#) and [Local Safeguarding Board \(LSCB\) Business plan](#). The Strategy and associated guidance is required by the new [Working Together to Safeguard Children 2013](#), takes our LSCB priorities forward and will be overseen by the LSCB.

The Early Help Safeguarding Strategy will form an integral part of a wider Children and Young People's Plan. It is built upon the North Lincolnshire's Single Organisational model that has enabled agencies to work together, organise services on level of need and to improve outcomes for children, young people and families.

We have a vision to ensure children are safe, families are supported and lives are transformed. We would wish to improve services. The Health and Wellbeing (HWB) Strategy expresses our intent to meet new and changing priorities that emerge through the [Joint Strategic Needs Assessment \(JSNA\)](#) and is also derived from the LSCB annual review. Ambitions for children and families are documented within the priorities agreed within the HWB Strategy, thus giving a further impetus to the integration of services. These ambitions are:

- to be more effective and more efficient;
- to work together with children and families;
- to recognise their strengths; and
- to improve outcomes further.

The Early Help Safeguarding Strategy relies upon a workforce where staff from across all agencies have the core (knowledge) skills and abilities to engage with children and families, build relationships, be families' strengths based, solution focused, motivate positive change and be aware of risk and protective factors. The engagement will have a balance between "what works" and "who works".

We know that working together we can identify children early to ensure we keep them safe, support their families and transform their lives.

Edwina Harrison, Independent Chair of the LSCB.

2. Introduction

The focus of this high level strategy is on what partners can do better together to add value and identify opportunities for working together differently, whilst delivering value for money.

Under the Health and Wellbeing Strategy, partners have pledged that they will:

- work together for the benefit of the people of North Lincolnshire (across the private, public, voluntary and business sector including commissioned services);
- consult with local residents (including those who may be hard to reach or live in a community identified by the JSNA as vulnerable or in need) on the local priorities;
- seek to model support and behaviour that promotes the health and wellbeing of their staff in line with the six strategic priority outcomes of the HWB Strategy recognising that their staff are often residents of North Lincolnshire;
- ensure their staff show commitment to work together;
- ensure their staff are aware of their roles and how they contribute to the wider health and wellbeing agenda (Making Every Contact Count); and
- be explicit about the actions they are committing to in order to reduce inequalities and increase wellbeing and provide evidence on performance and impact.

In meeting this challenge services will transform to:

Safeguard and Protect: People feel safe and are safe in their home and protected in their community.

Close the Gaps: Inequalities are reduced across all life stages and all communities.

Raise Aspirations: People are empowered to make positive choices to help them be the best they can be.

Prevention of Early Deaths: Early detection, prevention and behaviour change linked to the big killers are addressed.

Enhance Mental Wellbeing: Good mental health and emotional wellbeing enable people to fulfil their potential.

Support Independent Living: People are supported and enabled to live independently to improve quality of life.

The LSCB consider what children have told us and builds upon the aspirations of our children and what they want from an effective safeguarding system. It is important to consider their views as we move forward with our Early Help Safeguarding Strategy.

Children tell us that they want:

- adults to notice when things are troubling them;
- to understand what is happening, to be heard and have that understanding acted upon;
- to be able to develop ongoing, stable relationships of trust with those adults helping them;
- to be treated with the expectation that they are competent rather than not;
- to be informed about and involved in decisions, concerns and plans;
- to be informed of the outcomes of assessments, decisions and reasons when their views have not been met with a positive response;
- support in their own right, as well as a member of their family; and
- to be provided with advocates to assist them in putting forward their views.

The Early Help Safeguarding Strategy promotes the single organisation model in the delivery of the Early Help Safeguarding Strategy (identification, assessment, access and services). This is a strategy that enables us to safeguard children; it does not replace service specific pathways.

Who is the strategy for?

The strategy is for all partner agencies and their staff to guide them and provide the model to work together to safeguard children.

Why?

[Working Together \(2013\)](#) to safeguard children places a statutory responsibility on all partner agencies to comply with and work together to identify children who need safeguarding, offer early help and do this effectively to create positive change, keep children with families and reduce the need for statutory services. Doing this well will mean that we identify the children who need safeguarding at the earliest point and make a significant and timely intervention to secure the child's safety and wellbeing within their family or where parents cannot make significant and sustainable change with an alternative family where the child has every chance to be safe, well and reach their full potential.

The LSCB is required to publish a **threshold document** that includes:

- the process for the early help assessment and the type and level of early help services to be provided; and
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
 - [Section 17](#) of the Children Act 1989 (children in need);
 - [Section 47](#) of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm);
 - [Section 31](#) (care orders); and
 - [Section 20](#) (duty to accommodate a child) of the Children Act 1989.

What is the Priority?

The priority is to implement the Early Help Safeguarding Strategy in line with the ambitions of the HWB Strategy and LSCB.

The focus for development throughout 2013-15 will be on:

- i. Conception to two where we have an ambition to integrate services to identify and offer support to all pre-birth to two year olds enabling them to have the best start in life. **HWB**
- ii. Vulnerable children, to identify and facilitate positive change for those at risk from, emotional abuse, neglect, domestic violence and exploitation. **LSCB**
- iii. Young people and families who are at risk of repeating a generational cycle of dysfunction and disadvantage manifested in offending and anti-social behaviour, non-school attendance, worklessness and the need for high cost services to have a single and outcome focussed plan that creates change. **HWB Integrated Working Partnership**

What will success look like?

