

Meeting
the needs
of children
in Derbyshire



Safeguarding
Children
Everybody's Business

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the needs
of children
in Derbyshire



Introduction

Children's services are currently undergoing significant structural and cultural reform.

This document has been developed by the Derbyshire Children and Young People's Trust in partnership with Derbyshire Safeguarding Children Board to translate some of the key concepts, thresholds and processes in working with children and their families in Derbyshire.

The document provides a summary of the historical context in which reform is taking place. A description of the Continuum Model of Children's Needs is introduced followed by guidance on the key indicators pertaining to children with no identified needs, children with additional needs and children with complex needs. The tools and processes which should be applied are highlighted within the appropriate section of identified need.

A section on the thresholds of intervention has been included, in particular the point at which referrals should be made to Children's Social Care, which incorporates some of the key concepts.

The guide complements both local and national guidance, a glossary and all references can be found at the end of the document. Professionals should refer to the appropriate procedure for detailed guidance.



Department of Health and Employment and Home Office (2000).
Framework for the Assessment of Children in Need and Their Families.
London: The Stationery Office.

Website: www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrensServices/ChildrenServicesInformation/index.htm

HM Government (2004).
Every Child Matters: Change for Children Programme.
Nottingham: Department for Education and Skills.
Website: www.everychildmatters.gov.uk

HM Government (2006a).
The Common Assessment Framework for Children and Young People: Practitioners' Guide.
London: Department for Education and Skills.
Website: www.everychildmatters.gov.uk/caf

HM Government (2006b).
Information Sharing: Practitioners' Guide.
London: Department for Education and Skills.
Website: www.everychildmatters.gov.uk/information

HM Government (2006c).
What to do if you Are Worried A Child is Being Abused.
London: Department of Education and Skills
Website: www.everychildmatters.gov.uk/safeguarding

HM Government (2006d).
Working Together to Safeguard Children guide to inter-agency working to safeguard and promote the welfare of children.
London: Department for Education and Skills.
Website: www.everychildmatters.gov.uk/safeguarding

HM Government (2006e).
Lead Professional Practitioners guide: Integrated working to improve outcomes for children and young people.
London: Department for Education and Skills.
Website: www.everychildmatters.gov.uk/leadprofessional



References

Local Guidance and Procedures

Derbyshire Safeguarding Children Board (2007)

Derby and Derbyshire Safeguarding Children Procedures,

Website: www.derbyshire.gov.uk/

[Social_health/services_for_children/childrens_trust/common_assessment/policy_procedure/default.asp](http://www.derbyshire.gov.uk/Social_health/services_for_children/childrens_trust/common_assessment/policy_procedure/default.asp)

Derbyshire Children and Young People's Trust, (2007) Derbyshire

Common Assessment and Lead Professional Procedures for Children and Young People,

Website: www.derbyshire.gov.uk/

[Social_health/services_for_children/childrens_trust/news/default.asp](http://www.derbyshire.gov.uk/Social_health/services_for_children/childrens_trust/news/default.asp)

Derbyshire Children and Young People's Trust (2007)

Information Sharing Agreement,

Website: www.victoria-climbié-inquiry.org.uk/finreport/finreport.htm

National Guidance and Procedures

Children Act 1989.London:HMSO

Children Act 2004.London:HMSO

Cm 5730 (2003).The Victoria Climbié Inquiry.

Report of an Inquiry by Lord Laming.

London: The Stationery Office.

Website: www.victoria-climbié-inquiry.org.uk/finreport,htm

Cm 5860 (2003).

Every Child Matters.

London: The Stationery Office.

Cm5861 (2003).

Keeping Children Safe-the Government's response to the Victoria Climbié Inquiry Report and joint

Chief Inspectors' Report: Safeguarding Children.

London:The Stationery Office.

Department of Health (2000).

Assessing Children in Need and their Families:Practice Guidance.

London:The Stationery Office

Department of Health (2002).

The Integrated Children's System.

Website: www.everychildmatters.gov.uk/ics

Department of Health and Department for Education and Skills (2004).

National Service Framework for Children, Young People and Maternity Services.

London:Department of Health.

Website: www.dh.gov.uk/

[PolicyAndGuidance/HealthAndSocialCareTopics/ChildrensServices/ChildrenServicesInformation/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrensServices/ChildrenServicesInformation/fs/en)



Context

In 2003, the Government published a green paper called **Every Child Matters**. This was published alongside the formal response to the report into the death of Victoria Climbié. The green paper built on existing plans to strengthen preventative services by focusing on four key themes;

- Increasing the focus on supporting families and carers – the most critical influence on children's lives
- Ensuring necessary intervention takes place before children reach crisis point and protecting children from falling through the net
- Addressing the underlying problems identified in the report into the death of Victoria Climbié – weak accountability and poor integration
- Ensuring that the people working with children are valued, rewarded and trained

There was wide consultation with people working in children's services and with parents and children and young people.

Following the consultation, the Government published *Every Child Matters: the next steps*, and passed the Children Act 2004, providing the legislative spine for developing more effective and accessible services focused around the needs of children, young people and their families.

