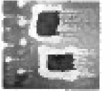
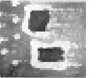
UNOCINI



Understanding the Needs of Children in Northern Ireland

Family and Child Care

Thresholds of Intervention



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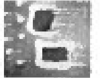


1 Background

The Department of Health Social Services and Public Safety, in conjunction with other Departments of Government in Northern Ireland, is working, through the Implementation of 'Care Matters' [i] to deliver the outcomes set out in the children and young people's strategy.

'In developing our vision for children in care we should ensure that our aims and objectives dovetail with those of the overarching OFMDFM Children's Strategy (2006). This Strategy identifies 6 outcomes and indicators to help benchmark progress over the next 10 years. The outcomes are that children and young people should be:

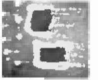
- *Healthy;*
- *Enjoying, learning and achieving;*
- *Living in safety and with stability;*
- *Experience economic and environmental well-being;*
- *Contributing positively to community and society; and*
- *Living in a society, which respects their rights* [ii]

A series of inspections into the child protection arrangements in Trusts as well as a number of case management reviews identified, amongst other issues, the need for consistent specification of both thresholds of needs and thresholds of intervention to operate within Family and Child Care services in all trusts.

2 Introduction

The UNOCINI project developed a **thresholds of need model** as part of the initial development phase in 2005. Work continues to complete the thresholds across all 12 domains of the Assessment Framework to try to ensure that the dimensions of the matrix are meaningful and owned by all stakeholders working in children's social care services.

The issues around **thresholds of intervention** are many and varied. The complexity which has to be dealt with on a daily basis in teams, balancing priorities, within priorities cannot be reduced to a series of simple one line statements. The 12 domains of UNOCINI are applied across four levels of need within the Threshold of Needs model. Making decisions within a domain may represent a challenge, but given the complexity of cases referred to the Family and Child Care service, and the range of difficulties experienced by children and families, decisions have to address an infinite number of combinations of variables. The research carried out within trusts in the SHSSB, looked at 90 cases but was unable to establish a correlation between clusters of factors at referral and the subsequent care pathway that the case may follow.



3 Developing Family and Child Care Thresholds of Intervention

The threshold of needs model provides a backdrop to consider the Family and Child Care thresholds of intervention. It would not be helpful to offer a simplistic solution to these complex problems, as this would not assist managers and staff at the front line in coming to better informed decisions. Conversely there is a need to reach a level of understanding of the issues that will enable trusts to move progressively towards offering consistent responses across the region and thereby remove some of the uncertainties experienced by other stakeholders. One of the conclusions of the work undertaken in SHSSB was that, 'the levels of complexities demonstrated during the review hindered a specific threshold criteria being developed.'

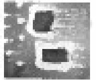
When considered with representatives from Trusts, the development of a score card to classify work requirements was not viewed as a viable way forward. Attempts by others to formulate a scorecard model have failed and it is recognised that the quality of assessment is key to the definition of intervention thresholds and the allocation of service priority.

In seeking to specify thresholds of intervention the following issues have to be considered in relation to Family and Child Care service:

- Strengths of the family and/or extended family
- Risk of harm, both actual and potential
- Severity of individual unmet needs
- Potential for family circumstances and/or parental capacity to deteriorate
- Frequency of problems recurring
- Capacity to change and develop
- Resilience and protective factors, based on previous life experience and development
- Insight and understanding
- Acknowledgement of problems and engagement in change
- Motivation and cooperation to work with social workers and other professionals

Level 1 of the threshold of needs model is defined as, children and families who use universal services and may require occasional advice, support and/or information. The needs of children at level 1 are not considered to be such that they should be referred to Family and Child Care or anticipate a response from a trust.

Level 2 children within the model are specified as vulnerable children, who may be at risk of social exclusion. In addition to universal services, these children and their families may need access to community support services. Some of these services may be subject to



gate-keeping arrangements, which require an assessment to establish either eligibility or priority. The majority of children at level 2 are unlikely to need a statutory social work intervention and one might question the validity and appropriateness of using scarce social work resources to undertake an assessment as part of gatekeeping, especially where an assessment has already been undertaken by a professional in another service.

