

Education, Children's and Cultural Services

Specialist Children's Services

How to access social care services for children in need

Duties, priorities and guidance

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1. Introduction

The London Borough of Richmond upon Thames recognises that all children have a number of basic needs, and promotes meeting these needs by providing support and monitoring the impact of a wide range of universal and targeted services. This includes education and pre-school services, housing, leisure facilities and services provided by the voluntary sector.

Our ability to offer the right services at the right time to children and families depends on our ability to accurately assess their needs. To ensure all non specialist (eg, schools, health visitors, nursery workers etc) in Richmond adopt a common approach to assessment, the Children and Young People's Trust use the Common Assessment Framework (CAF). The CAF provides a standardised way of assessing a child or young person's support needs including specialist services that need to be provided.

The Common Assessment Framework is at the heart of the SPA, the centralised access system known as the *Single Point of Access (SPA)* which has been developed as a single gateway for all incoming contacts into Children's Services, providing telephone and web-based support to professionals, the public, children, young people and parents. The borough's CAF Co-ordinator, and a senior social worker will work in the SPA team to ensure that swift, accurate and consistent decisions are made to ensure the correct level of support is provided to children and their families.

Richmond operates a six steps model for the CAF – and these six steps map onto the continuum of services and support set out above:

- **Steps 1 and 2 – universal services:** these are children with no additional needs, or emerging developmental needs, which can still be met within universal services or through the involvement of a single agency. Children at steps 1 and 2 of the CAF are supported in *universal* settings, although they may need some additional help from protective and preventative services.
- **Steps 3 and 4 – protective and preventative services:** these are children with low levels of additional need which may be short-term, and are dealt with by protective and preventative services working with universal services, including schools. This category also includes more vulnerable children with additional needs requiring multi-agency intervention, a lead professional and a team around the child approach. Children at steps 3 and 4 may be close to the specialist services thresholds (at steps 5 and 6 below);
- **Steps 5 and 6 – specialist services:** these are children with complex or acute needs, often likely to require longer term intervention. Social care services are provided when children and young people need additional support to promote and safeguard their welfare and are identified as 'children in need' or requiring child protection under the terms of the Children Act 1989 (see section 2 below for further details).

All services that are provided to children in Richmond will be coordinated by the SPA. Those children who have a CAF assessment that indicates a child's needs are at stage 3 or above will be robustly monitored and tracked by the SPA. The SPA will initiate step – up procedures accordingly where needs have escalated and will refer directly to the Initial Response Team (IRT) at Steps 5 and 6. Likewise the IRT will refer back to the SPA through the step down procedure.

The action the SPA will take will depend on the child's needs assessed in line with the thresholds set out in section 4 and against the six steps model:

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- at **step 1** the SPA will provide information, advice and guidance, including signposting to an appropriate universal service;
- at **step 2** the SPA will provide support to identify individual children and young people's additional needs by helping to complete the CAF checklist and assessment, identifying a lead professional and providing support within a universal setting, such as a school;
- at **steps 3 and 4** the SPA will provide help to complete the CAF checklist and assessment and will allocate the case to the relevant protective and preventative team – primarily the Family Support Service, which will take on the lead professional role and establish a multi-agency team around the child as required;
- at **steps 5 and 6** the SPA will allocate the case to the Initial Response Team in specialist services as the child will have been identified as a child in need or requiring child protection under the terms of the Children Act, 1989.

For further information on the CAF process and thresholds, please go to:

<http://www.richmond.gov.uk/caf>

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2. Services for children identified as in need

Section 17 of the Children Act 1989 defines children in need as follows:

“A child shall be taken to be ‘in need’ if:

- He/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority under this part;
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is disabled.”

Also see the Needs Matrix for identifying levels of presenting need at section 4 below and the Government guidance document: ‘What To Do When You Are Worried A Child is Being Abused’, available at <http://education.gov.uk/publications/standard/publicationDetail/Page1/DFES-04320-2006> and guidance on interagency working entitled [Working Together to Safeguard Children](#).

Our services for children in need and their families are organised into four service teams, each of which has a discrete responsibility in meeting children’s assessed needs. The majority of referrals come into the division through the **Initial Response Team (IRT)**. The **Disabled Children’s Team (DCT)** also responds to referrals from partner agencies. Social workers in these teams carry out initial assessments of children’s needs in line with the [‘Assessment Framework for Children in Need and their Families’](#). The teams can work with children and their families for up to three months to help parents and carers meet any further identified needs which arise during and following assessment and when planning services. For those children with lower level needs who do not require an allocated social work service but who have additional needs, referral will be made on to appropriate agencies and services or voluntary organisations by the agency referring to children’s social care. If a Common Assessment Framework (CAF) is not pre-existing, one will be done by the Lead Professional (from the service referring into children’s social care) and a team around the child (TAC) recommended. There are times when lower level presenting difficulties are resolved at the time of the initial assessment and with help from other agencies involved with the child and the family.