Every Child Matters:

Change for Children was published in November 2004. This publication emphasised that no single agency could be responsible for meeting the needs of all children and families.

The Government's Every Child Matters:

Change for Children Programme focussed on reducing inequalities, improving outcomes for all children and helping them achieve:

- **Be healthy:**
enjoying good physical and mental health and living a healthy lifestyle
- **Stay safe:**
being protected from harm and abuse
- **Enjoy and achieve:**
getting the most out of life and developing the skills for adulthood
- **Make a positive contribution:**
being involved with the community and society and not engaging in anti-social or offending behaviour
- **Achieve economic well-being:**
not being prevented by economic disadvantage from achieving their full potential in life

The key features are integrated working with children and families and ensuring early intervention which addresses the additional needs of children and young people.



A Continuum Model of Children's Needs

The Continuum Model of Children's Needs has been developed integrating the Framework for the Assessment of Children in Need and their Families and a number of initiatives introduced by the Governments Every Child Matters: Change for Children Programme. This model is consistent with the Derby and Derbyshire Safeguarding Children Procedures 2007 and the national guidance "Working Together" 2006. The model provides a framework to develop a common understanding amongst professionals of children's needs and vulnerabilities, shared assessment procedures and a platform for inter-agency and multi-agency working.

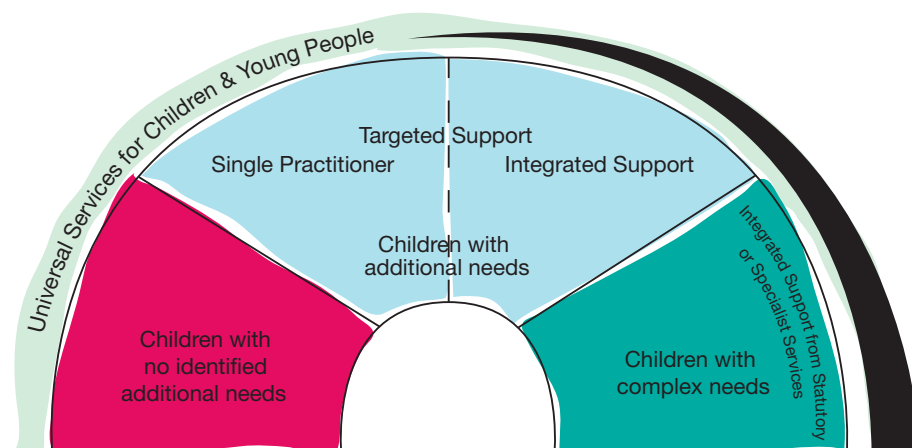
The model is underpinned by the following principles:

- Child-centred;
- Rooted in child development;
- Focussed on outcomes for children;
- Holistic in approach;
- Involving children and their families;
- The child's welfare and safety is everyone's responsibility;
- Multi and Inter-agency approach for all children with additional needs – not just those who are in need of protection;
- The skills and knowledge of other agencies should be fully utilised;
- The rights of parents and carers must be considered;
- Agencies need to work together to reduce duplication and unnecessary intrusion into family life;
- Building on strengths as well as identifying difficulties;
- A continuing process, not an event;
- Providing and reviewing services;
- Informed by evidence;
- Social Inclusion and meeting the needs wherever possible within universal locally based services;
- No one must be discriminated against on the grounds of race, religion, culture, sexual orientation or ability.

Children and families may experience a range of needs at different times in their lives. All children including children with additional needs, require access to high quality universal services. Some children are at risk of poor outcomes. These are children with additional needs and they will require targeted support from education, health, children's social care or other services. Within the group of children with additional needs, a small proportion has more significant or complex needs which meet the threshold for intervention by statutory and specialist services.

This is demonstrated in the following diagram.

Figure 1 Continuum Model of Children's Needs



Glossary

Terminology and the use of acronyms is both complex and is subject to change.

This glossary provides a description of the terms and acronyms used within this document.

Term/Acronym	Description
Abuse and neglect	Forms of maltreatment of a child
ASSET	Asset provides a common, structured framework for assessment of all young people involved in the criminal justice system. It is a standard assessment of the factors contributing to a young person's offending. Asset should be completed at the beginning and end of all interventions, and at the mid-point of Detention and Training Orders.
CAF	Common Assessment Framework (pg)
Child	Anyone who has not yet reached their 18th Birthday
Child Protection	Process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect
Children's Social Care	The work of local authorities exercising their social services functions with regard to children
ICS	Integrated Children's System (pg)
Lead Professional	Person responsible for ensuring services are co-ordinated, coherent and achieve intended outcomes for children with additional needs being supported by one or more practitioner. If the child has complex needs this role should be carried out by the key worker, social worker or YOT Supervising Officer.
Local Authorities	In this guidance this generally means Local Authorities that are Children's Services Authorities – effectively, local authorities that are responsible for social services and education.
Safeguarding and promoting the welfare of children	The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care which is undertaken so as to enable children to have optimum life chances and enter adulthood successfully.
Team around the Child Action Plan	A plan which specifies action to be taken and the outcomes expected from the actions.
Team around the Child Meeting	A meeting convened following the completion of CAF when 1 or more agency is involved.
Universal Services	Services available to the whole child population e.g. Health Visitor, School, School Nurse etc.
Wellbeing	The term wellbeing is used to encapsulate the five outcomes for all children.