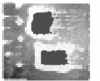
However, where vulnerable children are identified as having the potential to deteriorate and escalate to a higher level of need, an assessment may be necessary to identify the assistance and help required and thereby avoid escalation. In these cases both assessment and preventative service or intervention are based on consent and provided without recourse to compulsion. Additionally, children and families with relatively lower levels of need, living in isolated rural communities, where access to community services may be very limited may require a direct Family and Child Care intervention to avoid deterioration in their circumstances and potential escalation of needs.

Children at **Level 3** have complex needs that may be chronic and enduring, and are generally identified as Children in Need within the meaning of the *Children (Northern Ireland) Order 1995*, including some of the children, who are in need of safeguarding. It is recognised that almost always these children will require both assessment and social work help to promote their welfare and well-being and/or prevent family breakdown. These children and families usually have the option to give their consent to the intervention of the Family and Child Care, service, which cannot proceed to make an assessment or work with them without their agreement.

However, *children in need safeguarding, who are at risk of significant harm* will be subject to child protection procedures, when the cooperation of the family, although very desirable, is not a precondition to either assessment or intervention.

Level 4, within Family and Child Care service applies to children in the greatest need – children in need of rehabilitation with critical and/or high risk needs; children in need of safeguarding (inc LAC); children with complex and enduring needs. These children are generally, although not always, likely to have had a significant history with Family and Child Care and other agencies and are unlikely to present at Gateway Teams for a first Initial Assessment . Clearly on the occasions when they do present as referrals they are top priority. Some children may also have level 4 needs which can be the primary responsibility of another service e.g.:

- Children with education and learning needs at level 4 may be served entirely by schools and other educational services, including residential schools,
- Children with mental health needs at level 4 may be the exclusive or primary responsibility of the Child and Adolescent Mental Health Service.



4 Gateway Teams – Application of Thresholds of Intervention

The question of 'what is a referral' is the starting point to addressing the broader issues relating to interventions. The challenge in arriving at a definition is that the clarification is dependent upon the quality of the information made available at the Gateway. The UNOCINI Review in January 2007 concluded that improving the quality of referral information was critical to safe decision making. The quality of referral information has been, and continues to be, stressed as a critical element in improving the quality of assessment. Amongst the products of the UNOCINI Project is guidance on how to make a good referral, to assist the flows of good quality information between stakeholders. However, it is important to note that when professionals make a referral they determine that for themselves. The receiving Family and Child Care gateway team establishes the appropriateness of the referral and the need to open it as a case for assessment.

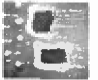
There appears to be three kinds of contact at the Gateway:

- **Information Exchange** – Bringing information to the attention of Family and Child Care or another stakeholder, without any expectation of assessment or intervention. These include the notifications from PSNI about domestic abuse, or youth diversion matters. Notifications to Trusts from Housing Executive concerning tenancy issues or rent arrears. (Other professionals also receive information exchange type contacts: notifications from A&E Departments to Community Nursing regarding attendance at A&E .)

- **Requests for advice and guidance** - including obtaining access to and information about universal and community services for children. Requests may be for parenting, child rearing and child development advice, which once given may be signposted on to community services, if there are no contra indications in the records of the trust. They may also be necessitated because of a lack of available information in other agencies and a lack of clarity about, which services are provided by different agencies

- **Referrals - requests for assessment and assistance**, because of concern about the safety, welfare and/or well-being of children. Referrals of children in need should, whenever possible, be accompanied by a statement of consent from the child/young person and the parents/carers. Where referrals are expressing child protection concerns, the risk/concern about the child, who may be suffering significant harm, will over-ride the consent requirement. However, professionals should still strive to work in partnership with parents and families whenever possible. The assessment of children in need, including children in need of safeguarding is at the heart of the work of gateway teams. It is expected that Gateway Teams will use the UNOCINI Assessment Framework to assess, analyse and appraise the circumstances of the child and family to ensure that safe and sound decisions can be made.

  Additionally there are also a number of inappropriate referrals made to Family and Child Care where the needs of the child are at level 2 or below and there are no indications of a potential to deteriorate as the parenting capacity is at level 1/2.



Sometimes professionals, in other agencies, insist on passing on these referrals although they may be advised that there are insufficient grounds for statutory assessment or intervention. All such referrals should be referred to the supervising manager.

These three types of contact are described in paragraphs 4.1 – 4.3 below and further clarified with examples of each kind of contact.

