



Walsall Council

Child Concern Model

(Incorporating Step-Down Procedures)

Updated version – August 2010

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1 Introduction

Background to the Framework

This document is produced on behalf of Walsall's Children's Services as a tool to help all partners working with children agree the level of services and intervention a child and their family may require in order to fulfil their potential. If you work with children and young people within a universal service this framework will help you identify the key points at which an additional service may be required.

It is structured to follow the 'Framework for the Assessment of Children in Need and their Families' (triangle) and covers all the key areas for development in a child or young person's life. It needs to be considered alongside the policies and procedures of the agency/organisation you belong to and in conjunction with the Walsall's Safeguarding Children Board Inter-Agency Procedures. The tool is not a guaranteed referral process between agencies/partners and needs to be considered in conjunction with already agreed protocols, some of which have a statutory basis in law.

Finally, the majority of children in Walsall will have their needs met by universal services, and most importantly by their parents and/or care givers. This tool is therefore designed to really assist those children and young people who require a level of support over and above the universal in order to safeguard their health and development.

Safeguarding the wellbeing of children and young people, and ensuring their developmental needs are responded to, are the key factors for effective services within Walsall. In order to achieve these aims, partners working with children must be able to effectively identify needs and then take appropriate action to meet them.

Walsall's Child Concern Model has been interfaced with the 'Framework for the Assessment of Children in Need and their Families' to provide a consistent approach for those working with children in need, providing Co-ordinated early intervention to generate positive outcomes for children.

The IISaM CAF team are available to offer advice, guidance and support to all professionals who are working with children and their families. They are able to offer support with the following:

- General advice and guidance
- Child concern meetings
- Common Assessment Framework
- Intensive Support Workers
- Family Group Conferencing

All of the above processes are described in Section 8 of this guidance manual. Please contact the team on 01922 650497 for further information.

The handbook is based on recognised good practice and influenced by current research and local experience is underpinned by:

- UN Convention on the Rights of the Child. (See Appendix 1)
- Children Act 1989 and 2004
- Working Together to Safeguard Children (2010)
- Framework for the Assessment of Children in Need and their Families (2000).
- Messages from Research (1995).
- Human Rights Act (1998). (See Appendix 2)

2 Rights of the Child including Children with Disabilities

Background

For the purpose of this handbook, the term 'children' refers to children and young people under the age of 18 years.

Children and young people have rights of their own, independent of those of their parents, guardians and carers.

All children deserve the opportunity to meet their full potential and achieve more.

In order to have the opportunity to reach their full potential and achieve more, children should:

- Be as physically and mentally healthy as possible
- Live in a safe environment and be protected from harm
- Experience emotional well-being
- Gain the maximum possible benefit from good quality educational opportunities
- Feel loved and valued, and be supported by a network of reliable and affectionate relationships
- Have a positive image of themselves, and a secure sense of identity including cultural and racial identity
- Become competent in looking after themselves, and coping with everyday living
- Develop good inter-personal skills and confidence in social situations

Advocacy

There is a growing recognition of the importance of advocacy for children and young people when plans are being made for their lives.

Appreciating the views and feelings of the young person helps them feel involved and can help everyone make better decisions. Working like this is not just good practice; it is also a legal requirement. The Children Act says young people must

be treated with respect and this means (amongst other things) that young people must be listened to.

If a professional is deciding what should happen to a child or young person they have to find out how they feel and what they want. They have to tell the child or young person what is happening and why.

Listening to children should be at the heart of all preventative work, and show our commitment to giving children and young people a voice.

Policy and Legislation Promoting the Involvement of children

Article 12 of the UN convention on the rights of the child:

“Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.”

The Children Act 1989 and **The Children Act 2004** establish in law children's rights to participation in decisions regarding their care and require a local authority to ascertain the wishes of a child in need about the provision of suitable services and to give those wishes due consideration.

The Quality Protects Initiative (Department of Health 1998) provided for looked after children and their carers, to be more involved in decisions affecting them, and funding has been made available to provide advocacy to these circumstances.

The guidance issued under **Working Together to Safeguard Children 2010** also emphasises the importance of involving children in decision making and acknowledged that children may need advocacy support to assist them in understanding and participating in child protection processes.