Conclusion

This summary guide provides an overview of the continuum of needs of all children in Derbyshire. It provides guidance on the key concepts, thresholds and processes in working with children, young people and their families according to their needs.

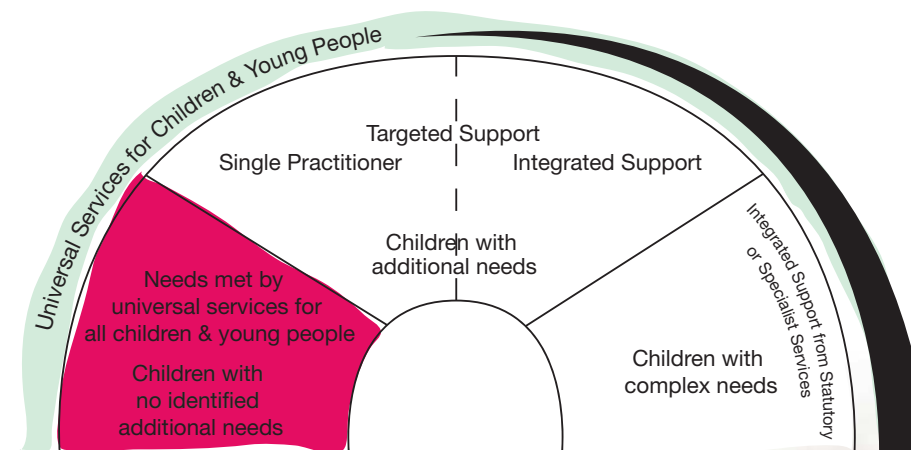
Detailed guidance can be obtained by accessing the procedures and guidance referenced at the end of this document.

It is acknowledged that thresholds are based on individual judgements and involves professional and personal values. Professionals are encouraged to discuss concerns openly with their own agency line manager or with Children's Social Care. **(If in doubt consult)**



Children with No Identified Additional Needs

These are children and young people who make good overall progress in all areas of development. Broadly, these children receive appropriate universal services, such as health and education. They may also use leisure facilities, housing or voluntary services.



The following table provides a useful summary of indicators of children assessed as having no additional needs, based on the Framework for the Assessment of Children and their Families.





1. Development Needs of Baby, Child or Young Person

Health

- Physically well
- Adequate diet/hygiene/clothing
- Developmental assessment/immunisations up to date
- Regular dental and optical care
- Health appointments are kept
- Developmental milestones met
- Speech and language development met

Education and Learning

- Skills/interests
- Success/achievement
- Cognitive development
- Access to toys and play

Emotional and Behavioural development

- Feelings and actions demonstrate appropriate responses
- Good quality early attachments
- Able to adapt to change
- Able to demonstrate empathy

Identity

- Positive sense of self and abilities
- Demonstrate feelings of belonging and acceptance
- A sense of self
- An ability to express needs

Family and Social Relationships

- Stable and affectionate relationships with caregivers
- Good relationships with siblings
- Positive relationships with peers

Social Presentation

- Appropriate dress for different settings
- Good level of personal hygiene

Self-care Skills

- Growing level of competencies in practical and emotional skills such as feeding, dressing and independent living skills

2. Parents and Carers

Basic Care

- Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care

Ensure Safety

- Protect from danger or significant harm, in the home and elsewhere

Ensure Warmth

- Show warm regard, praise and encouragement

Stimulation

- Facilitate cognitive development through interaction and play
- Enable child to experience success

Guidance and Boundaries

- Provide guidance so that the child can develop an appropriate internal model of values and conscience

Stability

- Ensure that secure attachments are not disrupted

3. Family & Environmental Factors

Family History and Functioning

- Good relationships within family including when parents are separated
- Few significant changes in family circumstances

Wider Family

- Sense of larger familial network and good friendships outside of the family unit

Housing

- Accommodation has basic amenities and appropriate facilities

Employment

- Parents are able to manage the working or unemployment arrangements and do not perceive them as unduly stressful

Income

- Reasonable income over time with resources used appropriately to meet individual needs

Family's Social Integration

- Family feels integrated within the community
- Good social and friendship networks exist