Safe

- Children will grow up in a safe and nurturing environment where they learn and develop.
- Children will know how to keep themselves safe and be protected.
- Older young people will make informed decisions and be supported to keep themselves safe from harm and/or exploitation and be protected.
- Parents will be supported to know what they need to do to keep their children safe and support their welfare and development.
- Where parents cannot look after their child or it is not safe, the children will be identified, protected and offered alternative permanence.

Supported

- Parents will be supported to look after their own children and help them in their health, development and wellbeing.
- Parents will be better able to parent, support and advocate for their children.
- Support, positive activities and short breaks will provide opportunities for children to gain life experience and develop, and parents to feel supported.
- Individual children and families will be encouraged to make informed choices and improve their overall life chances, we would expect in most situations the child and family make change and become independent of services and, where not, they are clear about potential consequences.

Transformed

- Children's health and wellbeing will be facilitated and secured by their parents.
- Children will be better prepared for and achieve in school.
- Children will be involved in their assessments, plans and reviews and play a central part in determining their future.
- Young people will choose safe and positive lifestyles and become fully functioning adults with bright futures.

3. Responsibilities

Local authorities have a responsibility to promote inter-agency cooperation to improve the welfare of children. [Section 10](#) Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of all children in the authority's area, which includes protection from harm and neglect.

Partners have expressed their commitment to work toward a single outcome focused plan that the child and family understand and that meets their needs in a timely and meaningful way.

Partners should work together and take their role in providing early help as it is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help; and
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Those providing services to adults with children need have a role in identifying emerging problems and to share information with other professionals to support early identification and assessment.

Partners should be alert to the potential for increased need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic abuse;
- is showing early signs of abuse and/or neglect;
- is showing early signs of mental health issues, including self-harm;
- shows signs of risky behaviours such as early sexualisation, risk of sexual exploitation, inappropriate relationships, drug taking etc; and/or
- is living away from home.

Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, the relevant risk and protective factors, to share that information and work together to provide children and young people with the help they need. Practitioners need to continue to develop their knowledge and skills in this area. They should have access to training to identify and respond early to abuse and neglect, good management support and supervision and access to the latest research showing what types of interventions are the most effective.

4. Commitment

North Lincolnshire LSCB partners have made a commitment to develop staff to ensure they can engage and collaborate with children, young people and families to build upon the family's strengths and resources. We have made a commitment to deploy staff with the knowledge, skills and abilities to make a real difference.

Staff across all agencies will work toward the commitment set out in the [HWB Strategy](#), these are:

We provide help as early as possible: We will provide help and advice as early as possible, to prevent problems getting worse.

Everybody deserves to be heard: Our staff will always listen to a family's concerns, without jumping to conclusions. They will show respect for each point of view. Whenever possible they will talk to wider family members, including children and young people.

We will always be open and honest and treat the whole family with respect: We recognise that all families are different and we will show respect to each family, their culture, beliefs and traditions. We will always share with parents/carers any concerns that we worry might affect the welfare of children.

We see families as the experts: We will always try to work with families to find a sensible solution to the problems faced. We believe that families are the experts about their own children and unique circumstances and that they have a lot of valuable information about what will and will not work.

We look at the big picture: Problems do not usually exist in isolation. We aim to work in partnership with schools, health services and other services that might be able to support a family to reach the goals that we identify together.

We will focus on solutions: Our staff are interested to know about the things that work well in a family and about the strengths that will help to make lasting changes. We will set these alongside any wider concerns and then work together to come up with a Support Plan.

We recognise that small steps count as progress: It is unusual for any family to manage to solve all their problems at once. Through the Support Plan we will agree what things need to be done first and what can wait until later. This will help us all to see when things are going in the right direction. Even small steps of progress usually make people feel a lot better.

Our staff have the skills needed to do their job: Parents and carers can be confident that our staff are well trained and supported. They have the right values, experience and up to date skills to work with their family.

We will always work to keep children safe: We believe that in the vast majority of cases the best place for a child or young person to be is with their family. That is why we work so hard to provide early help to prevent families from breaking down. If we disagree about what needs to be done to keep a child safe we will always discuss this with the parents/carers and explain exactly what our concerns are and what action we believe needs to be taken to keep children safe from harm.

We will listen to all children and young people: This includes a commitment to understanding the life experiences of disabled children and young people and ensuring that our staff are competent and confident in being able to use a range of communication methods.

Disabled children, young people and their families will be supported by the development of the “Local Offer” as part of the national changes in relation to how we support children with disabilities and those with Special Educational Needs. The Local Offer will complement the Early Help Offer by focusing on the provision of advice, guidance and information in relation to the services that support disabled children, how to access them and what difference they have made to the lives of disabled children and their families.

We will look to develop one plan across all services, a “single plan” that can incorporate statutory role and function, e.g. Special Educational Needs, Child Protection. We will work toward fewer adults doing more to support the child and family and reduce those who do not offer a service or whose involvement is not a priority at this moment in time. Hopefully this will enable families to manage the support, be clear about who is supporting them and helping to make a real positive difference. Organisationally we should experience less staff doing more and therefore more staff to help and support.

5. Vision

Working to ensure children are safe, families are supported and lives are transformed.