The Initial Response Team (IRT) will identify children and families who require a longer term service from a social worker. These are likely to be children at risk of significant harm, and who may have to live away their families and need help to return to the family home, or children whose needs and family circumstances are complex and require intensive work to resolve. Services to these children and their families will be provided by the Family Support Team.

For a small number of children there is no realistic prospect of returning to live with their own families, which means that the local authority will have to make permanent or long-term alternative arrangements for them. For some of these children the Local Authority goes to Court to obtain a Care Order, which gives it parental responsibility, shared with children’s birth parents. In other cases a voluntary arrangement is made with the parents or with the young person themselves if they are over 16, for the child or young person to be Looked After. This work is undertaken by the Children Looked After Team. The Leaving Care Service that is part of the Children Looked After Service provides services for those young people who are about to leave or have left the care system.

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Disabled children and their families access services through the Disabled Children's Team. A separate leaflet entitled *Services for Disabled Children and Young People* gives full details about these services for these children. Please see information at the following link:

http://www.richmond.gov.uk/home/health_and_social_care/children_and_family_care/disabled_childrens_service.htm

3. Children's Social Care (Specialist Children's Services)

Initial assessments

When it is not possible to resolve the matter at an initial stage via the SPA and through information gathering and advice giving, the social worker will carry out an initial assessment so that the child's immediate needs can be identified and assessed. This assessment has to be completed within seven working days. The assessment will begin within 24 hours of a referral being received indicating that a child is in need of services. The assessment will look at these areas of the child's life in line with the ['Assessment Framework for Children in Need and their Families'](#):

- their developmental needs;
- the capacity of their parents or carers to respond to their needs; and
- environmental factors affecting the family.

The social worker may ask for the parents' or carers' permission to talk to other professionals who know the child, such as a teacher or health professional. When the initial assessment has been completed the social worker will make recommendations based on an analysis of the information gathered. The outcome may include a referral to another service or services or for a short-term piece of work to be done with the family by the social worker in conjunction with other services. Another outcome may include the need to undertake a core assessment (see page 4 'Core Assessments'). Whatever the outcome of the initial assessment, this will be outlined to the family involved by letter from the Initial Response Team (IRT).

The views of children and families are very important to the assessment process and they will be consulted with throughout the assessment. What they say will be incorporated into the final written assessment and will be taken into account when a care plan is drawn up. A written copy of the assessment and care plan will be given to the family.

Core assessments

A core assessment is an in depth assessment completed in line with the ['Assessment Framework for Children in Need and their Families'](#) which addresses the most important aspects of the needs of a child and the capacity of his or her parents or caregivers to respond appropriately to these needs within the wider family and community context.

Although a core assessment is led by social care, it will invariably involve other agencies or independent professionals who will either provide information they hold about the child or parents, contribute specialist knowledge or advice to social workers or undertake specialist assessments in addition to the core assessment. The completed core assessment should be shared with the young person and relevant family members and their views of the assessment recorded.

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4. Identifying children and young people's needs.¹

High priority need		
<p>When high priority needs are identified, the service will start an assessment within 24 hours in URGENT cases and will complete an initial assessment within seven working days, and a core assessment (a more detailed assessment work for areas of ongoing work and high priority) within 35 working days.</p>		
Assessed domains	High priority examples	
Health	<p>Urgent Information indicates a child has suffered or is at risk of suffering significant harm in terms of their health needs</p> <p>See also NICE guidance for health practitioners: ‘When to suspect child maltreatment’</p>	<ul style="list-style-type: none"> • Children with a high level of special needs or a disability requiring constant supervision that results in a high risk of family breakdown. • Situations where the physical care or supervision of a child is severely neglected. • Children involved in serious substance misuse (impacting on other areas of a child's needs e.g., social and emotional wellbeing). • Children who seriously self harm including eating disorders. • Children identified as having non-accidental injuries
Learning/ Education	<p>Urgent The child's educational and learning needs are being severely impacted upon.</p>	<ul style="list-style-type: none"> • Chronic non-attendance at school or other educational provision attributed to a lack of parental support. • Child has been permanently excluded resulting in a risk of family breakdown.
Assessed domains	High priority examples	
Social, emotional and behavioural; including identity	<p>Urgent The child or young person's behaviour is such that they are placing themselves in or exposing themselves to a high level or risk.</p>	<ul style="list-style-type: none"> • Self care and independence skills are not age appropriate and/or severely lacking • Children with severe challenging behaviour that results in serious risk to the child, or others, which parents are unable to manage resulting in a high risk of family breakdown.
Family and social relationships	<p>Urgent Children need to be to be 'looked after' outside of their own family.</p>	<ul style="list-style-type: none"> • Children who are experiencing acute emotional rejection by parents or carers including expectations, 'scapegoating' and inconsistent parenting. • Children where there has been a significant breakdown of the relationship with the parent or the carer.