Community Resources

- Good universal services in neighbourhood

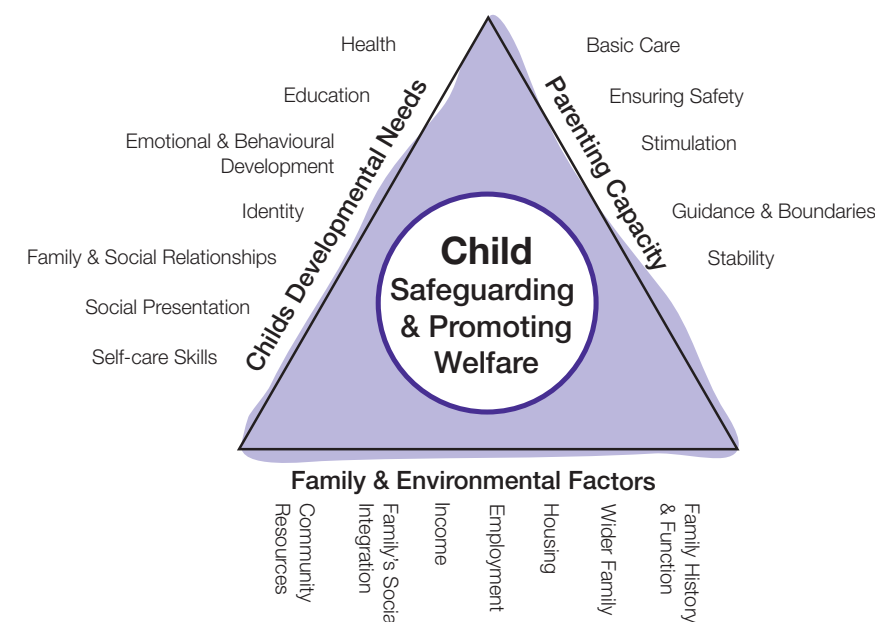


Integrated Children's System

The Integrated Children's System has been introduced to provide a consistent framework for practice and case recording within Children's Social Care.

The Integrated Children's System comprises of:

- The system is a conceptual framework for assessment, planning, intervention and review which builds on the Assessment Framework and the Looked after Children system. This framework is **underpinned** by the domains and dimensions set out in the **Assessment Framework**.



- A set of data requirements for children's social care, derived from individual children's records which could also provide the basis for identifying how common information could be held about children across different agencies. This data forms part of the overall information required to plan and deliver children's services; and :
- Records which demonstrate how information gathered by children's social care practitioners from first contact to closure can be organised and used to generate particular records or reports which are required in the course of the work. These records form the basis of an electronic social care record for children.

The system provides common terms for understanding and describing the developmental needs of children, which can be used by all those who work with children in need and their families. It enables information gathered during assessments to be used more effectively in making plans and deciding on the most effective interventions. It also provides the basis for reviewing whether a child is making progress in important areas of their development, such as health and education.

Common use of this conceptual framework by local agencies and programmes enables them to work better together, share information more easily and facilitates referrals between organisations. It benefits children and families by enabling them to understand what information agencies are seeking and why, and helps them to judge whether they are getting the services they require.



Initial Assessment

A decision to **gather more information** in respect of a child constitutes an Initial Assessment. It should involve all the agencies relevant to a child and be undertaken within a maximum of 7 working days from the date of the agency decision to undertake the assessment.

The Initial Assessment is a brief assessment of each child referred to Children's Social Care where it is necessary to determine whether the child is in need, the nature of any services required, and whether a further, more detailed core assessment should be undertaken.

The analysis of information gathered is a crucial element of the process and will inform recommendations for the provision of services.

Core Assessment

A core assessment is an in-depth assessment that addresses the central or most important needs of the child and the capacity of his or her parents or caregivers to respond to those needs within the wider family and community context. The Core Assessment is also the tool which is used when Children's Social Care undertake S47 Enquiries to assess whether the child is suffering or likely to suffer significant harm.

The assessment is led by Children's Social Care but it is essential that key agencies contribute information they have about family members, specialist knowledge or advice and potential and ongoing support to the family.

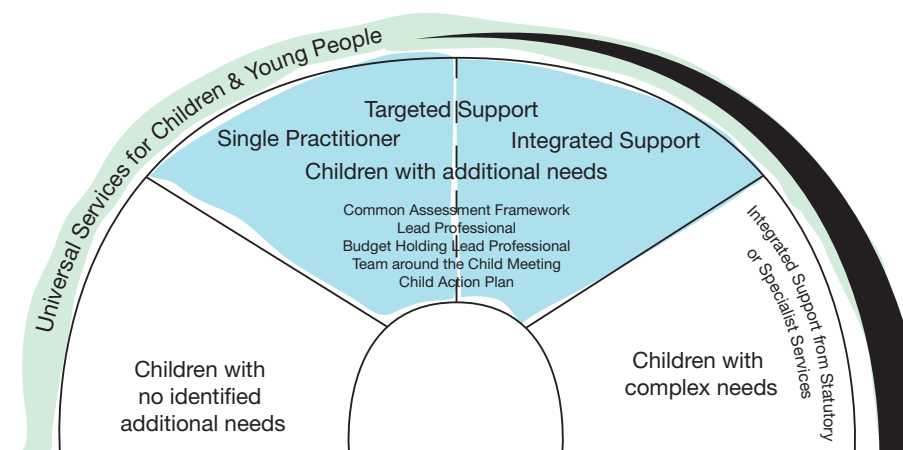
The timescale for completion of a core assessment is a maximum of 35 working days. A core assessment commences at the conclusion of the Initial Assessment which recommends that one is undertaken, or when a strategy discussion decides to initiate enquiries under section 47 of the Children Act 1989, or when new information on an open case indicates that a core assessment should be undertaken.



