

Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland

Local Safeguarding Children Boards are required to publish a thresholds document under statutory guidance (*Working Together to Safeguard Children, 2013*).

This document 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

Relevant to: Practitioners and Managers in agencies and organisations providing services to children and families in Leicester, Leicestershire & Rutland

Published: March 2014

Version Control

Document Name:	Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland
Document owner:	Leicester Safeguarding Children Board and Leicestershire & Rutland Safeguarding Board
Document editor:	Mark Fitzgerald, LSCB Manager
Document version:	10.0
Date version completed:	27.03.2014
Major revisions:	Takes account of feedback from: <ul style="list-style-type: none">• Front line practitioner in Children's Social Care• Rutland Children's Social Care• The Bridge

Local Safeguarding Children Boards (LSCBs) play an important role in challenging safeguarding practice and assessing the effectiveness of safeguarding services in their area. Each local authority is required to set up an LSCB to bring key agencies such as police, probation, youth justice, health, education and social care together to make sure local safeguarding of children is effective. In addition to coordinating and ensuring the effectiveness of what is done by each agency to safeguard and promote the welfare of children, LSCBs also have a number of key things they must do which are set out in legislation.

These include agreeing local safeguarding policies and procedures for how the different agencies work together, contributing to local plans, communicating to local organisations and the community, ensuring safeguarding training is provided, and monitoring what the LSCB members do and how effective local safeguarding is. LSCBs are also required to:

- undertake a serious case review (SCR) where a child has been killed or seriously harmed, and abuse or neglect is known or suspected;
- review the deaths of all children who are normally resident in their area; and
- produce and publish an annual report on the effectiveness of safeguarding in the local area.

This publication is available at http://llrscb.proceduresonline.com/chapters/p_thresholds.html

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Foreword by the Independent Chairs of the Boards

Developing local threshold criteria is one of a Local Safeguarding Children Board's core functions. This document brings together, for the first time, the threshold criteria across the three local authorities of Leicester, Leicestershire and Rutland under the responsibilities of the Leicester Safeguarding Children Board and the Leicestershire and Rutland Safeguarding Children Board.

The revised statutory guidance Working Together (DfE, 2013) sets out the LSCBs' role in developing thresholds, policies and procedures for work under Section 17 and Section 47 of the Children Act 1989, and with children with additional needs.

The needs of some children and families can be straight forward and the majority of these needs can be met by some kind of universal provision. The needs of other children and families can be more complex and may require the intervention by multiple agencies to provide support.

As Working Together states: "It is important that there are clear criteria for taking action and providing help across this full continuum. Having clear thresholds for action which are understood by all professionals, and applied consistently, should ensure that services are commissioned effectively and that the right help is given to the child at the right time" (para. 16).

The intent of this document is to provide that clarity and consistency. It has required widespread consultation with the local authorities and their partners.

It is our shared hope that clear thresholds and processes, together with a common understanding of them across local partners, will help to ensure that appropriate referrals for support are made. Such a common understanding can only improve the effectiveness of joint work, leading to improved outcomes for children and families.



Paul Burnett
Independent Chair
Leicestershire & Rutland



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Independent Chair
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Introduction

1. This document is intended to assist professionals within the children's workforce to identify suitable responses to needs and issues that they encounter amongst the children, young people and families they are working with.
2. The needs of children and young people and their families need to be considered on a case by case basis. Responses should be based on robust assessment, sound professional judgment and where appropriate statutory guidance. It is also incumbent on practitioners to take account of the available resources, local priorities and policy guidance.
3. The document is not intended to be exhaustive or definitive – such a document could never exist in this context. Nor is it meant as a means by which a gateway to a particular service or services can be opened or closed.
4. Responsibility for the review and evaluation of this document is held by the Procedures and Development group, which is a sub group of both the Leicester Safeguarding Children Board and the Leicestershire & Rutland Safeguarding Board.

Principles underlying this document

It's good to talk

5. Early identification of difficulties and improved outcomes for children and young people are aided by close collaboration between individual workers and agencies.
6. The needs of children and young people are the concern and responsibility of all agencies and practitioners in Leicester, Leicestershire and Rutland that work with children.

Proportionate intervention

7. Children's needs should be determined by a robust assessment which should inform the proportionate service response. This threshold document seeks to enable practitioners to identify the right support for the right child at the right time.

Avoid duplication

8. In complex cases, a range of specialist meetings associated with different processes may be required. The aim(s) of some of these meetings may be complementary. It is important to try to achieve the most for the child(ren) and family with the minimum amount of professionals' meetings necessary.

Working in partnership with the family

9. Parents should be involved at the earliest opportunity unless to do so would prejudice the safety of the child.

Different types of assessed need

Specialist

Specialist needs, requiring statutory intensive support. This in particular includes the threshold for child protection (section 47) which will require Children's Social Care intervention.

Targeted

Needs that are likely to require longer term intervention from statutory and/or specialist services. High level additional unmet needs - this may require a targeted response, which may include a statutory service. This also includes the threshold for a child in need (section 17) which will require Children's Social Care intervention.