¹ In line with the 'Assessment Framework for Children in Need and their Families', DoH, 2000

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		<ul style="list-style-type: none"> Disabled child where the parent or carer is unable to manage their care and where there are no alternative carer(s).
Child's environment	<p>Urgent</p> <p>The environment in which a child is living presents a high level of risk to their wellbeing.</p>	<ul style="list-style-type: none"> The child is living in an environment where there is the presence or risk of extreme domestic violence. The child requires immediate support and protection because of racial harassment. Home environment or hygiene places the child at immediate risk of significant harm. The family is suffering extreme poverty which is impacting directly on the child's wellbeing The child or young person is homeless
Parental factors	<p>Urgent</p> <p>The way in which the parent or carer interacts with or provides care for the child presents an immediate and high level of risk to the child's wellbeing</p>	<ul style="list-style-type: none"> Both parents or carers or the only parent or carer are/is suffering from severe physical or mental health problem or learning disability and is failing to adequately care for child. Both parents or carers or the only parent or carer are/is involved in severe alcohol or substance misuse which is affecting the child's wellbeing. Parents or carers have a pre-disposition to violence and or extreme anti-social behaviour
Medium priority need		
<p>There are identifiable factors that indicate that considerable deterioration is likely without support (including assessment of need as a high priority in the past).</p> <p>For children in this category, the IRT will complete an initial assessment within seven working days. Where it is decided by the initial screening officer, work may be initiated through the SPA between services via the CAF process. Visit the tools and guidance for CAF at the following link:</p> <p>http://www.richmond.gov.uk/integrated_working</p>		
Low priority need		
<p>Improvement may be desirable, but there are no signs of significant risk to the child's safety or wellbeing present. Children social care's help is not essential to the monitoring or maintenance of the child's needs. Parents have the necessary financial resources to purchase community and/or family support services to meet the child's needs. The child and the carer are coping with any presenting difficulties and responding to these appropriately.</p> <p>Children in this category require a universal service, advice or information to promote their welfare and meet their needs. An assessment may not be required to access these services. Work may be initiated through the SPA between services via the CAF process. Visit the tools and guidance for CAF at the following link: http://www.richmond.gov.uk/integrated_working</p>		

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Assessed domain	Medium priority examples	Low priority examples
Health	<ul style="list-style-type: none"> • Children living in an environment that poses a risk to their health and safety or general wellbeing. • Children who occasionally self-harm. • Disability requiring specialist support to be maintained in mainstream setting(s) Recurring health problems (which are readily diagnosable and addressed) • Missed health appointments 	<ul style="list-style-type: none"> • Slow in reaching developmental milestones • Missing immunisations or checks • Minor health problems but the child can still be educated in a mainstream setting
Assessed domain	Medium priority examples	Low priority examples
Learning/ Education	<ul style="list-style-type: none"> • Children who are underachieving in a mainstream educational setting and are not supported or encouraged by parents. • Children who have been excluded for a limited period and at risk of permanent exclusion. • Poor or little access to learning and developmental tools (books and toys etc) • Children with a significant level of special needs, whose parents are unable to meet their needs without the provision of support. 	<ul style="list-style-type: none"> • Children who are not reaching their educational potential and/or missing school. May require referral to the Educational Psychology Service or the Education Welfare Service. See: http://www.richmond.gov.uk/education_welfare_services • Children with special needs who require referral for other services, for example health visitor, speech therapist. • Occasional truanting
Social, emotional and behavioural; including identity	<ul style="list-style-type: none"> • Children with challenging behaviour whose parents are unable to cope without the provision of services. • Children whose behaviour alienates or provokes rejection. • Children involved in offending behaviour leading to the involvement of the courts. • Children with caring 	<ul style="list-style-type: none"> • Children who have little opportunity to meet and play with other children due to parent's isolation. May require referral to Children's Centre, advice on playgroups, after school clubs etc. • Low level mental health or emotional issues requiring low level intervention(s) • Early onset of offending behaviour or activity (10-14) • Coming to notice of police through low