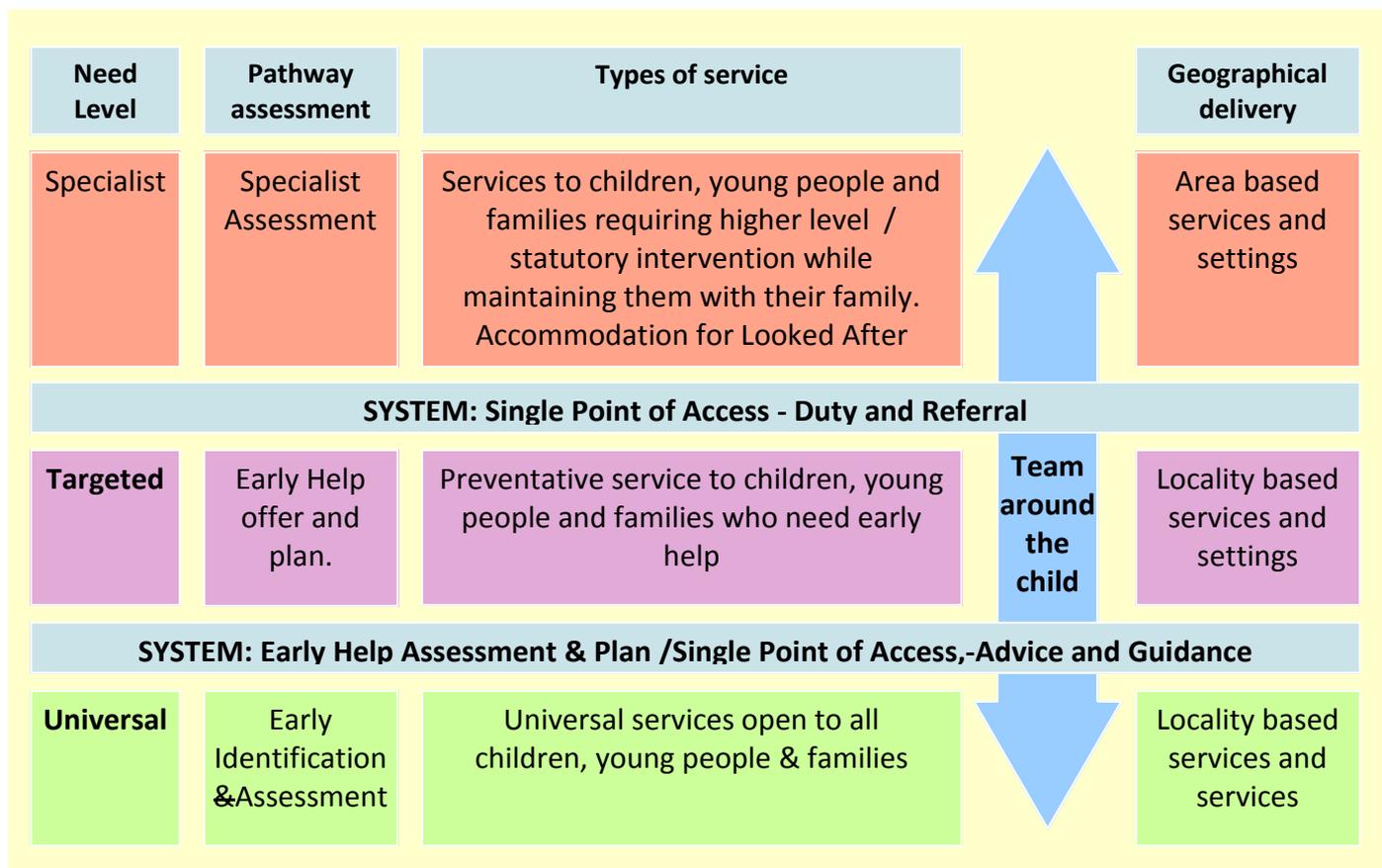
Partners should utilise the single organisation model and early help framework at the earliest point and through preventative services to prevent the child and family needing statutory intervention or acute service provision.

The [Early Help Assessment](#) can be used by a single agency to shape their preparation and thinking, build upon family strengths, shape intervention to assessed need and collaborate on solutions with children and families.

The [Early Help Assessment](#) is an assessment tool in its own right and not a tool that should be used as a referral mechanism. It can however be utilised to support a referral to social work services in relation to a child in need or child in need of protection.

6. Single Organisational Model

The single organisation model represents a framework to describe the level of need a child, young person or family may have and the nature of services that are available at each level. The level of need and service provision will be designed to meet need and the model does not represent a hierarchical pathway, we will actively work to ensure children, young people and families are as independent as possible with the lowest level of support required however this will not prevent the right service being offered at the right time, for example some children may need specialist services from the start.



North Lincolnshire believes in the importance of prevention and supports Early Intervention principles. Early Help is a feature across all our levels of need.

Services are aligned to the single organisational model and are delivered at three levels: Universal (services available to all), Targeted (services available to meet assessed need at a preventative level) and Specialist (statutory or acute) Fig 1. An Early Help Assessment (or equivalent based upon the national assessment framework) should be undertaken to identify additional need, seek consent from the family and plan support.

Universal Services (Whole Population)

All staff working in universal services including community and voluntary organisations will be empowered to offer advice and information. This workforce will share a common core of knowledge in respect of North Lincolnshire that will be tailored to be locality specific. For an agreed number of key areas there will be staff training and development to increase their confidence, competence and capability to respond to needs from people without the need to involve targeted or specialist services. Everyone has a responsibility to work together to safeguard children and vulnerable adults.