4.1 Information Exchange

As stated above there is no expectation that this information will become the basis of either an assessment or lead to intervention. The incoming information should be checked on SOSCARE and passed to the relevant team, if there is current activity or bought to the attention of the supervising manager if the case is closed. **After scrutiny and appraisal by a supervising manager** the information should be logged, as an information item, and recorded in line with Regional policy.

Notifications received from PSNI, which detail the police attendance at an incident of domestic abuse, in which the children were either not present or not involved will be logged as an information item, and recorded in line with Regional policy, after scrutiny by the supervising manager.

If three notifications are made within a twelve month period by agencies to Family and Child Care, then this should lead to an escalation of the case and an UNOCINI initial assessment should be initiated.

Example 1

PSNI were called to the home of the A family, at 23h00 on Friday night, after neighbours reported a disturbance. The family consists of mother and father who were present in the home and two teenage children, who were staying with friends and therefore absent from the home.

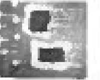
The disturbance was due to a dispute about the amount of money, which had been spent during the evening at the local pub. There was no physical violence merely raised voices. PSNI had no record of the family or the address prior to this complaint. Following the visit of the police officers the situation returned to calm.

Family and Child Care had no prior knowledge of the family and following scrutiny by the supervising manager the details were logged on SOSCARE and no further action was taken.

The potential for the E-System that will underpin UNOCINI to capture all contacts and information exchange within the trust children services is to be explored, in line with the Laming [iii]proposals, so that information exchanged between A&E and Community nursing will become part of a more complete data base that combines with notifications from other agencies.

Example 2

The B family presented at A&E on Saturday afternoon and explained that Z aged 3 had fallen from a slide in the park onto a hard surface. At the time the mother and her partner X (who is not



the father of Z) had their attention on their younger child Y aged 4 months who needed to be changed as she had colic.

The examination in A&E revealed superficial bruising to the right side of the body and bruising and scratches to the face consistent with the explanation. The duty doctor had no concerns about the child's health or well being and she was at ease with both her mother and X.

The Community Nursing Manager examined the information and as the second child had just been seen for her 4 month assessment and everything was reported as satisfactory with no concerns about care or development, the information was logged as an information item, and recorded in line with Regional policy.

4.2 Advice and Guidance

Whether presented via another agency or through a direct approach, responses to specific requests are not requests for assessment or intervention. However, the SOSCARE database and other information indices held by the trust should be checked to establish that such a request is not merely a presenting issue, masking more fundamental issues. Gateway Teams deal with many requests of this kind and a simple process to log and record information, **backed up by the scrutiny and appraisal of the supervising manager**, should be sufficient response, if there are no contra-indications. These contacts include, for example, requests for advice on accessing early years and after school provision and obtaining legal advice and representation in contact disputes.

Example 3

The local housing management office contacted the Gateway Team by telephone to ascertain if there were mother and toddler groups available near a new housing development, which could be accessed by W a single mother for her child V aged 1year 4months. V has recently been re-housed following a disagreement with her own parents with whom she had been living. The housing officer had no concerns about the welfare of V and was trying to help a young mother settle into her new home in an unfamiliar area of town.

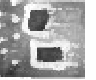
The Family and Child Care had no record of contact with either W or her extended family at either of the addresses given.

Information was given about available mother and toddler groups in walking distance from W's new address. After consideration by the supervising manager the case was logged on as an information item, and recorded in line with Regional policy

Example 4

U approached the Gateway Team to seek advice about access to his daughter T aged 7, which is being denied by her mother following a disagreement when he took the child out for the afternoon last Friday after school. The couple had lived together for almost eight years but split up 5 months ago and this is the first disagreement about access.

Neither U, nor his partner, nor T had ever been bought to the attention of Family and Child Care prior to this contact. U wanted advice about how to obtain a court order to ensure that he could maintain contact with his daughter for whom he pays maintenance on a voluntary basis.



U was given information about the legal options and advised to seek legal advice from a solicitor specialising in child care. After scrutinizing the notes the supervising manager, decided that the details should be recorded on as an information item, and recorded in line with Regional policy but no further action was taken.