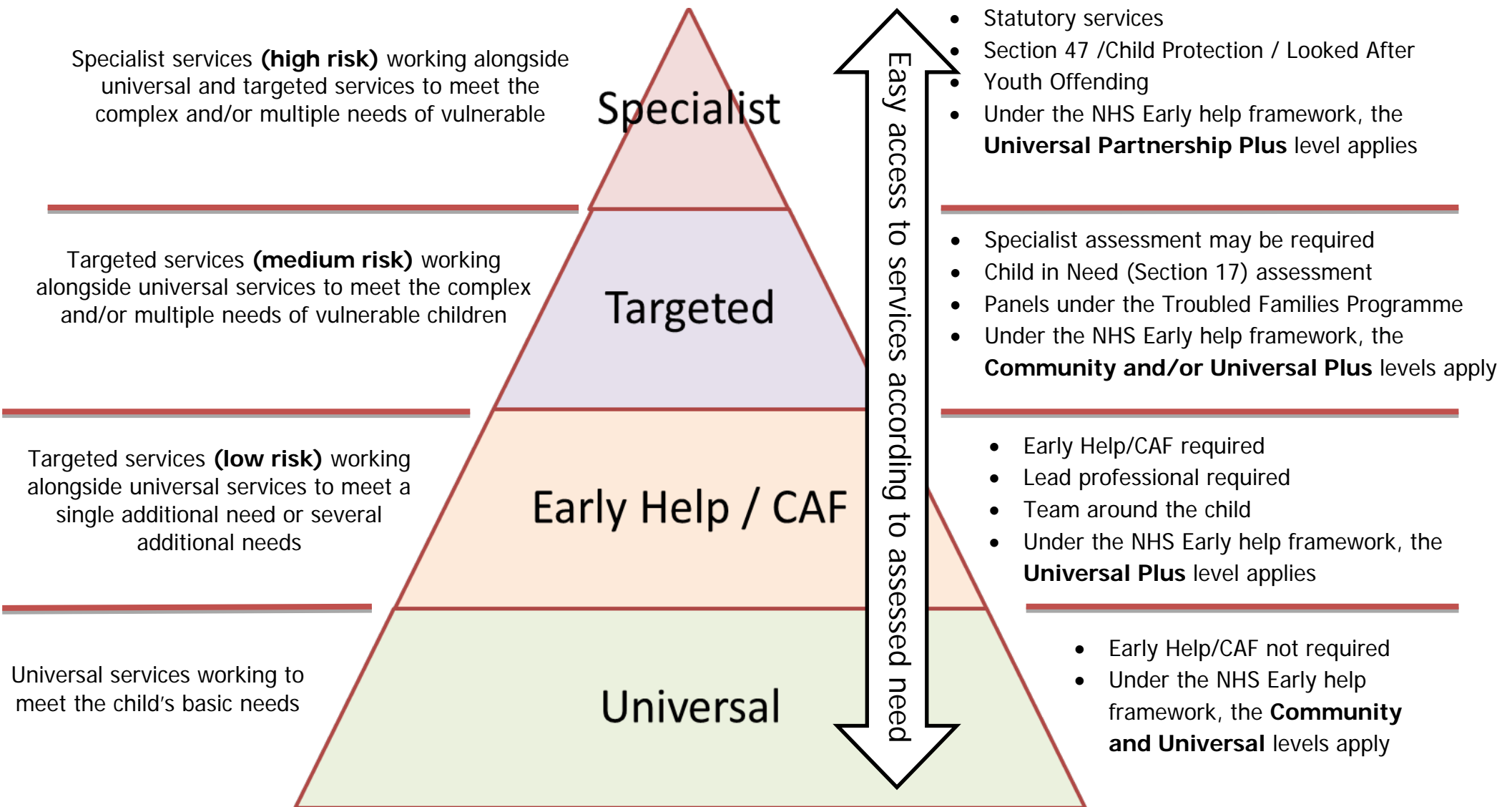
Early Help/CAF

This is the threshold for beginning a common assessment or offering early help. Response services are universal support services and/or targeted services.

Universal

No identified additional services. Response services are universal services. This level allows for temporary multi-agency involvement where it is anticipated that the multi-agency involvement will be brief and time limited.

These types of need are represented in the diagram on the following page and explained in greater detail in Appendix A.



Different types of assessed need (continued)

10. The continuum (Appendix A) identifies a set of example indicators which establish the variances between the different types of need and establishes a consistent approach for:
 - Service intervention that corresponds to the assessed level of need; and
 - Beginning the Early Help/CAF process
11. To ensure a range of service provision is available to meet the range of need of children in the community, the following considerations may apply:
 - Children can and do move from one type of need to another; sometimes very quickly
 - Children with targeted and specialist needs also need and use universal services
 - Repeated assessments are not necessary to move children from one type of need to another
 - Children's histories follow them as they progress through service provision
 - There will be some children - for example, those with complex needs - who should be enabled to move quickly and effortlessly to the required service response without necessarily going up through each tier of need
 - For most children, the service aspiration is to secure them as low down the pyramid of need as possible
12. When using Leicester, Leicestershire and Rutland's Threshold of Need indicators it will be clear where some children/young people are on the continuum.
13. For other children/young people a practitioner may need to use the example indicators in Appendix A to decide whether or not the child/young person has additional needs and whether Early Help or a Common Assessment would be appropriate, and to help further clarify need and appropriate response.
14. Assessment is an on-going process, not a single event; children and young people's needs often change over time and may cross different types of need, i.e. high in some areas and low in others. The age of the child/young person and protective factors that may enhance resilience are also important contributory factors.
15. Of central importance in understanding where a child's needs might lie on this continuum, is an understanding, respect for and appreciation of the views of parents and carers, whose co-operation and engagement in the first instance is vital to most early support and intervention.
16. The continuum does not guarantee service provision by particular agencies at each type of need. There may be restricting factors such as:

- Specific threshold criteria related to the agency's specialist area of work
- Previous interventions
- Geographical location
- Age limits; and
- Time limited provision (e.g. only available during the school term).