Targeted Services

All staff will place the individual at the centre and their assessed needs will be understood in the context of the family/household. We will work toward a core of integrated services, a key “trusted” individual who may be from the core team to coordinate support from the appropriate range of associated services. We will aim to undertake a single assessment and build upon this and have one plan. The plan will be between the individual family and the core team who “offer” services, a strengths based approach should be used to maximise the contribution of the family, circle of friends and the community, there will be agreed timescales for review of the individual plans.

Specialist services will work closely with universal/targeted services to advise, guide and reduce anxiety, we will develop multi agency hubs to safeguard children at the earliest point in each of the five localities and ensure Health, Police and Social Work Service share responsibility and decision making when it is suspected a child is at risk of harm or has been harmed.

Specialist Services

The existing core team will support a step up to the specialist service, building on the knowledge, experience and skills of the existing team. The arrangement will facilitate step up and step down to and from the targeted team. Specialist services take a central role in safeguarding vulnerable children, ensuring pathways and services are available and thresholds clearly understood, statutory intervention being available to those children who need care.

7. Accessing Early Help, Assessment & Referral

Children and families can access services and early support through universal services: a Midwife, their Health Visitor, a School Nurse, at the local children’s centre, their GP, their School and other services available to them in their communities or online.

All agencies should identify and may offer an early help assessment to those children and families who they identify have additional needs. This will cover the child, the family and the environmental factors that have an influence upon the child’s life. This assessment should be done in partnership with the child and family, with consent and shared with them. It should in the first instance be used to shape the service and enable agencies to work together at the lowest possible level to offer help and prevent escalation. It is important that the early help assessment embraces and engages the child and family and has their consent to share information and invite others to be part of a wider service offer and Early Help Plan to safeguard the child.

[Early Help Assessment, plan and guidance](#)

[Assessment Protocols](#)

For those children, young people and families who are more vulnerable, where early help plans are not making sufficient positive difference and the child may be a child in need, in need of protection or to be looked after they should be referred to children’s social work service.

Agencies and members of the public can and should make a direct referral to Social Work Services if they believe a child is at risk of or has suffered significant harm:

Definition - Children in Need

“...is defined under CA 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, without provision of services or a disabled child...”

(Children in Need may be assessed under section 17 in relation to their Special Educational Needs, disability, as a young carer or because they have committed a crime)

Definition - Significant Harm

“Where there is reasonable cause to expect that a child is suffering or likely to suffer significant harm.” Working Together 2013.

Agencies will be required to provide information in writing and in line with the LSCB Assessment protocols and in doing so would be expected to commit to the Public Law Outline and provide statements to the Courts when cases are taken through this route.

Young People, Families and Agencies should seek guidance and support from the Single Access Point if they are in any doubt. Members of the public are encouraged to do so including children and young people themselves when there are concerns about a child or young person’s welfare and protection.

Requests for guidance, support and services can be made to Children Services – Child & Family Support Services, The Families Initiative and Social Work Services by ringing the **Single Access Point on 01724 296500, out of hours 01724 296555, free phone 0800 085 3737**. Services and points of contact are contained in Appendix 1 and 2.

You will gain access to a Qualified Social Worker who will listen to you, provide advice and guidance and agree the next steps.

8. Single Access Point

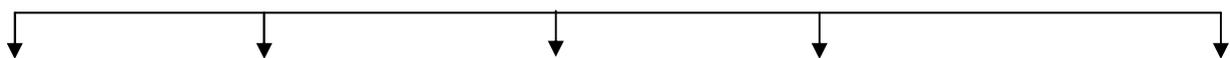
Single Access Point to Children Services

The Single Access Point (SAP) enables a discussion between the Qualified Social Worker within the SAP and the person making contact – this could be you, a member of the public, any agency or the child or young person themselves. The Social Worker will take time to listen to you and offer advice and guidance. They will take the relevant information needed to clarify the nature of your contact to determine what happens next.

This may include the following:

- offer consultation where you are seeking advice and guidance
- advise you to undertake further work
- where appropriate onward signpost you to a relevant service
- onward refer to The Families Initiative*
- where appropriate ensure a request for a Child & Family Support Service is considered to offer an early support plan**
- ensure a referral for social care/work services is activated where it appears the children may be defined as in need, in need of accommodation and or protection under the Children Act definition the Social Work Referral Management Team will be the principle point of contact for these referrals***

On all other calls that are on open cases the operational support will direct your call to the named worker or team duty officer.



Early Help Offer meeting via Universal Services

Child in Need of support following an Early Help Assessment

(Targeted) Child and Family Support Services

Child in Need / Child in Need of Accommodation - statutory assessment (section 17)

Statutory Social Work Service

Child in Need of Protection - statutory assessment (section 47)

Statutory Social Work Service

Child and Family in need of support via the Families Initiative following an Early Help Assessment

(Targeted) The Families Initiative Service

*The Families Initiative will consider referrals for a child and family where there is offending or anti-social behaviour, non-school attendance issues, worklessness and other significant issues that are, or could result in, high cost services. The service will work with the family to break the generational cycle of disadvantage and dysfunction.