Children with Additional Needs

This group of vulnerable children require additional support either at school, home or in the local community. This additional support can be provided by one or several statutory or voluntary agencies. This group of children may require additional support because they may have personal or physical difficulties or who are affected by family crisis. The following factors may be evident:

- Disruptive or anti-social behaviour;
- Overt parental conflict or lack of parental support/boundaries;
- Involvement in or risk of offending;
- Poor attendance or exclusion from school;
- Experiencing bullying;
- Special educational needs;
- Disabilities;
- Disengagement from education, training or employment post-16;
- Poor nutrition;
- Ill-health;
- Substance misuse;
- Anxiety or depression;
- Housing issues;
- Pregnancy and parenthood;
- Child previously subject of a Child Protection Plan
- Young Offenders.



A single practitioner may identify a child with an additional need that may be met by a referral to a single statutory or voluntary agency, in most cases a formal assessment would not be required. A practitioner who identifies a child with a number of additional needs should undertake a CAF pre-assessment checklist which will indicate if a child would benefit from a CAF being completed. The outcome of the assessment will identify if the child's needs may be met through a referral to a single statutory or voluntary agency. A child who presents with a number of needs/ vulnerabilities will indicate the need to convene a 'Team around the Child Meeting' and a 'Team around the Child Action Plan'. The Action Plan would then be reviewed through further meetings. The following table provides a summary of vulnerabilities/indicators for children assessed as having additional needs. A child with a number of needs/vulnerabilities may benefit from a CAF or in cases of a higher degree of concern, a referral to Children's Social Care may be indicated to undertake a statutory Initial Assessment to determine if a child is in need.

If in doubt professionals should consult with their agency line manager or Children's Social Care, the appropriate method of intervention can be discussed and agreed. (This should then be recorded within the child's record).



Children in Need Request for Service (Referrals) to Children's Social Care

1. Development Needs of Baby, Child or Young Person

Health

- Defaulting on immunisations/checks
- Is susceptible to minor health problems
- Slow in reaching developmental milestones
- Minor concerns re diet/hygiene/clothing
- Starting to default on health appointments
- Concerns re diet, hygiene, clothing
- Smokes, substance misuse
- Some concerns around mental health

Education and Learning

- Have identified learning needs that places them on 'school action' or 'school action plus'
- Identified learning needs and may have a Statement of Special Educational Needs
- Poor punctuality
- Pattern of regular school absences
- Not always engaged in learning e.g. poor concentration, low motivation and interest
- Not thought to be reaching educational potential
- Reduced access to books/toys

Emotional and Behavioural development

- Some difficulties with peer group relationships and with adults

- Some evidence of inappropriate responses and behaviours
- Can find managing change difficult
- Starting to show difficulties expressing sympathy
- Finds it difficult to cope with anger, frustration and upset

Identity

- Poor sense of self and abilities
- Lack of belonging and acceptance
- An inability to express needs

Family and Social Relationships

- Limited support from family and friends
- Has some difficulties sustaining relationships
- Has lack of positive role models
- Involved in conflicts with peers/siblings

Social Presentation

- Inappropriate dress for different settings
- Poor level of personal hygiene

Self-care Skills

- Not always adequate self-care
- Slow to develop age-appropriate self-care skills

2. Parents and Carers

Basic Care

- Parental engagement with services is poor
- Parent requires advice on parenting issues
- Professionals are beginning to have some concerns around child's physical needs being met
- Parent is struggling to provide adequate care
- Previously looked after by Local Authority

Ensuring Safety

- Some exposure to dangerous situations in the home and community
- Parental stresses starting to affect ability to ensure child's safety

Emotional Warmth

- Inconsistent responses to child by parent(s)
- Unable to develop other positive relationships
- Perceived to be a problem by parents
- May be subject to neglect

Stimulation

- Spends considerable time alone e.g. watching TV
- Child is not often exposed to new experiences

Guidance and Boundaries

- Can behave in an anti-social way in the neighbourhood
- Parent/carer offers inconsistent boundaries

Stability

- Key relationships with family members not always kept up
- May have different carers
- Starting to demonstrate difficulties in attachments

3. Family & Environmental Factors

Family History and Functioning

- Parents have some conflict or difficulties that can involve the children
- Has experienced loss of significant adult e.g. bereavement or separation
- May be needed to look after younger siblings
- Parent has physical/mental health difficulties

Wider Family

- Family has poor relationship with extended family or little communication
- Family is socially isolated

Housing

- Some aspects of poor housing
- Family seeking asylum or refugees

Employment

- Periods of unemployment of the wage earning parent(s)
- Parents have limited formal education
- Parents starting to feel stressed around unemployment/work

Income

- Low income and debt

Family's Social Integration

- Family may be new to area
- Some social exclusion experiences

Community Resources

- Poor quality universal resources but family may have access issues

Where a Common Assessment or a Team around the Child Meeting or Action Plan recommends a request for services to Children's Social Care the completed CAF should be forwarded to the appropriate Reception and Assessment Team at the Area Office. The CAF form will replace the need to complete a written referral form which is used to confirm all telephone referrals. The CAF will then contribute to the Initial Assessment and in many circumstances may provide sufficient information to fulfil the requirements of an Initial Assessment. Derbyshire Children and Younger Adult's Department should decide and record the decision on future action within one working day.