Responding to need

17. **Specialist:** A relatively very small number of children and young people, at risk of significant harm or significant impairment to health or development, require specialist support, usually led by Children's Social Care, Child and adolescent mental Health services (CAMHS), Education, Health or the Youth Offending Teams (YOT).
18. **Targeted:** Those with targeted or specialist needs are likely to have met the criteria for assessment by a specialist service such as CAMHS, Education, Health, Social Care, Youth Offending. It will become a matter of judgement and consultation with partners and line managers whether in fact their needs do need to be referred or can be met 'lower down' the hierarchy.
19. **Early Help/Common Assessment framework (CAF):** The majority of vulnerable children will have their needs assessed and met within the Early Help offer or the Common Assessment Framework through the use of a Common Assessment, a lead professional and a Team around the Child (TAC)/Team around the Family (TAF) approach or through the provision of Early Help Services.
20. **Universal:** Most children and young people's needs will be met by their parents and carers, family and communities with support from universal services - for example, schools, youth services, GP surgeries and health visitors.
21. When responding to need, the following principles apply:
 - Delivering services to meet needs is a shared responsibility; which falls on all local authority departments, health authorities and other services in partnership with the council, represented by the Leicester Children's Trust, Leicestershire's Children & Young People's Commissioning Board and Rutland's Children's Trust Partnership.
 - This document cannot be all things to all professions involved with children and families. Inevitably some of its content will be a matter of judgement and interpretation. The issuing of this document for reference is not meant to inhibit direct contact and conversations between relevant parties. If clarification on thresholds is required, then seek it. A shared

understanding from different agencies' perspectives is essential to provide the appropriate support for families.

- Workers should be proactive and engaged in work with children and families; debate about responding to need should be kept to a minimum.
- Services should be provided with the explicit agreement of the child/parent (depending on age and understanding of the child), unless the child is at risk of significant harm.

Early help and prevention

What is early help and prevention?

22. Early help and prevention is about how different agencies work together to help children, young people and their families at any point in their lives prevent or reduce difficulties.
23. The concept of early help and prevention reflects the widespread understanding that it is better to identify and deal with problems early rather than to respond when difficulties have become acute and require action by more intensive services.
24. The purpose of early help and prevention is to improve outcomes for children and young people at all stages of their development; from pre-birth, through the early years stage, throughout their school careers and on into their transition to adulthood. Difficulties may emerge at any point throughout childhood and adolescence.
25. Early help and prevention is about how universal and targeted services are coordinated to identify, reduce and prevent specific problems from getting worse or becoming entrenched. Early help and prevention gives families the opportunity to address their problems; ensuring children stay safe and achieve their full potential.

Principles underpinning early help and prevention services

- Consent and participation are fundamental to early help and prevention services.
- Children and young people's needs are best met when addressed in the context of the whole family.
- Children and young people who need extra help often succeed best if that help is offered in a universal setting.
- Activities and services offered to children and young people should help to build and strengthen their resilience.

- Intervening earlier prevents longer term, more costly and damaging problems occurring later.
- Parents have primary responsibility for, and are the main influence on, their children. Our role is therefore to strengthen parenting capacity, whilst remaining clear about our duty to safeguard vulnerable children and young people.
- Encouraging and enabling children, young people and families to take up activities, and to access support and services when they are at an early point of experiencing difficulties is vital.
- Investment to engage those families who most need support into the right activities and services is key to enabling them to take up the support being offered and to build skills and resilience.
- It is also important for both individual staff, and services to understand what the barriers are for children, young people and families to take up the offer of early help and prevention, and to actively work to remove those barriers.

Objectives of early help and prevention services

- Build the capacity of vulnerable families to support their children effectively in achieving positive outcomes.
- Reduce the number of children requiring intervention from statutory services.
- Address the impact of child poverty and worklessness on vulnerable families.
- Target resources effectively so they reach children, young people and their families who require extra help and support at the right time.

Vulnerability factors

26. The wellbeing of families, young people and children may be affected by individual, parental or family circumstances. These vulnerability factors can mean that something about the child, parent or family is creating a risk of poor physical or mental health and development, which could impact on children's outcomes. Examples of factors that may lead to vulnerability are poverty, single parenting, unemployment, caring responsibilities, relationship problems, depression, drug and alcohol use, disability and social isolation.
27. Simply having a characteristic of vulnerability does not mean that children's health or development will suffer. A robust multi-agency assessment should put that characteristic in a broader view of the child to determine need or risk.

Key activities that make up the Early Help and Prevention Offer

28. The types of available services that make up the early help offer in Leicester, Leicestershire and Rutland are summarised in the Appendices to this document. This is not a definitive list and will be subject to change over time.

29. The example indicators outlined in Appendix A are structured along a continuum spanning all children and young people aged 0-18 (including unborn children and those aged up to 25 if they have a Special Educational Need or are disabled), covering universal, targeted, targeted/specialist and specialist provision. The continuum of support reflects the range of activities available for families depending on their level of need with aim of providing a seamless service for families.
30. Alongside, and contributing to the activities listed, there will be a range of other services and activities delivered by the voluntary and community sector that can also be classed as early help.
31. There are different coordination points running along the continuum. Coordination points are meetings, processes or services that play a key role in identifying and coordinating need, activities and services. They all play a pivotal role in coordinating the early help offer for children, young people and families in Leicester, Leicestershire and Rutland.