**A Child and Family support service can be provided where there is a need for an Early Help Plan and the identified needs/support cannot be met within the scope of a single agency or universal service. The early help plan will provide support to address the identified needs that can be achieved without the need for a statutory Children in Need Plan. For this to be the case, the assessment will indicate that targeted prevention can achieve a satisfactory level of health and development, strengthen family relations, maintain a child within their home and community and/or sustain positive change already achieved through statutory support.

***A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, or a child who is disabled. In these cases, assessments by a social worker are carried out under [Section 17](#) of the Children Act 1989. Children in need may be assessed under Section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

Some children in need may require accommodation because there is no one who has parental responsibility for them, or because they are alone or abandoned. Under [Section 20](#) of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area.

Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under [Section 47](#) of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

If it is assessed by Social Work Services that a child is at risk of immediate significant harm it may be necessary to take legal measures to ensure the child's safety. Examples of these are an application for an emergency protection order or for a care order.

Following an application under [Section 31A](#), where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

9. Risk Analysis Framework

Timely intervention by Children's Services, where there is ongoing concern and risk, the assessment and intervention will be underpinned by the North Lincolnshire Risk Analysis Framework (RAF).

The risk analysis process acknowledges that it is never possible to remove all risk from a child's life and that the experience of dealing with risk in a contained manner is an essential part of normal development; recognising what risks exist in a child's life, what level of threat they present to the child's wellbeing, and how well they can be managed so that the level of threat is reduced or eliminated.

Within North Lincolnshire there is a well-embedded RAF which is utilised when working with babies, younger children and older young people and provides a consistent model for the assessment, analysis and management of risk.

The Risk Analysis Framework may be used to underpin Early Help Plans where one should consider risk and protective factors; it is integral to individual plans for young people where there is statutory involvement due to child concern and child protection. This includes cases that are:

- Child in Need, (including disabled children);
- Child Protection;
- Looked After Children;
- Care Leavers;
- Young Offenders; and
- Older Young People.

The analysis of risk also takes place within the three domains of the National Assessment Framework: Child's developmental needs, parental capacity to meet those needs, and family and environmental factors that support or hinder. It focuses on two key aspects; what factors are there in the child's life that present a risk to their wellbeing (risk factors), and what factors guard against risk (protective factors).

Having determined what risk and protective factors exist, the process is then to judge the balance of those factors, particularly whether there are sufficient protective factors in place to balance out the risk factors. The next stage is to judge what meaning the level of risk that exists has for the child. This will be on a continuum from no significant risk to severe risk.

Finally, the worker must determine what needs to change in order to reduce risk and devise a plan to deliver that change.

The risk analysis is repeated at milestones such as reviews of the child's plan, and at times when significant change occurs in the child's circumstances.

Young People

Young people may face a complex range of risk factors as they seek their independence. The management of risk for young people needs to focus on their need to make their own decisions, develop as independent young people, learn by their mistakes and have the information they need to make informed choices. As young people grow up, the analysis and management of risk has an increased focus on the young person's self-management and less on their parenting, although their relationships with and support from their carers is an important aspect of the management and reduction of risk.

We recognise that for some young people the emphasis will continue to be on parenting, e.g. disabled children with complex needs, however, our commitment is to work alongside parents as the experts on their children in order to enable the young person to achieve the greatest level of independence, choice and control that is commensurate in line with their developmental need.

North Lincolnshire is committed to the safety and development of young people and agencies have to be aware of the risk factors and how to support and keep young people safe in the community. It is important that we embrace their development whilst ensuring that they have a safe place to go and they can seek out help and support when they are ready to do so. All agencies working with young people should enable them to self-refer or do so on their behalf when they assess that their safety and wellbeing is at risk.

Following up referrals to Social Work Services

Any agency referral made by telephone to the Children's Services Referral Management Team must be followed up by you in writing within 2 working days, stating the information that was passed on and your understanding of what further action was agreed. Where available, this should include copies of an Early Help Assessment, any recent specific assessment and/or the referral information clearly outlined in a letter or email in line with the LSCB exemplar.

Agencies should, where appropriate, contribute to plans to provide intervention to meet the child's needs in order to support the child and family to achieve sustained positive outcomes.

Where you disagree with a response to a referral to Social Work Services

If you believe that a child should receive Social Work Services because they are being harmed, likely to be harmed or are likely to suffer longer term significant impairment in their health and development and you are not satisfied with the way we have responded, you can use the LSCB's "[Resolving Professional Conflict](#)" procedure, available via the North Lincolnshire Council website by searching on Child Protection Procedures.

If children, young people or their families have any concerns about our services they can make a complaint. By doing so they help us to address these concerns and seek a resolution. A complaint can be made in writing, by phone or email, on the council's website or in person. Leaflets are available that can be completed and returned. Our workers can assist and advise about the procedure, or complaints can be made direct to the complaints manager:

Julie Pointon: Julie.Pointon@northlincs.gov.uk Tel :01724 296426.

Children and young people, or someone on their behalf, can contact the Children's Advocate Beverley Goulding: Beverley.Goulding@northlincs.gov.uk Tel: 01724 296639, who will support them in making their complaint.

10. Monitoring & Review

We have made a commitment to review and refresh timescales and procedural requirements to underpin the delivery of the Early Help Safeguarding Strategy; we will monitor agency compliance against these and develop Outcomes measures for children, young people and families, including their perception of the service and ideas for development.

The formal review will take annually as part of the LSCB statutory review process, reporting to the Chief Executive of North Lincolnshire, Chair of the Health and Wellbeing Board, Chief Police Officer and Leader of the Council.