4.3 Referrals

Referrals arrive within the totality of work including the many items of information exchanged and the numerous requests for advice and assistance. Having good quality information at the point of referral can be critical, identifying those referrals, which should be opened as cases. These will then be progressed; seeking the appropriate further information, **under the direction of the supervising manager**. A referral is a request for both assessment and/or intervention, which should be evidenced in the information provided by the referrer, ideally in a UNOCINI. The timely collection of further information, with the consent of the family, is critical to ensuring the safety, welfare and well-being of children.

Referrals made by children and young people either directly or through a third party should always receive careful consideration and be allocated for assessment.

Sometimes referrals made by members of the community or voluntary groups have insufficient information for sound decision making additional information should be sought, with the appropriate consent of the family as soon as possible.

Referrals may be classified, from the referral information available, as follows:

Priority 1:- Needs of child are described and evidenced at **Level 4** in one or more domains and requiring urgent assessment and early intervention to safeguard the child. Parental capacity is likely to be at level 3 or level 4 and environmental factors may also be at a high level. It is likely that safeguarding procedures will apply and the child should be seen and assessed within 24 hours.

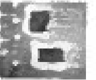
Example 5

M an only child aged 8 has been causing concern to the school for some time, as he is not learning or manageable in the classroom. He appeared at school after the weekend with severe bruising to the face arms and legs. Mother is the sole carer and has a serious drug dependency problem; she is known to have been abused both physically and sexually as a child.

M claims that his mother 'lost it' on Sunday evening, when he stole from her purse to buy sweets as he was hungry.

Supervising senior is consulted and agrees to urgent assessment and immediate contact with PSNI and other agencies

Priority 2:- Needs of child are described and evidenced at level 3, including children who may be in need of safeguarding and require assessment and intervention (if parental capacity is also at level 3 or level 4). For those who are in need of safeguarding, the initial assessment should be initiated within 24 hours and completed within the 7 working days. For others, and if parental capacity is at level 1 or level 2, the case is likely to be less urgent but would still require an initial assessment,



Example 6

T is an exuberant 11 year old boy, with 4 older siblings. He is well behind in his school work and struggling to stay on good terms with any of his peers. He has become involved with a group of older boys on the estate and is beginning to sniff glue.

His elder brothers have all had difficulties in the neighbourhood and alienated the community.

T's parents appear to be unconcerned and have rejected advice from the local youth leader. They appear to spend a lot of time away from the home leaving T in the care of his elder sister J who is 14 and has a moderate learning difficulty.

Priority 3: Needs of child are described and evidenced at **Level 2**, but the parental capacity is at either level 3 or level 4 and environmental factors may also be high. These referrals relate to children where there is likely to be a potential for the circumstances to deteriorate leading to a reduction in parental capacity and/or an escalation of children's needs. If these referrals are defined as children in need the consent of the child/young person and parent/carer will be required. If it is not forthcoming the supervising manager should consider whether the need to safeguard the child may over-ride issues of consent.

Example 7

GP has called in the HV to discuss P family. HV is supporting the parents of N aged 2 who has severe cerebral palsy. P's parents presented at surgery last night with their elder son R aged 7, who has a moderate learning difficulty, and is becoming more and more difficult to manage. He is now 'challenging neighbours and throwing stones at their cat. His self care is poor and he is often eneuretic.

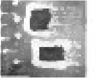
The parents are both employed and have good support from both sets of grandparents. There are no apparent practical problems and the parents would like help but are afraid of R being 'taken away'.

Social worker proposes immediate allocation and exploratory visit with HV to obtain consent and seek further information with a view to completing an initial assessment.

Inappropriate referrals: The needs of the child are described at level 2 or below and parenting capacity is at level 1/2. Following explanation to the referrer and Soscare check, after scrutiny by the supervising manager these referrals would be NFA'd. Through local discussion of thresholds it is anticipated that the number of inappropriate contacts from professionals should decline.

5 Care Pathways

Following the completion of the UNOCINI initial assessment, children and families are likely to follow one of three Pathways dependent upon the needs, which have been identified during the assessment process. All three Pathways have a continuing requirement for assessment at predetermined points. However, when a significant event occurs, which changes the circumstances of the child and family this will require the assessment to be bought forward. The development of the Safeguarding Board (NI) offers an opportunity to develop a more holistic approach to meeting the needs of children and to addressing the



needs of a wider range of children than those, whose names appear on the child protection register.