Information Sharing

32. Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all.
33. It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently.
34. It is important to remember there can be significant consequences to not sharing information as there can be to sharing information. You must use your professional judgement to decide whether to share or not, and what information is appropriate to share.
35. Data protection law reinforces common sense rules of information handling. It is there to ensure personal information is managed in a sensible way.
36. It helps agencies and organisations to strike a balance between the many benefits of public organisations sharing information, and maintaining and strengthening safeguards and privacy of the individual.
37. It also helps agencies and organisations to balance the need to preserve a trusted relationship between practitioner and client with the need to share information to benefit and improve the life chances of the client or protect the public.

For the seven golden rules for information sharing follow this link to the Leicester, Leicestershire & Rutland LSCBs Procedures website:

http://llrscb.proceduresonline.com/chapters/p_info_shar_confid.html

Problem resolution

38. The joint procedures of both Safeguarding Children Boards contain details on the resolution processes appropriate in circumstances where differences exist between the agencies regarding the handling of a case. The Board's procedures can be found at:
http://llrscb.proceduresonline.com/chapters/p_res_profdisag.html

Further information

Relevant guidance for Leicester, Leicestershire & Rutland

Appendix A: Practice examples of the different types of need

Leicester-specific information

Appendix B: The Common Assessment Framework (CAF)

Leicestershire-specific information

Appendix C: The Early Help offer in Leicestershire

Rutland-specific information

Appendix D: Rutland's Families First Strategy

Assessment Framework

For more information about assessment see the Leicester, Leicestershire & Rutland SCB procedures, [1.1.2 Principles of Assessment](#)

and

[Framework for the Assessment of Children in Need and their Families \(DoH, 2000\)](#)

Appendix A: Practice examples of the different types of need

UNIVERSAL SERVICES WORKING TO MEET CHILDREN'S BASIC NEEDS AT THE UNIVERSAL LEVEL			
UNIVERSAL EXAMPLE INDICATORS			KEY SERVICES THAT MAY PROVIDE SUPPORT AT THIS LEVEL
DEVELOPMENTAL NEEDS	FAMILY AND ENVIRONMENTAL FACTORS	PARENTS AND CARERS	
<p>Learning / Education</p> <p>Achieving key stages Good attendance at school/college/training No barriers to learning Planned progression beyond statutory school age</p> <p>Health</p> <p>Good physical health with age appropriate developmental milestones including speech and language</p> <p>Social, Emotional, Behavioural, Identity</p> <p>Good mental health and psychological well-being Good quality early attachments, confident in social situations Knowledgeable about the effects of crime and antisocial behaviour Knowledgeable about sex and relationships and consistent use of contraception if sexually active Cultural and Racial identity and language are taken into account</p> <p>Family and Social Relationship</p> <p>Stable families where parents are able to meet the child's needs</p> <p>Self-Care and Independence</p>	<p>Family History and Well-Being</p> <p>Supportive family relationships</p> <p>Housing, Employment and Finance</p> <p>Child fully supported financially Good quality stable housing</p> <p>Social and Community Resources</p> <p>Good social and friendship networks exist Safe and secure environment Access to consistent and positive activities</p>	<p>Basic Care, Safety and Protection</p> <p>Parents able to provide care for child's needs</p> <p>Emotional Warmth and Stability</p> <p>Parents provide secure and caring parenting</p> <p>Guidance, Boundaries and Stimulation</p> <p>Parents provide appropriate guidance and boundaries to help child develop appropriate values</p>	<p>Education</p> <p>Children's Centres & Early Years</p> <p>Health visiting service</p> <p>School nursing</p> <p>GP</p> <p>Integrated Youth Support Services</p> <p>Police</p> <p>Housing agencies – local authority, private, associations, charities etc.</p> <p>Voluntary & community sector</p>
<p>FEATURES: Children with no additional needs Children whose developmental needs are met by family, community and universal services. This section also applies to unborn children.</p>			
<p>ASSESSMENT PROCESS: No common assessment is required. Children should access universal services in a normal way.</p>			