11. Thresholds of Need

When making an assessment of a child in their family we all need to know whether others would judge what we are seeing in the same way. This is broadly the purpose of the following tables. They set out some typical features of children and families who fall into different levels of need. They are not hard and fast rules, nor can they cover every eventuality you may come across, but they will provide a general guide.

The tables reflect the Assessment Framework described in Working Together 2013 in that they are divided into three domains: the developmental needs of the child, the capacity of the parents or carers to care for them, and the environmental context within which they live.

<p>UNIVERSAL: These are infants, children and young people who make good overall progress in all areas of development. Broadly these children receive appropriate universal services such as health care and education. They may also use leisure and play facilities housing or voluntary sector services.</p> <p>Expected Development.</p>	
<p>Domain: DEVELOPMENT OF THE BABY, CHILD OR YOUNG PERSON – Universal</p> <p>A child's developmental needs at a universal stage should be age appropriate. Professionals should be non-judgmental in their analysis and consideration should be given to what is good enough i.e. a child may not meet every developmental stage below but progress can be maintained within their setting without requiring additional services.</p>	
<p>Health, including general health, physical development and speech, language and communications development</p> <ul style="list-style-type: none"> • Physically well • Adequate and nutritious diet • Adequate hygiene/clothing • Developmental checks/immunisations up to date • Regular dental and optical care • Health appointments are kept • Developmental milestones appropriate: <ul style="list-style-type: none"> • Motor skills within normal range • Communication skills within normal range • Appropriate height and weight • Opportunities for play and exercise • Sexual activity appropriate for age • Good state of mental health <p>Emotional & Social Development</p> <ul style="list-style-type: none"> • Demonstrates appropriate responses in feelings and actions • Good quality early attachments • Able to adapt to change • Able to demonstrate empathy <p>Behavioural Development</p> <ul style="list-style-type: none"> • Able to take age appropriate responsibility for own behaviour • Responds appropriately to boundaries and constructive guidance • Interacts positively with peers in unstructured play contexts • Enjoys positive relationships with peers 	<p>Identity, including Self-Esteem and Self-Image and Social Presentation</p> <ul style="list-style-type: none"> • Positive sense of self and abilities • Demonstrates a sense of belonging and acceptance by others • Generally positive and wants to accomplish things • Appropriate dress for different settings • Good state of personal hygiene • Confident in social situations, but can discriminate between safe and unsafe contacts <p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Stable and affectionate relationships with care givers • Able to socialise appropriately • Good relationships with siblings • Positive relationships with peers <p>Self-Care Skills and Independence</p> <ul style="list-style-type: none"> • Developing stage of competencies in practical and emotional skills, such as feeding, dressing, developing independence and independent living skills <p>Learning, including Understanding, Reasoning and Problem Solving, Participation, Progress and Aspirations</p> <ul style="list-style-type: none"> • Has appropriate access to books and toys, and to play contexts • Acquires a wide range of skills and interests • Enjoys and participates in learning activities

	<ul style="list-style-type: none"> • Has experience of success and progression • Sound links between home and school • Cognitive and language development are within normal expectations • Aspirations beyond statutory education
<p>Domain: PARENTS & CARERS – Universal</p> <p>At a universal level parenting capacity would evidence that the child is growing up in circumstances consistent with the provision of safe and effective care.</p>	<p>Domain: FAMILY AND ENVIRONMENTAL ELEMENTS – Universal</p> <p>Family and Environmental factors at a universal level should not impact on a child's development or the capacity to parent.</p>
<p>Basic care, ensuring safety and protection</p> <ul style="list-style-type: none"> • Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care • Protection from danger or significant harm, in the home and elsewhere <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Shows warm regard, praise and encouragement • Ensures that secure attachments are not disrupted • Provides consistency of emotional warmth over time <p>Guidance, boundaries and stimulation</p> <ul style="list-style-type: none"> • Facilitates cognitive and language development through interaction and play • Enables child/young person to experience success • Provides guidance so that child can develop conscience • Child/young person accesses leisure facilities as appropriate to age and interests 	<p>Family history, functioning and wellbeing</p> <ul style="list-style-type: none"> • Good relationships within the family, including when parents are separated/reconstructed • Few significant changes in composition <p>Wider family</p> <ul style="list-style-type: none"> • Sense of larger familial network and good friendships outside of the family unit <p>Housing, employment and financial considerations</p> <ul style="list-style-type: none"> • Accommodation has basic amenities and appropriate facilities, and can meet family needs • Parents/carers are able to manage the working or unemployment arrangements and do not perceive them as unduly stressful • Reasonable income over time, appropriately to meet needs <p>Social and community elements and resources, including education</p> <ul style="list-style-type: none"> • Family feels integrated into the community • Good social and friendship networks exist • Community is generally supportive of families with children/young people • Good universal services in neighbourhood
<p>TARGETED SUPPORT (vulnerable children): Children and young people who need specific help from one or more agencies. This refers to the range, depth or significance of the needs.</p> <p>Children at this level may be likely to benefit from an Early Help Assessment More than one service is likely to become involved working through an Early Help Plan and Team Around the Child meetings.</p> <p>Identified in need of help to reach expected level of development, safety and wellbeing.</p>	