Overall the approach should be proportionate to the assessed strengths, needs, risk and resilience and protective factors, and whilst offering the least intrusive service, it should also ensure sufficient safeguarding of the children. At the same time the approach adopted should not shy away from the difficult decisions: in some cases it will be necessary to escalate service through child protection or accommodation. The clarity which one seeks to achieve through assessment and reassessment should not be distorted by the overtly co-operative parents, if the needs of the child are not diminishing or if the child's unmet needs are becoming greater.

The bulleted list shows the ways in which the Pathways can be used with the least intrusive intervention at the top and the most intrusive at the bottom. It is proposed that following the initial assessment the Pathway to be followed should be the least intrusive possible dependent upon the issues set out in the previous paragraph.

- Family Support Plan
- Family Support Plan and Domain Specific Pathway Assessment
- Family Support Plan and Holistic Pathway Assessment
- Child Protection Register, CP Pathway Assessment and Protection Plan
- Accommodation, LAC Pathway Assessment and UNOCINI LAC Care Plan

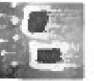
5.1 Family Support

As a starting point all assessments should consider the feasibility and suitability of developing a Family Support Plan to address the child's needs within the family and community on a voluntary basis. The focus on supporting the family and building on their strengths is whenever possible the preferred mechanism to create long term, sustainable improvement in the welfare and well-being of children. This approach is likely to be most effective where the needs of the child do not exceed level 3 and the capacity of the parents is relatively strong i.e. at level 2 or below and has been assessed as having the potential for improvement. Clearly developing a Family Support plan requires the co-operation and agreement of the children and family; their continuing participation in the work required and the achievement of requirements of the plan.

Example 8

An initial assessment revealed that three small boys M, N, and O aged 5, 7 and 8 were all being left alone while their parents worked extra shifts at low paid jobs to clear large debts that had built up during a period of unemployment. Parents have demonstrated strong commitment to their children and are very worried and concerned that Family and Child Care will intervene and remove the children. There are now arrangements in place for the children to be cared for by their active paternal grandmother who lives near-by.

The assessment revealed that the middle boy N has developmental delay and is struggling to keep up in school. He appears to have low self esteem and his self care has regressed. At present he is over eating and his parents are finding it difficult to control both his eating and his weight gain.



The parents have signed up to a Family Support Plan to promote a package of direct work with N to be delivered by school nurse, counsellor and special needs teaching assistant.

The case will be closed by Family and Child Care and may be re-referred if further assessment or intervention is necessary.

5.2 Child Protection

In a small number of cases, where there is a higher level of need and risk of significant harm, either through a combination of needs at level 3 and/or level 4, together with assessed parental capacity at level 3 then it may be appropriate to consider a child protection plan and the application of the child protection pathway. There is a continuing need to look to the strengths of the family and extended family, by for example, utilising the Family Group Conference Service. However, where there is a pattern of high needs of the child(ren), limited capacity of parents and risk - actual or potential - **strict adherence to the ACPC policies and procedures will be required**. In some trusts there is already evidence that working on a cooperative basis with children and families generally reduces or negates the escalation to the Child Protection Pathway.

Although the development of the CP plan does not require the consent of children and their parents/carers, the probability of a successful outcome for the children is low if this engagement cannot be created through the active intervention of the multidisciplinary core group.

Example 9

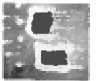
The designated teacher at Willow Primary School telephoned an urgent referral to the Gateway Team about Q aged 7. She arrived for school looking cold and said she was hungry. When questioned further by the designated teacher she alleged that her mother's boyfriend had hit her with a cane because she would not eat the food her mother cooked. She went on to claim that he regularly hit her with his hand or with anything that was close by.

The S family have been known intermittently to Family and Child Care for many years. Mrs S has a history of mental illness and when she does not take her medication her capacity to provide parenting to her two children Q and R aged 7 and 10 declines rapidly. Her husband left the family, over six years ago, shortly after the birth of Q. Mrs S has had a number of liaisons with other men but has not formed a stable relationship.

Both Q and R have learning difficulties but are well supported in school. They have had periods in care which they found very unsettling and are attached to their mother, who is usually warm and affectionate.

Following discussion with the supervising manager, the social worker visited Mrs S at home to obtain her agreement to medical examination. Mrs S consented when the position was explained to her but her boyfriend objected and threatened Mrs S. Although the children did not know the boyfriend's surname, when pressed Mrs S explained who he was and that he had a criminal record for assault.