EARLY HELP/CAF SERVICES WORKING ALONGSIDE UNIVERSAL SERVICES TO MEET SEVERAL ADDITIONAL NEEDS

EARLY HELP / CAF (LOW TO VULNERABLE RISK) - EXAMPLE INDICATORS			KEY AGENCIES THAT MAY PROVIDE SUPPORT AT THIS LEVEL
DEVELOPMENTAL NEEDS	FAMILY AND ENVIRONMENTAL FACTORS	PARENTS AND CARERS	
<p>Learning / Education</p> <p>Occasional truanting or non-attendance; School action or school action plus Identified language and communication difficulties; Reduced access to books, toys or educational materials Few or no qualifications / NEET</p> <p>Health</p> <p>Not attaining developmental milestones including for speech and language Absence of medical explanation for poor growth trajectory; Missed appointments - routine and non-routine Minor health problems which can be maintained in a mainstream school</p> <p>Social, Emotional, Behavioural, Identity</p> <p>Low level mental health or emotional issues requiring intervention Pro offending behaviour and attitudes; Early onset of offending behaviour or activity (10-14) Coming to notice of police through low level offending; Low level substance misuse (current or historical) ; Expressing wish to become pregnant at young age; Sexual active (15+) with inconsistent use of contraception; Early onset of sexual activity (13-14) or at risk of sexual exploitation Poor self-esteem; Cultural and Racial identity and language are taken into account</p> <p>Self-Care and Independence</p> <p>Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion</p>	<p>Family and Social Relationships and Family Well-Being</p> <p>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 Parent is unable to meet child's needs without support</p> <p>Housing, Employment and Finance</p> <p>Overcrowding Families affected by low income or unemployment Young people at risk of homelessness</p> <p>Social and Community Resources</p> <p>Insufficient facilities to meet needs e.g. transport or access issues Family require advice regarding social exclusion e.g. hate crimes, associating with anti-social or criminally active peers Limited access to contraceptive and sexual health advice, information and services</p>	<p>Basic Care, Safety and Protection</p> <p>Inconsistent care e.g. inappropriate child care arrangements or young inexperienced parent</p> <p>Emotional Warmth and Stability</p> <p>Inconsistent parenting, but development not significantly impaired Concerns about parent/carer attachment</p> <p>Guidance, Boundaries and Stimulation</p> <p>Lack of response to concerns raised regarding child.</p>	<p>Universal and targeted Youth crime prevention services Targeted drug and alcohol information, advice and education, including harm reduction advice to support informed choices Health, education Children's Centres & Early Years Educational psychology Educational Welfare Service Integrated Youth Support Services Voluntary & community services Family support services Midwifery services Housing agencies – local authority, private, associations, charities etc.</p>
<p>FEATURES: Vulnerability - These children have low level additional needs that are likely to be short-term and that maybe known but are not being met. This section also applies to unborn children. Child with additional needs - requiring multi- agency intervention, Lead professional and Team around child.</p>			
<p>ASSESSMENT PROCESS: Common Assessment or Early Help. A common assessment should be completed with the child to identify their strengths & needs and to gain specialist support except in the circumstances where there is specialist single agency involvement. i.e) YISP. Programmes aiming to build self-esteem and enhance social / life-skills Prevention Programmes; Positive activities</p>			

TARGETED / SPECIALIST SERVICES WORKING ALONGSIDE UNIVERSAL SERVICES TO MEET THE COMPLEX AND/OR MULTIPLE NEEDS OF VULNERABLE CHILDREN

TARGETED (MEDIUM RISK) - EXAMPLE INDICATORS			KEY SERVICES THAT MAY PROVIDE SUPPORT AT THIS LEVEL
DEVELOPMENTAL NEEDS	FAMILY AND ENVIRONMENTAL FACTORS	PARENTS AND CARERS	
<p>Learning / Education</p> <p>Short term exclusions or at risk of permanent exclusion, persistent truanting Statement of special educational needs No access to books, toys or educational materials Linguistic difficulties/ interpreter required and additional risk factors present.</p> <p>Health</p> <p>Disability requiring specialist support to be maintained in mainstream setting Physical and emotional development raising significant concerns Chronic/recurring health problems Missed appointments - routine and non-routine Absence of medical diagnosis for persistent or recurring pain during urination and bowel movements Wetting and soiling accidents unrelated to toilet training; Pain, discoloration, bleeding or discharges in genitals, anus or mouth</p> <p>Social, Emotional, Behavioural, Identity</p> <p>Under 16 and has had (or caused) a previous pregnancy ending in still birth, abortion or miscarriage 16+ and has had (or caused) 2 or more previous pregnancies or is a teenage parent Demonstrates adult like sexual behaviour or knowledge Cultural and Racial identity and language are taken into account Coming to notice of police on a regular basis but not progressed Fascination with fire or fire starter Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention Mental health issues requiring specialist intervention in the community Evidence of regular/frequent drug use which may be combined with other risk factors Evidence of escalation of substance use Evidence of changing attitudes and more disregard to risk Significant low self-esteem Under 18 and pregnant Victim of crime including discrimination</p> <p>Self-Care and Independence</p> <p>Lack of age appropriate behaviour and independent living skills, likely to impair development</p>	<p>Family and Social Relationships and Family Well-Being</p> <p>History and/ or a current incident of domestic violence Risk of relationship breakdown with parent or carer and the child Low warmth high criticism Young carers , Privately fostered, children of prisoners, periods of LAC Child appears to have undifferentiated attachments</p> <p>Housing, Employment and Finance</p> <p>Severe overcrowding, temporary accommodation, homeless, unemployment</p> <p>Social and Community Resources</p> <p>Family require support services as a result of social exclusion Parents socially excluded, no access to local facilities</p>	<p>Basic Care, Safety and Protection</p> <p>Inconsistent care e.g. inappropriate child care arrangements or young inexperienced parent 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 CAF/early help offer</p> <p>Emotional Warmth and Stability</p> <p>Inconsistent parenting significantly impairing emotional or behavioural development Concerns about parent/carer attachment</p> <p>Guidance, Boundaries and Stimulation</p> <p>Parent provides inconsistent boundaries or responses Child exposed to adult sexual material.</p>	<p>Local Authority children's social care Other statutory service e.g. SEN services. Specialist health or disability services. YISP Youth Offending Team. Targeted drug and Alcohol services CAMHS Family support services Voluntary & community services Services at universal Level Midwifery services Educational Welfare Service Housing agencies – local authority, private, associations, charities etc.</p>

FEATURES: Children with high level additional unmet needs

Complex needs likely to require longer term intervention from statutory and/or specialist services This section also applies to unborn children.