If a CAF has not been completed and the child's additional needs are felt to be complex, professionals should make a referral to Children's Social Care. Referrals should be made by either a telephone call or by completing the Child Referral Form which can be found within the Derby and Derbyshire Safeguarding Children Procedures, Appendix 5 www.derbyshirescb.org.uk/procedures All telephone referrals should be confirmed in writing by completing a Child Referral Form within 48 hours.

When a professional has urgent concerns regarding the welfare of a child an **immediate referral** should be made by contacting Children's Social Care by telephone.

Children's Social Care should acknowledge a written referral within one working day of receiving it. If the referrer has not received an acknowledgement within 3 working days, they should contact Children's Social Care again.

Where the Children's Social Care Service Manager decides to take no further action, feedback should be provided to the referrer about the decision and the reason for making it.





Role of the Lead Professional

When a child needs a package of support, experience shows they and their family benefit from having one person who can help them through the system and ensure they get the right services at the right time.

Where a child has additional or complex needs, the lead professional acts as a co-ordinator. They help create a partnership, not just with their colleagues, but with the child and young person and their family too.

It is a new role which builds on existing good practice. This role has a set of functions essential to delivering integrated support.

These are:

- **A single point of contact** – giving children, young people and their families a trusted person to support them and communicate without jargon.
- **Coordinate services** – so that effective action is properly planned, delivered and reviewed.
- **Reduce overlap and inconsistency** - to ensure a better service experience and outcome.

Detailed guidance can be obtained by accessing the Derbyshire Children and Young People's Trust Common Assessment and Lead Professional Procedures for Children and Young People at www.derbyshire.gov.uk/Social_health/services_for_children/childrens_trust/common_assessment/policy_procedure/default.asp

Multi-agency Working

Multi-agency working is an extremely effective way to support children and families with additional needs. Best practice in multi-agency working involves an integrated approach. This can range from two professionals undertaking a joint visit, a group of practitioners deciding informally to work together to support a child or family, right through to a large scale venture like different services coming together e.g. Children's Centres.

There are a number of ways agencies can work together to provide an integrated approach to meeting the needs of children and their families they are:

1. Multi-agency planning and review meetings – co-ordinated by the Lead Professional, Key or Named Social Worker e.g. Child in Need Meeting, Core Group, LAC Review, Team Around the Child Meeting.
2. Multi-agency panel – members remain with their agency but meet regularly to discuss children with additional needs who would benefit from multi-agency input. Panel members might do case work or take a more strategic role e.g. Complex Cases Panel.
3. Multi-agency team – members may be seconded or recruited into the team with a leader and common purpose and goals. They may still get supervision and training for their home agency, but have the opportunity to work with a range of different services e.g. Derbyshire Youth Offending Service.
4. Integrated service - different services such as health and education are co-located to form a highly visible hub in the community. Funded by the partner organisations and managed to ensure integrated working, they are often based in schools or early year's settings e.g. Children's Centres.

Derbyshire Children and Young People's Trust is transforming current services to children, young people and their families in Derbyshire to develop an integrated model of service delivery which encompasses a number of these approaches.



Case Example 1 (CAF)

James is 12 years old, his parents have recently separated, they have an acrimonious relationship. James would like to have regular contact with his father but is discouraged by his mother. His mother suffers from anxiety and depression which impacts upon her ability to parent. James is displaying angry outbursts within school.

Children with Complex Needs

This smaller group of children and young people require intensive help and support to meet their needs. This group includes those children who require an assessment to determine whether or not they are children in need, those that have been assessed as children in need and those who have suffered or who are at risk of suffering significant harm.

Children in Need

Children who are defined as being 'in need', under s17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (s17(10) of the Children Act 1989), plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- What will happen to a child's health or development without services being provided; and
- The likely affect the services will have on the child's standard of health and development.

Local Authorities have a duty to safeguard and promote the welfare of children in need.

Significant Harm

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interest of children, and gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.