National Standards for the Provision of Children's Advocacy Services (Department of Health 2002) provided a framework for the planning, review and evaluation of advocacy services. The standards set out what children and young people should expect from professionals providing advocacy services. There are ten standards, including the role of children and young people in advocacy, the policy context, equal opportunities, confidentiality, publicity, accessibility, independence, complaints procedures and

The Adoption and Children Act 2002 places a duty on local authorities to provide advocacy services to looked after children, and 'children in need' (including disabled children) who wish to make a complaint or a representation under the 1989 Children Act procedures.

Disability Discrimination

Under the terms of the **Disability Discrimination Act 1995**, 'disability' is defined as 'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'.

'Impairment' covers people with physical, sensory or mental impairments, including learning difficulties. 'Substantial and long term effects' means the disability must have lasted for at least 12 months, be likely to last 12 months or is likely to last for the rest of the person's life.

However, the **Disability Discrimination Act 2005** amended the definition of disability to include people with mental illness (not necessarily 'clinically well recognised'), HIV infection, multiple sclerosis (ms) or cancer (from the point of diagnosis) before they actually suffer from any symptoms that affect their ability to carry out day-to-day activities as from December 2005.

Regarding 'day to day activities', the impairment must affect at least one of the following:

- Manual dexterity
- Physical co ordination
- Ability to lift, carry or otherwise move everyday objects
- Speech, hearing or eyesight
- Memory or ability to concentrate, learn or understand
- Perception of risk of physical danger.

3 Parental Consent and Other Parental Issues

Although the primary focus of work with children in need throughout the continuum of vulnerability is the promotion of the child's welfare and the protection from harm, the rights and interests of parents, those with parental responsibility, and other family members, must be given due consideration. This means those working with the child and his/her family must ensure that consent has been sought from those who hold Parental Responsibility for a child before any further action or referral is made in respect of any child, unless doing so would place a child at increased risk of significant harm and prevent that child from being safeguarded.

Consent needs to be explicit and sought both from those who hold Parental Responsibility and from children and young people if they are of an age and if appropriate to do so.

Parental rights and responsibilities

Unlike mothers, fathers do not always have 'parental responsibility' for their children. With more than one in three children now born outside marriage, some parents may be unclear about who has legal parental responsibility for their children.

What is Parental Responsibility?

While the law does not define in detail what parental responsibility is, the following list sets out the key roles:

- Providing a home for the child having contact with and living with the child
- Protecting and maintaining the child
- Disciplining the child
- Choosing and providing for the child's education determining the religion of the child
- Agreeing to the child's medical treatment
- Naming the child and agreeing to any change of the child's name

- Accompanying the child outside the UK and agreeing to the child's emigration, should the issue arise
- Being responsible for the child's property
- Appointing a guardian for the child, if necessary
- Allowing confidential information about the child to be disclosed

Who has parental responsibility?

In England and Wales, if the parents of a child are married to each other at the time of the birth, or if they have jointly adopted a child, then they both have parental responsibility. Parents do not lose parental responsibility if they divorce, and this applies to both the resident and the non-resident parent.

This is not automatically the case for unmarried parents. According to current law, a mother always has parental responsibility for her child. A father, however, has this responsibility only if he is married to the mother when the child is born or has acquired legal responsibility for his child through one of these three routes:

- (from 1 December 2003) by jointly registering the birth of the child with the mother
- by a parental responsibility agreement with the mother
- by a parental responsibility order, made by a court

Living with the mother, even for a long time, does not give a father parental responsibility and if the parents are not married, parental responsibility does not always pass to the natural father if the mother dies.

All parents (including adoptive parents) have a legal duty to financially support their child, whether they have parental responsibility or not.

Applying to the courts for parental responsibility

A father can apply to the court to gain parental responsibility. In considering an application from a father, the court will take the following into account:

- the degree of commitment shown by the father to his child
- the degree of attachment between father and child
- the father's reasons for applying for the order

The court will then decide to accept or reject the application based on what it believes is in the child's best interest.

So far as it is in the child's interest, children should grow up within their natural family. Childcare agencies, organisations in general and local authorities in particular, have a duty to assist parents to undertake this task.

Should it not be possible for children to remain within the family, parents and other family members will be supported to achieve a positive separation.

All parents have the right to support, to enable them to ensure that their children grow up adequately cared for and safe from harm.

Wherever there are concerns about children, the family have a right to an open and honest explanation of the reasons for these concerns. Additionally, they are entitled to information concerning the duties and powers of the relevant agencies and must be involved in all decisions affecting their lives.

Families should be supported in making their own plans for the welfare and protection of their children and only in exceptional cases should there be compulsory intervention in family life, for example: where this is necessary to safeguard a child from significant harm.