Child in need (section 17): These children may be eligible for a child in need service from children's social care and are at risk of moving to a high level of risk if they do not receive early intervention. These may include children who have been assessed as "high risk" in the recent past, or children who have been adopted and now require additional support. If a social worker is allocated they will act as the Lead Professional

ASSESSMENT PROCESS: Common Assessment

Depending on the level of concern, common assessment/early help services are likely to be the most appropriate first step and may be used as supporting evidence to gain specialist / targeted support. The common assessment /early help assessment may also be completed to support child moving out of complex needs. Statutory or specialist services assessment (NB a common assessment must NOT replace a specialist assessment).

ADDITIONAL NEEDS REQUIRING SPECIALIST OR STATUTORY INTEGRATED RESPONSE, INCLUDING CHILD PROTECTION (SECTION 47)

SPECIALIST (HIGH RISK) - EXAMPLE INDICATORS			KEY SERVICES THAT MAY PROVIDE SUPPORT AT THIS LEVEL
DEVELOPMENTAL NEEDS	FAMILY AND ENVIRONMENTAL FACTORS	PARENTS AND CARERS	
<p style="text-align: center;">Learning / Education</p> <p>Chronic non-attendance, truancy No parental support for education Permanently excluded, frequent exclusions or no education provision</p> <p style="text-align: center;">Health</p> <p>High level disability which cannot be maintained in a mainstream setting Bruising to immobile baby Babies born /female children of mothers subject to Female Genital Mutilation Serious physical and emotional health problems Escalation of self-harm</p> <p style="text-align: center;">Social, Emotional, Behavioural, Identity</p> <p>Challenging behaviour resulting in serious risk to the child and others Failure or rejection to address serious (re) offending behaviour Known to be part of gang or neighbourhood group engaged in antisocial behaviour Complex mental health issues requiring specialist interventions In sexually exploitative relationship Teenage parent under 16 Under 13 engaged in sexual activity Distorted self-image Significant concern re parental behaviour and risk factors where there is an unborn child Frequently go missing from home for long periods Young people experiencing current harm through their use of substances. Young people with complicated substance problems requiring specific interventions and/or child protection. Young people with complex needs whose issues are exacerbated by substance use Cultural and Racial identity and language are taken into account</p> <p style="text-align: center;">Self-Care and Independence</p> <p>Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm e.g. bullying, isolation</p>	<p style="text-align: center;">Family and Social Relationships and Family Well-Being</p> <p>Suspicion of physical, emotional, sexual abuse or neglect History and/ or a serious incident of domestic violence Domestic violence that put the child at risk of significant harm Parents or other family members are unable to care for the child Children who need to be looked after outside of their own family</p> <p style="text-align: center;">Housing, Employment and Finance</p> <p>No fixed abode or homeless Extreme poverty</p> <p style="text-align: center;">Social and Community Resources</p> <p>Child or family need immediate support and protection due to harassment /discrimination and No access to community resources</p>	<p style="text-align: center;">Basic Care, Safety and protection</p> <p>Parent is unable to meet child's needs without support Parental mental health/ DV/Substance Abuse but not accessing essential support Parental hostility to statutory / voluntary services Concealed pregnancy - multiple risk factors</p> <p style="text-align: center;">Emotional Warmth and Stability</p> <p>Parents unable to manage and risk of family breakdown</p> <p style="text-align: center;">Guidance, Boundaries and Stimulation</p> <p>Parent does not offer good role model leading to serious risk taking behaviour e.g. condones antisocial behaviour</p>	<p>Local Authority children's social care Specialist health or disability services. Youth Offending Team. CAMHS Family support services</p> <p>Voluntary & community services</p> <p>Services at universal level</p> <p>Comprehensive assessment and formulation of substance specific care plan Midwifery services Adult Mental Health services Educational Welfare Service Housing agencies – local authority, private, associations, charities etc.</p>
<p>FEATURES: Complex additional unmet needs. These children require specialist/ statutory integrated support</p> <p>Child Protection Children experiencing significant harm that require statutory intervention such as child protection or legal intervention. These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order. Agencies should make a verbal referral to children's social care accompanied by a written referral. This section also applies to unborn children.</p>		<p>ASSESSMENT PROCESS: Additional services: The common assessment can be used as supporting evidence to gain specialist/targeted support. Statutory or specialist services assessment (NB a common assessment must NOT replace a specialist assessment).</p>	

Appendix B: The Common Assessment Framework - relevant to Leicester City and Rutland practitioners

The Common Assessment Framework (CAF)

What is the CAF?

The CAF is a shared assessment and planning framework, endorsed by Leicester Children's Trust and Rutland's Children's Trust partnerships as the baseline assessment to use across the trust workforce. It aims to help the early identification of children and young people's additional needs and promote co-ordinated service provision to meet them.

Who is the CAF for?

The CAF is aimed at children and young people with additional needs who have needs that are not being met by their current service provision.

How does the CAF operate?

There are four main stages in completing a common assessment: identifying needs early, assessing those needs, delivering integrated services and reviewing progress.

Which children and young people is CAF aimed at?