Domain: DEVELOPMENT OF THE BABY, CHILD OR YOUNG PERSON – Vulnerable	
<p>Health, including general health, physical development and speech, language and communications development</p> <ul style="list-style-type: none"> • Concerns re diet, hygiene, clothing • Child has some chronic/recurring health problems; not treated, or badly managed • Missing routine and non-routine health appointments • Weight gain becoming a cause of concern – below third centile/obesity • Limited or restricted diet e.g. no breakfast, no lunch money • Concerns about developmental progress, e.g. overweight/underweight, enuresis • Developmental milestones are unlikely to be met • Dental decay • Smokes/other regular substance misuse • “Unsafe” sexual activity • Learning significantly affected by health problems • Significant speech/language difficulties/delay or disordered development • Child has significant disability • Mental health issues emerging e.g. conduct disorder, ADHD, anxiety, depression, emerging eating disorder, self-harming <p>Disabled children and young people</p> <ul style="list-style-type: none"> • Developmental milestones unlikely to be met arising from the child having a disability • Children and young people with disabilities whose need arises from a combination of difficulties in accessing universal and mainstream provision • Children who have recently been diagnosed with a disability 	<p>Identity, including Self-Esteem and Self-Image and Social Presentation</p> <ul style="list-style-type: none"> • Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities • Demonstrates significantly low self-esteem/confidence in a range of situations • May be victim of crime • Signs of deteriorating emotional wellbeing/mental health • May not discriminate effectively with strangers • Clothing is regularly unwashed or ill-fitting • Presentation (including hygiene) significantly impacts on all relationships • Child lacks confidence or is watchful or wary of carers/people • May be aggressive in behaviour/appearance <p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Relationships with carers characterised by inconsistencies • Child has lack of positive role models • Child appears to have undifferentiated attachments • Misses school or leisure activities • Peers are also involved in challenging behaviour • Involved in conflicts with peers/siblings • Lack of friends/social network • May have previously had periods of LA accommodation <p>Self-Care Skills and Independence</p> <ul style="list-style-type: none"> • Disability prevents self-care in a significant range of tasks • Poor self-care for age, including hygiene • Child takes little or no responsibility for self-care tasks compared with peers • Child lacks a sense of safety and often puts him/herself in danger
<p>Emotional & Social Development</p> <ul style="list-style-type: none"> • Poor peer relationships/difficulty sustaining relationships 	<p>Learning, including Understanding, Reasoning and Problem Solving, Participation, Progress and Aspirations</p>

<ul style="list-style-type: none"> • Child/young person finds it difficult to cope with or express emotions, e.g. anger, frustration, sadness, atypical grieving • Young person, 13 plus engages in underage sex • Child/young person experiences significant difficulties with managing change • Child appears regularly anxious, stressed or phobic <p>Behavioural Development</p> <ul style="list-style-type: none"> • Child/young person does not accept responsibility for their own actions; finds it hard to understand how their own actions impact on others or learn from consequences • Child/young person displays disruptive/challenging behaviour at school, home or in the neighbourhood • Child/young person is beginning to commit offences/re-offend • Child/young person interacts negatively with peers in learning and play contexts • Child/young person is withdrawn, isolated/unwilling to engage • Challenging behavior is associated with a level of learning disability 	<ul style="list-style-type: none"> • Not achieving key stage benchmarks • Persistent absence at nursery/school • Poor home/nursery/school link • Some fixed-term exclusions • Very limited interests/skills displayed • Not educated at school (or by agreement at home by parents) • Limited participation of young person in education, employment or training
<p>Domain: PARENTS & CARERS – Vulnerable</p>	<p>Domain: FAMILY & ENVIRONMENTAL ELEMENTS – Vulnerable</p>
<p>Basic care, ensuring safety and protection</p> <ul style="list-style-type: none"> • Parent/carer is struggling to provide adequate care • Parents have found it difficult to care for previous child/young person • Young, inexperienced parents • Inappropriate care arrangements • Instability and domestic abuse in the home • Parent’s mental health problems or substance misuse significantly affect care of child/young person • Non-compliance of parents/carers with services • Practitioners have serious concerns • Experiencing unsafe situations • Child/young person caring for siblings/parent 	<p>Family history, functioning and wellbeing</p> <ul style="list-style-type: none"> • Incidents of domestic abuse between parents/ carers • Acrimonious divorce/separation • Family have serious physical and mental health difficulties <p>Wider family</p> <ul style="list-style-type: none"> • Family has poor relationship with extended family or little communication • Family is socially isolated <p>Housing, employment and financial considerations</p> <ul style="list-style-type: none"> • Poor state of repair, temporary or overcrowded, or unsafe