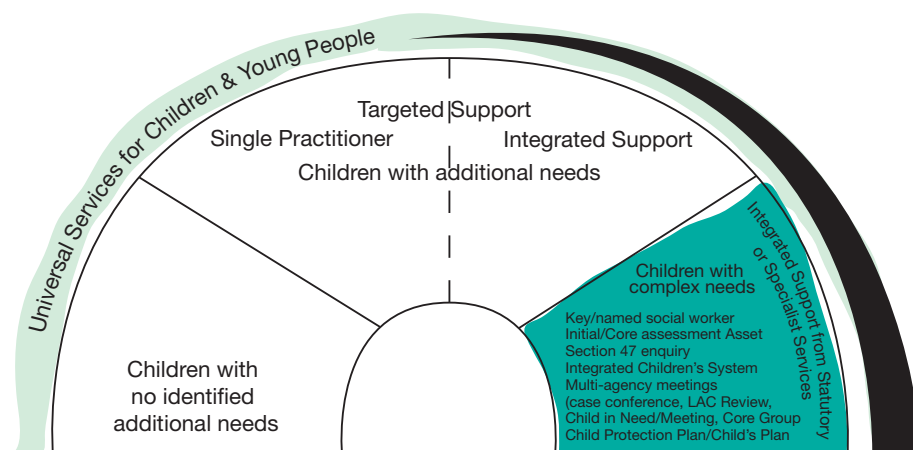


A court may make a care order or supervision order in respect of a child if it is satisfied that:

- the child is suffering, or is likely to suffer, significant harm; and
- the harm or likelihood of harm, is attributable to a lack of adequate care or control (s31).

The following list provides a guide of all children with complex needs:

- Children who are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services;
- Children with additional needs and consent to a CAF has been refused (concerns suggest the child is in need);
- Children who are subject of a child protection plan;
- Children who have been previously subject to a child protection plan;
- Looked after children;
- Children for whom adoption is the plan;
- Children with **severe and complex** special educational needs;
- Children with complex disabilities or complex health needs;
- Children diagnosed with significant mental health problems;
- Serious and persistent young offenders.



This final table provides a summary of the vulnerabilities/indicators which may be identified in children assessed as having complex needs. This table includes those children who may have suffered or be at risk of suffering significant harm, these children would require an **immediate** referral to Children's Social Care for a section 47 enquiry to be initiated. **(If in doubt consult)**



Common Assessment Framework

The Common Assessment Framework (CAF) provides a standardised assessment that is designed to get a complete picture of a child's additional needs at an early stage. It can be used for children and young people of any age, including unborn babies.

The CAF enables information to be gathered in a structured way through discussions with the child and their parent(s). It looks at all unmet needs, not just those in which individual services specialise. It is an approach that is helping children get access to the right services earlier.

The CAF is:

- A common process enabling practitioners to make an assessment – and act on the results; with
- A standard form to record the assessment and where appropriate, share with others; and
- A pre-assessment checklist to help decide if a child would benefit from a common assessment.
- It covers all aspects that affect a child's development, from health, education and social development, through to housing and family relationships.
- CAF is the only assessment that can be used by practitioners in all agencies in England that deliver services to children and young people.

Detailed guidance can be obtained by accessing the Derbyshire Children and Young People's Trust Common Assessment and Lead Professional Procedures for Children and Young People at www.derbyshire.gov.uk/Social_health/services_for_children/childrens_trust/common_assessment





Sharing Information

Knowing when and how to share information isn't always easy – but it's important to get it right. Children, young people and their families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent, but there may be circumstances when you need to override this.

"No inquiry into a child's death or serious injury has questioned why information was shared. It has always asked the opposite" **G. Nunnery, Solicitor, Lewisham.**

Six Key Principles:

1. Explain openly and honestly at the outset what information will or could be shared, and why, and seek agreement – except where doing so puts the child or others at risk of significant harm.
2. The child's safety and welfare must be the overriding consideration when making decisions on whether to share information about them.
3. Respect the wishes of children or families who do not consent to share confidential information – unless in your judgement there is sufficient need to override that lack of consent.
4. **Seek advice when in doubt.**
5. Ensure information is accurate, up-to-date, and necessary for the purpose for which you are sharing it, shared only with those who need to see it and shared securely.
6. Always record the reasons for your decision – whether it is to share or not.

Points for consideration:

1. Is there a legitimate purpose for you or your agency to share information?
2. Does the information enable a person to be identified?
3. Is the information confidential?
4. If so, do you have consent to share?
5. Is there a statutory duty or court order to share the information?
6. If consent is refused, or there are good reasons not to seek consent, is there sufficient public interest to share information?
7. If the decision is to share, are you sharing the right information in the right way?
8. Have you properly recorded your decision?

Detailed guidance can be obtained by accessing the Derbyshire Children and Young Person's Trust, Information Sharing Agreement at www.derbyshire.gov.uk/Social_health/services_for_children/childrens_trust/news/default.asp



1. Development Needs of Baby, Child or Young Person

Health

- Has severe/chronic health problems
- Persistent substance misuse/smoking
- Developmental milestones unlikely to be met
- Early teenage pregnancy
- Serious mental health issues
- Learning disabilities

Education and Learning

- Is out of school
- Permanently excluded from school or at risk of permanent exclusion
- Has no access to leisure activities

Emotional and Behavioural development

- Regularly involved in anti-social/criminal activities
- Puts self or others in danger e.g. missing, absconding
- Suffers from periods of depression
- Self-harming or suicide attempts

Identity

- Experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability
- Is socially isolated and lacks appropriate role models