The response of the Gateway Team was to secure the welfare of the children and ensure that there was clarity about their injuries etc. This was all achieved in cooperation with PSNI and the other agencies involved, school, EWO and GP. It was agreed that a CP conference would be



convened and that subject to Mrs S ejecting the boyfriend, although he was unlikely to be bailed, and restarting her medication the children would remain in her care with regular support from Family and Child Care.

These conditions and elements of service would form the basis of the CP plan which would be considered at the Initial CP Conference. If either the boyfriend returned or Mrs S mental health did not improve then action would be initiated to accommodate the children.

5.3 Looked after Children

For a small cohort of children there are few chances of improvement if they remain within their family and community. Neither the family support pathway nor the child protection pathway is appropriate because their needs are so great at levels 3/4 and the capacity of their parents/carers to address their needs is at an equally high level. For these children, having exhausted the potential of the other pathways to offer the reduction in risk and improved outcomes to their welfare and well-being, the provision of accommodation may be the only option. Generally it is expected that work will have been undertaken to promote the family functioning and utilise the strengths of the family and extended family, to ensure that every opportunity is taken to meet the child's needs before recourse to accommodation.

Example 10

After an initial assessment completed in five days due to the seriousness of the neglect experienced by F and G, a little boy aged 3 and his sister aged 4 plus. The case was progressed to case conference and the children were included in the CP register.

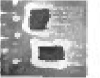
The family had been known to Family and Child Care from time to time. The mother of the children had a drink problem and although she received both counselling and in-patient treatment, she was still frequently incoherent due to alcohol. Her physical health is poor and she appears emaciated. Her relationships with her estranged partner, extended family and neighbours are hostile. She has no external support.

Both children were very dirty and infested, their body weight was well below the 25th centile and medical examination revealed extensive nappy rash on F, who was not toilet-trained. Neither child appeared to know how to eat with a spoon or fork and used their fingers for any food put in front of them.

During the assessment the children were found unattended and unfed during an early evening visit. Their clothes were so dirty it was impossible to see the colours.

After discussion with their mother on her return the children were accommodated. Discussions are going forward about their return, but their mother is preoccupied with the impact that the decision may have on her income support and her available cash for the purchase of alcohol. The children appear very happy, very quickly in the foster home

The third dimension of the assessment framework relates to the environment in which the family live. This has not featured in the descriptors above and while it is accepted that Family and Child Care is neither an accommodation provider nor an income maintenance agency, the connection between poverty and deprivation is well documented and universally accepted. The opportunity for intervention within these aspects of the family's life, should not be under estimated. Improving the housing conditions, in which a family live or ensuring



that where they are dependent upon the benefit system that they are receiving their entitlement may tip the balance in improving parental capacity to meet children's needs.

6 Summary

Family and Child Care thresholds of intervention are often difficult and complex issues to unravel and reconcile. The approach that has been adopted, which appears to offer the best chance of consistent application, is to provide guidance for staff and front line managers backed up by examples. This guidance can then be used as part of the induction, development and regular review of staff and managers in the Family and Child Care and the development and performance management arrangements for the service.

The development of the managerial capacity at senior social worker and service manager levels will also be critical to success, in ensuring quality assessment and accurate application of thresholds of intervention. These two groups of managers share the responsibility for quality assurance and performance management. Further investment in these key groups of staff may be required to embed and sustain the improvement in assessment and the management of thresholds of intervention.

There will always be limitations on the application of thresholds across the organisational boundaries of trusts, given the different history, culture, demography and geography of the trusts. Regular monitoring of the application of thresholds connected with the application of the workload management scheme may lead to increasing levels of consistency over time. In order to apply a threshold of intervention, adequate information to form a judgement is required at referral and after the completion of either UNOCINI initial or pathway assessment.

Equality

This guidance has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998, and it was found that there were no negative impacts on any grouping.

Human Rights

This guidance has been considered under the terms of the Human Rights Act 1998 and was deemed compatible with the European Convention Rights contained within the Act.

[i] Care Matters in Northern Ireland – A Bridge to a Better Future (March 2007)

[ii] Our Children and Young People - Our Pledge (2006)
(A TEN YEAR STRATEGY FOR CHILDREN AND YOUNG PEOPLE IN NORTHERN IRELAND 2006 – 2016)

[iii] Every Child Matters