<ul style="list-style-type: none"> • Child/young person perceived to be a problem by parents • Child/young person may be subject to neglect • Child/young person has previously been looked after by LA <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Child receives erratic or inconsistent care • Child has episodes of poor quality care • Parent/carer instability/emotional needs affects capacity to nurture • Some relationship difficulties • Child has no other positive relationships • Child has multiple carers - may have no significant relationship to any of them • Child has been looked after by LA <p>Guidance, boundaries and stimulation</p> <ul style="list-style-type: none"> • Erratic or inadequate guidance provided • Parents struggle/refuse to set effective boundaries, e.g. too loose/tight/physical chastisement • Child/young person behaves in anti-social way in the neighbourhood • Parent/carer does not offer a good role model, e.g. by behaving in an anti-social way • Child is not receiving positive stimulation, with lack of new experiences or activities • Very limited interactions between parent/carer and child – impacting on children’s wellbeing, development and communication skills • Child/young person is under undue parental pressure to achieve/aspire <p>Disabled children and young people</p> <ul style="list-style-type: none"> • Chronic health needs and life limiting conditions • Children whom are reliant on technology to support and meet their health needs • Children and young people whom have Community Nursing involvement and there is a need for multi-agency support over and above what could be supported by an Early Help Assessment/Early Help Offer meetings 	<ul style="list-style-type: none"> • Living in interim accommodation • Experiencing frequent moves • Intentionally homeless • Parents/carers experience of stress due to unemployment or “overworking”; may be impacting on other aspects of family life e.g. marital relationship • Parents/carers may not see enough of their children due to working hours • Parents/carers find it difficult to obtain employment due to poor basic skills • Serious debts/poverty impact on their ability to have basic needs met • Low income plus adverse additional factors, e.g. up to borrowing limit of Social Care Fund • Rent arrears put family at risk of eviction or proceedings have been initiated <p>Social and community elements and resources including education</p> <ul style="list-style-type: none"> • Parents/carers socially excluded/isolated • Lack of a support network • Low community support network • Low community support for families • Acrimonious relationships within community • Poor quality universal resources and access problems to these and targeted services
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<ul style="list-style-type: none"> • In receipt of equipment in order to live at home (medical or social care equipment) and there is a need for multi-agency support over and above what could be supported by an Early Help Assessment/ Early Help Offer meetings • Severe learning disability including severe challenging behaviour • A significant impairment or loss of function affecting the child/young person's ability to carry out essential daily tasks. • Ongoing sleep deprivation that is affecting family functioning and placing additional stress on the child/young person and family • Disabled children are prevented from reaching their full potential as parents are anxious about taking measured risks and supporting independence • Children and young people with a disability requiring constant supervision which results in a risk of family breakdown • Disabled children are prevented from reaching their full potential as parents are anxious about taking measured risks and supporting independence 	
<p>ACUTE (Specialist Services): The presence of one of the indicators below will not necessitate intervention on every occasion. Each set of circumstances are individual and an assessment will need to be made on a case by case basis while ensuring consistent responses which takes into account historical factors about the family in addition to the current situation they are experiencing.</p>	
<p>SPECIALIST: Identified within this stage are children whose well-being is seriously and imminently threatened without the provision of a specialist service. The list below describes the types of issue that may require a Social Work Service through the SWS Duty Team.</p> <p>At risk of harm, being harmed or likely to have long term and significant impairment.</p>	
<p>Children who are known to have been physically, sexually and/or emotionally abused or neglected.</p>	
<p>Children whose life is endangered; they are suffering from significant injury or illness or they are experiencing exploitation or abuse.</p>	
<p>Children who are strongly suspected of experiencing sexual, emotional or physical abuse/exploitation.</p>	
<p>Children who are left alone under the age of 8 years.</p>	
<p>Children who suffer from severe mental health problems or whose parents do. Significant self-harm, eating disorders.</p>	
<p>Children who have been abandoned or who are missing/go missing from home regularly or for long periods.</p>	

Children with a substantial learning or physical disability and/or severe communication difficulty whose needs cannot be met by the family.
Children whose parents are unable to meet their physical, emotional, intellectual, social or behavioural needs, including children who have and as a result there is a serious immediate or imminent impact on their development.
Unaccompanied children who are refugees or seeking asylum.
Serious concerns about hygiene, clothing and diet that are or may imminently result in non-organic failure to thrive.
Children who lives are threatened or impaired, resulting in likelihood of significant harm by: <ul style="list-style-type: none"> ▪ their offending behaviours; ▪ behaviour from themselves which presents a risk to themselves; ▪ living in a household where parents/carers are experiencing all, or a combination, of the following problems: poor mental health, substance/alcohol dependency and domestic abuse to a degree which may lead to significant harm for the child; and/or ▪ being perceived to offend against significant family beliefs.
Household members subject to a Multi-Agency Public Protection Arrangement (MAPPA) or Multi Agency Risk Assessment Conference (MARAC) meetings.
Children who are Abandoned and need accommodation, living in Privately Fostered arrangements
Disabled children and young people who experience: <ul style="list-style-type: none"> ▪ forced or inappropriate feeding, this can include withholding or not using prescribed food; ▪ disregard for personal care needs; ▪ physical restraint being undertaken that is not in accordance with safe and effective care, e.g. unnecessary use of restraint and equipment being used for purposes of restricting liberty; ▪ misuse of medication, sedation, heavy tranquillisers or withholding medication against medical advice; ▪ being denied access to medical treatment and therapies that result in significant harm, e.g. withholding of equipment that would prevent a deterioration in physical health; ▪ deliberate misuse of ill-fitting equipment which may cause injury or pain; and/or ▪ neglectful home conditions that impact upon the health and safety and may cause infections or medical complications, e.g. respiratory distress, open sores including pressure sores.

12. Closing Statement

Working together we can make a real difference and safeguard children, support families and transform lives, we will continually monitor progress against this strategy and set delivery plans to focus upon the four priority areas identified. If we are successful children and families will:

- be identified and supported at the lowest level and become independent of services;
- be identified and safeguarded through statutory intervention when necessary;
- have permanence in their own or another family;
- be safe and feel safe; and
- be ready for school and maximise potential.