Family and Social Relationships

- Periods of being accommodated by the Local Authority
- Family breakdown related in some ways to the child's behavioural difficulties
- Subject to physical, emotional or sexual abuse or neglect
- Is the main carer for a family member

Social Presentation

- Poor and inappropriate self-presentation

Self-care Skills

- Neglects to use self-care skills due to alternative priorities e.g. substance misuse

2. Parents and Carers

Basic Care

- Parents unable to provide 'good enough' parenting that is adequate and safe
- Parents' mental health problems or substance misuse significantly affects care of the child
- Parents unable to care for previous children

Ensuring Safety

- There is instability and violence in the home
- Parents involved in crime
- Parents unable to keep the child safe
- Victim of crime

Emotional Warmth

- Parents inconsistent, highly critical or apathetic towards the child

Stimulation

- No constructive leisure time or guided play

Guidance & Boundaries

- No effective boundaries set by parents
- Regularly behaves in an anti-social way in the neighbourhood

Stability

- Beyond parental control
- Has no-one to care for him/her

Family History and Functioning

- Significant parental discord and persistent domestic violence
- Poor relationships between siblings

3. Family & Environmental Factors

Wider Family

- No effective support from extended family
- Destructive/unhelpful involvement from extended family

Housing

- Physical accommodation places the child in danger

Employment

- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term difficulties e.g. substance misuse

Income

- Extreme poverty/debt impacting on ability to care for the child

Family's Social Integration

- Family chronically socially excluded
- No supportive network

Community Resources

- Poor quality services with long-term difficulties with accessing target populations

Case Example 2 (Initial Assessment - Children in Need)

Jennifer is 6 years old and lives with her parents, the housing department has expressed concerns regarding hygiene standards in the home. School have noted that Jennifer is often late for Registration, appears at times dirty and unkempt. Jennifer has suffered from re-occurring head lice for the past 6 weeks.



Thresholds

A threshold is described as the point in which ‘we weigh up’ what is happening and what action is needed in order to meet a child’s needs. This involves professional and personal values.

Professionals are encouraged to consult with Children’s Social Care (**If in doubt consult**). Any decisions reached should be recorded clearly by both agencies.

Children assessed as presenting with complex needs will receive support through specialist services, e.g. Children’s Social Care, Youth Offending Service, Disabled Children’s Teams and the Adoption Team.

It is acknowledged that professionals experience some difficulty in deciding the appropriate point of intervention. It is important that professionals have a clear understanding as to whether a child requires a single agency, multi-agency (CAF), multi-agency Child in Need (section 17) or multi-agency Child Protection (section 47 Enquiry) response.

The following criteria has been developed to assist staff in identifying the appropriate point for a Child Referral to Children’s Social Care for a Child in Need (section 17, Initial/Core Assessment) and a Child Protection (section 47 Enquiry):

Children in Need (Section 17)

- With a disability (with a permanent and substantial impairment of function);
- With life threatening medical conditions;
- With significant emotional and behavioural difficulties or with significant mental health needs;
- Who are homeless;
- Involved in alcohol or substance misuse;
- Who are being sexually exploited;
- Who are at risk of forced marriage;
- Who are young carers;
- Whose parents or carers have a physical or learning disability, have mental ill health, are seriously ill or misuse substances;
- Whose parents are experiencing difficulty in providing a reasonable standard of parenting;
- Living in a situation where there is serious or repeated domestic violence;
- Living in a situation where an adult carer is at serious risk of domestic violence and is subject of a Domestic Violence Multi Agency Risk Assessment Conference (MARAC);
- Experiencing harassment on the basis of race, gender, culture or sexuality;
- Living in families where there are serious family relationship problems;
- Whose behaviour has been sexually harmful;
- Who are “runaways”.



Child Protection (Section 47 Enquiry)

- Children or young people with unexplained injuries, suspicious injuries, or where there is an inconsistent explanation of the injury.
- Children or young people who have alleged abuse.
- Children who are in contact with an individual identified as a risk to children
- Children or young people who have suffered, or are suffering specific incidents or neglect or emotional abuse that are impairing their development;
- Failure to seek necessary medical attention
- Failure to thrive that has been investigated medically and no organic cause found
- Children seriously affected by parental substance misuse
- Children and young people affected by domestic abuse, one serious or a number of less serious incidents
- Vulnerable children who are left alone
- Where there are serious concerns regarding the risk of significant harm to an unborn child

The child’s “experience” should be considered, families where there is “low warmth/high criticism”, e.g. families where children are criticised and shown little or no attention, are particularly vulnerable.

Children’s Social Care is the lead agency for undertaking section 17 and section 47 Enquiries. If professionals are in any doubt or would like to discuss particular concerns they are encouraged to do so by contacting the Duty Social Worker or Service Manager for the Reception and Assessment Team based at the local Area Office.

Out of office hours, Call Derbyshire should be contacted, they will in turn direct the request to the Children’s Rapid Response Team. (**If in doubt consult**)

In particular complex cases or when there is a dispute between agencies the Safeguarding Children Manager based within the Safeguarding Service should be contacted.