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	<p>responsibilities that are impacting on their development and who require a carer's assessment</p> <p>(See: http://www.richmond.gov.uk/home/health_and_social_care/adult_social_care/i_need_help_with/being_a_carer/carers_assessments.htm).</p>	<ul style="list-style-type: none"> • level offending • Early onset of sexual activity (13-14) • Low level substance misuse
Assessed domain	Medium priority examples	Low priority examples
<p>Family and social relationships</p>	<ul style="list-style-type: none"> • Children who may have to be looked after outside their own family. • Children where there is a breakdown of the relationship with parent or carer. • Children experiencing several carers within their family or family network creating inconsistency and insecurity for the child. • Child exhibiting attachment disorders, such as severe separation anxiety. • Children who have witnessed domestic abuse • Privately fostered children • The supervision of the child on a daily basis is deemed inadequate. • Parents or carers have chronic debts due to their inability to manage their finances. 	<p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> • Parents/carers have relationship difficulties which may affect the child • Parents request advice to manage their child's behaviour • Children affected by difficult family relationships or bullying <p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Overcrowding • Families affected by low income or unemployment <p>Social and community resources</p> <ul style="list-style-type: none"> • Insufficient facilities to meet needs e.g. transport or access issues • Family require advice regarding social exclusion factors (racial harassment, cultural barriers etc) • Associating with anti social or criminally active peers • Limited access to health services due to language or other accessibility issues.

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Assessed domain	Medium priority examples	Low priority examples
Child's environment	<ul style="list-style-type: none"> • Home environment or hygiene places the child at risk of harm. • Family require support services as a result of racial harassment. 	<ul style="list-style-type: none"> • Parents or carers have chronic relationship difficulties that may affect the child. They may be referred to mediation or Relate. • The family require advice regarding racial harassment. • Overcrowding (housing need)
Parental factors	<p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Physical care or supervision of child is inadequate • Parental learning disability, parental substance misuse or mental health impacting on parent's ability to meet the needs of the child • Parental non-compliance with support offered • Child's self care skills/independence are/is not appropriate for his or her age and likely to impede development <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Inconsistent parenting impairing emotional or behavioural development <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Parent provides inconsistent boundaries or responses 	<p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Inconsistent care e.g. inappropriate child care arrangements or young inexperienced parent <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Inconsistent parenting, but development not significantly impaired <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Lack of response to concerns raised regarding child

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Contact points for services

The main point of contact for all children's services:

Single Point of Access (SPA)
Civic Centre
44 York Street
Twickenham
TW1 3BZ
Phone: 020 8891 7969
Email: SPA@richmond.gov.uk

Contact details for teams within Specialist Children's Services:

Initial Response Team	42 York Street Twickenham TW1 3BW	020 8891 7969
Child Protection Team	42 York Street Twickenham TW1 3BW	020 8891 7380
Disabled Children's Team	Croft Centre Windham Road Richmond TW9 2HP	020 8831 6048 Text: 020 8831 6049
Children Looked After Team	91 Queens Road Twickenham TW1 4EU	020 8831 6153
Leaving Care Team	91 Queens Road Twickenham TW1 4EU	020 8891 7776
Fostering Team	42 York Street Twickenham TW1 3BW	020 8891 7423
Adoption and Permanence Team	42 York Street Twickenham TW1 3BW	020 8891 7754
Child and Family Consultation Service	Richmond Royal Hospital Kew Foot Road Richmond TW9 2TE	020 8772 5661

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If you have any comments to make about this document, or the services you have received, please direct these to a member of the Management Team:

Title	Address/Telephone
Deputy Director, Education, Children and Cultural Services (Head of Specialist Children's Services)	42 York Street Twickenham TW1 3BW 020 8891 7604
Head of Preventative and Protective Services	Civic Centre 44 York Street Twickenham TW1 3BZ 020 8891 7562
Principal Manager, Safeguarding and Child Protection	42 York Street Twickenham TW1 3BW 020 8891 7961
Principal Manager Children Looked After and Leaving Care	42 York Street Twickenham TW1 3BW 020 8891 7679
Child Protection and Planning Manager	42 York Street Twickenham TW1 3BW 020 8891 7830