The CAF is aimed at children and young people with additional needs:

- Including unborn babies
- Generally up to the age of 18, but extended beyond 18 where it is appropriate to enable the young person to have a smooth transition to adult services (eg. For young people with learning difficulties or disabilities, assessments can be carried out up to the age of 25)
- Who have needs that are not being met by their current provision
- Who would benefit from an assessment to help a practitioner understand their needs, determine whether other services should be involved in providing support and engage further services
- Who are particularly vulnerable (eg. Persistent truants, excluded pupils, sexually exploited children, victims of crime and young runaways)

The CAF is not appropriate for:

- The majority of children and young people who are progressing satisfactorily towards successful outcomes within universal services
- Situations where an immediate statutory or specialist assessment is needed or is the most appropriate way to determine support required
- A child or young person about whom there is concern that they may be suffering, or may be at risk of suffering, harm. In such instances, Leicestershire, Leicester & Rutland Safeguarding Children Board procedures should be followed without delay:

<http://llrscb.proceduresonline.com/index.htm>

Consent

The CAF is a voluntary assessment process and, as such, a child or young person and/or their parent/carer must give consent at the start of the process for the assessment to take place in the full knowledge of what will happen to this information (e.g. How it will be stored, who will have access to it).

Similarly, in instances where there is no Common Assessment in place, but a referral to a specialist service is being considered, consent should always be sought from the child or young person and/or their parent/carer unless to do so would place the child at increased risk of significant harm.

Practitioners should be tenacious in their attempts to persuade parents/carers to give consent. The benefits and advantages should be explained clearly, as should the purpose of a CAF (i.e. it is a process to determine the most appropriate type of support required for a child/young person).

For more information about the Common Assessment Framework, visit:

<http://www.leicester.gov.uk/your-council-services/education-lifelong-learning/parental-support/caf/>

Appendix C: The Early Help Offer in Leicestershire - relevant to Leicestershire practitioners

What is Early Help?

'Early Help' is an umbrella term that describes the work of many universal services/ single agencies engaged with children and families (examples include NHS, Education, Housing, Libraries, Leisure and Voluntary sector services).

In Leicestershire all of these agencies recognise that **prevention and earlier intervention** is more cost effective and successful than later or more formal interventions. All are engaged in work that seeks to avert problem development, prevents the escalation of difficulties or the deterioration of circumstances which could adversely affect children, young people and families.

Preventative work in this way may be with an individual, with a family or can take a whole population approach. We often refer to 'universal' or 'open access' services which are available to all and can provide advice, guidance and support to families when they need it. There is usually no referral route or detailed collection of outcomes. For the vast majority of families this is the only help they will need. Examples of 'universal' services include:

- Childcare and education settings - so children can develop their intellectual and social skills
- Parks, playgrounds, sport and leisure activities – so children have a chance to exercise, socialise and have fun as they grow up
- General Practitioners (GPs), school nurses and health visitors – to promote health and well-being for everyone
- Police, Fire & Rescue services – educating families about keeping children safe
- Housing – so children and families can live in homes that are supportive of family life

What is Leicestershire County Council's Early Help offer?

We have brought together our existing early help and prevention services into a consolidated 'Early Help and Family Support Service'. We are no longer using the language of the Common Assessment Framework (CAF) and have developed Early Help systems and processes.

The Early Help & Family Support service has a two-fold approach:

- Commitment to proactively working with all of our partners, including local communities to support them in our shared goal to improve outcomes for children, young people and their families
- In addition, it will provide **targeted early intervention and support** to those children, young people and families who are struggling with a range of additional needs and are more vulnerable to poor outcomes

How do people access Leicestershire Early Help & Prevention services?

In Leicestershire these services fall within the remit of our Early Help and Family Support Services. Access is via the First Response service. A simple 'request for service' form has been developed which practitioners and families can use. It is a straightforward form on the county council website which then passes securely to First Response (our central front door).

You can find the form using this link

http://www.leics.gov.uk/index/children_families/early_help.htm

The key information we need is the identification of the circumstances and needs which are causing concern for a child or family and importantly what more needs to happen to improve the situation. You must have permission from the family and young person to refer. Existing referral routes remain in place where professionals already know which service is required (for example the Youth Offending Service, Youth Service, local Children Centre team). Our locality services coordinators provide a key link in each locality to referrers and other service providers.

Where professionals only require advice about a child's needs, there is now daily access to a social worker for professional advice. **The professional advice phone number is 07966 111058.**

The Leicestershire & Rutland Safeguarding Children Board (L&RSCB) Multi-Agency secure Referral form (accessed here: <http://lrsb.org.uk/childreport>) must still be used for safeguarding concerns – in situations of risk and concern where you believe a social worker is required. These are situations where children are not at risk of immediate harm but are assessed as requiring specialist or targeted services.

Should a professional believe a child is at risk of **immediate harm and is suffering abuse**, you must not delay. Immediate contact must be made with either the allocated social worker or First Response on **0116 305 0005**.

In Summary:

- **First Response** is the central “front door” for social care and early help & family support services – for services requiring an early help, targeted or specialist response
- The term ‘**Early Help**’ (replaces the CAF in Leicestershire) is the term we use to describe systems, processes and services for children and families with additional needs which fall below child protection thresholds – that is, assessed need which does not require targeted or specialist services
- In the majority of cases, families only need some advice or a little extra support. At these times the professionals who know the family best such as health professionals, community and voluntary sector professionals, and school staff, are the most appropriate people to offer advice and support to families and young people. Early Help and Family Support Services will support such professionals to strengthen their response.
- Children and their families with more complex needs (requiring targeted services) can be referred to Leicestershire county council services, **with parental/carers consent**, using the Request for Services form
- **Locality Service Co-ordinators** provide a key link in each locality to referrers and other service providers
- Where there is a **safeguarding concern** which requires targeted or specialist services but you do not feel the child is at risk of immediate harm, please make a formal referral for social work intervention through First Response using the LSCB referral form
- Where you feel a child is **at risk of immediate harm**, do not delay. Call First Response on **0116 305 0005**

Appendix D: Rutland Families First Strategy - relevant to Rutland practitioners

Rutland Families First Strategy

This Families First Strategy in Rutland draws on existing best practice locally and nationally and a vision, shared by the partners of Rutland's Children's Trust, to improve outcomes for our children and young people. It recognises that to support children and young people to achieve their full potential and promote their wellbeing requires a 'joined up' (integrated) approach. The role of Early Family Support is to prevent a later need for more intrusive, and often less successful, interventions.

This Guide is aimed at assisting practitioners to get the best and most appropriate support for families, children and young people who they identify as having additional needs that their own service is not able to meet. It describes the process which includes:

- Talking with the family to help identify their strengths, goals and unmet needs
- Agreeing what help may be required, and
- Working with the family and other professionals to meet those needs.

The Common Assessment Framework is the tool which will identify unmet need and the guide includes a comprehensive explanation of how and when to use it.

The aim of the guide is to provide concise and clear guidance to enable consistency of practice across the workforce.

Rutland Children's Trust continues to develop its prevention and early support model to enable early identification and response to difficulties in children and young people's lives. Training will be delivered to ensure that practitioners are able to use the process effectively and outcomes will be reviewed and evaluated to inform the development of the process. The Guide and relevant forms will be available on the Rutland County Council website at

http://www.rutland.gov.uk/health_and_social_care/families_first_in_rutland.aspx

Support will be provided to help with practice issues through the County Council Senior Early Intervention Officer for CAF:

Bea Perez Moreno | Senior Early Intervention CAF Team 1 - Stronger Communities

Rutland County Council, Catmose, Oakham, Rutland LE15 6HP

t: 01572 758 246 (Ext: 8246) | e: BPMoreno@rutland.gcsx.gov.uk

Rutland's Strategy

The Children Act 2004 and subsequent guidance sets standards and expectations of how services for children and young people should be developed strategically and organisationally. Currently Rutland's Children's Trust is the local partnership which brings together key local agencies to improve children, young people and family's wellbeing through the delivery of integrated services.

The Children's Trust ensures that the Children and Young People's Plan, and the children and young people's priorities in the Sustainable Delivery Plan are implemented, reviewed and performance managed. This includes annual review and consultation processes with agencies, children and young people and parents and carers.

Rutland Children's Trust is committed to its intent:

"to improve the well-being and achievements of children and young people across the five Every Child Matters outcomes by successfully integrating services, in partnership, with an emphasis on early intervention, preventative action through excellent safeguarding procedures and by promoting welfare."

Rutland Children and Young People's Plan

The purpose of this Strategy is to support the Trust's aims and priorities through the planning and delivery of integrated services which focus on: Families First in Rutland - A guide for family support Common Assessment Framework

- Improving outcomes for children, young people and families.
- Making the best use of resources through robust joint commissioning arrangements
- Avoiding duplication

The Strategy provides a framework for the delivery of our early intervention and intensive family support services, which involves identifying appropriate support at different levels of need, and is based on the presumption that services need to be evaluated against achieving identifiable outcomes for children, young people and families. Participation of children, young people and families is paramount and this is achieved through the team around family and lead practitioner approach. The strategy also supports the development of joint commissioning arrangements to strengthen service delivery. Rutland County Council has mapped out their Early Intervention Offer with a view to expand it to include services from partners in 2014 as part of the review of the Families First Strategy.

Rutland Early Intervention Offer

The Local Authority Early Intervention Offer in Rutland is delivered across 9 key areas:



These service areas are delivered across the 0 – 19 age range (up to 25 if there is a disability) with the exception of Community Safety and Housing Options which is an all age service. All of the services are located within teams 1 and 2 in the Stronger Communities Service.

As well as being involved at CAF, CIN and CP level, these services act as a “Single Agency” (pre-CAF) where they offered to children, young people and families where there are two unmet needs or less which they as a single agency can address. Where there is a third unmet need identified, this triggers a referral to CAF.

This model will expand in line with the refresh of the Families First Strategy in 2014 - 15 to reflect wider partnership early intervention services.

Stronger Communities Team 1 – Jen Thornton – Team Manager

Children's Centre	Alison Coates	01572 772590
Aiming High	Lesley Hawkes/ Kirsteen McVeigh	01572 758421
Family Information Service	Lesley Hawkes/ Kirsteen McVeigh	01572 758421
Changing Lives (Troubled Families)	Helga Spry Shute	01572 758335
CAF	Bea Perez Moreno	01572 758246

Stronger Communities Team 2 – Kevin Quinn – Team Manager

Targeted Youth Support	Karen Hadden/ Neil Sewell	01572 756655
Youth Options (IAG)	Karen Hadden/Neil Sewell	01572 756655
Community Safety	Hugh Crouch	01572 756655
Sexual Health	Karen Hadden/ Neil Sewell	01572 756655
Housing Options	Alison Morgan	01572 758155

Rutland Families First Early Intervention Model