Where families have children with particular needs who require services to achieve or maintain a reasonable standard of health or development, a range of extra support and services should be available.

Information Sharing Guidance

The DCSF has published guidance which includes information and advice on consent (available to download and to order in hard copy from the Every Child Matters: Online publications website):

Information sharing: Guidance for Practitioner and Managers

Information sharing: Pocket Guide

The following advice is taken directly from the guidance:

Do you have consent to share?

- You should seek consent where possible and respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement on the facts of the case, that lack of consent can be overridden in the public interest.
- You do not always need consent to share personal information. There will be some circumstances where you should not seek consent, for example, where doing so would:
 - place a child at increased risk of significant harm; or
 - place an adult at increased risk of serious harm; or
 - prejudice the prevention, detection or prosecution of a serious crime; or
 - lead to unjustified delay in making enquiries about allegations of significant harm or serious harm.

Golden rule

Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You need to base your judgement on the facts of the case.

Other things to consider:

Generally, there should be 'no surprises'.

- Obtaining explicit consent is best practice. It can be expressed either verbally or in writing, although written consent is preferable since that reduces the scope for subsequent dispute.
-
- You will need to consider whose consent should be sought. Does the person have the capacity to understand and make their own decisions on this occasion? If not, is someone else authorised to act on their behalf?
- Consent must be informed, i.e. when people agree to information sharing, they must understand how much of their information needs to be shared, who will see it, why it is necessary to share the information and any implications of sharing or not sharing.
- Consent can be withdrawn at any time.

For more details, see the Information sharing: Guidance for practitioners and managers paragraphs 3.17 – 3.37.

For advice on how to discuss the subject of information sharing with parents or young people please see Appendix 3.

4 Accountability and Responsibility of Staff

The protection of children is demanding work particularly when there are concerns about significant harm to children. The work can be distressing and stressful. All of those involved should have access to advice and support from peers, managers and/or designated professionals and access to a staff care scheme.

Those undertaking this role must, however, ensure that parents and those having Parent Responsibility for a child are kept informed as to the cause of the concern and any action the concerned staff member intends to take in an open and honest manner.

Supervisors should be available to practitioners as an important source of advice and expertise and may be required to endorse judgements at certain key points.

Supervision should help to ensure that practice is soundly based and consistent with local procedures, legislation and regulations. It should ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority.

Supervision should include scrutinising and evaluating the work carried out. It should assess the strengths and weaknesses of the practitioner and should provide coaching, development and pastoral support.

All staff has the right to be protected when raising legitimate concerns about another member of staff or worker from another agency (“Whistleblowing” Public Interest Disclosure Act – 1999).

Training and development needs should be identified so that staff has the skills to provide an effective service.

Managing Child Concern Processes

Effective arrangements are vital in enabling members of the children's workforce to undertake Child Concern meetings and common assessments within inter-agency practices

Managers in the Children's Workforce who manage employees or volunteers who carry out meetings and common assessments must be:

- Fully aware about all Child Concern processes and the demands which carrying out such activities may place on workers;
- Able to effectively monitor the caseloads of workers, and have the authority to re-allocate cases if necessary;
- Competent and capable of directing other members of their team/agency to assist and support colleagues carrying out child concern meetings and common assessments;
- Able to constructively challenge workers about progress in a specific case;
- Able to effectively deal with complaints (from children, young people, their parents/caregivers or other managers/practitioners) or performance issues, and escalate the level of intervention if necessary;
- Able to plan and deliver effective models of supervision and procedure for supervising multi-agency assessments);
- Able to work with members of their team/agency to identify appropriate training and support opportunities for staff, and enable staff to access those opportunities.

The time and workload implications of carrying out child concern meetings and common assessments will vary according to the scale and complexity of the identified needs of the child, young person, their parent/caregiver, the number of

practitioners involved and the duration of the intervention. Managers will need to take the following into account:

- Arranging and chairing child concern meetings and carrying out a common assessment may be more time-intensive than straightforward casework;
- Common assessments will not always be carried out by the same member of a team - and any time pressures involved can be set against the work of the team as a whole where the demands on time may be less intense.
- There may be specific implications for staff working part-time in a multi-agency setting and part-time in their base agency. Clear communication is essential between managers in both services so that the worker is not overwhelmed with meetings and common assessments in different settings.

Supervising casework

Arrangements for supervising the casework of staff in each agency carrying out child concern meetings or common assessments will need to be integrated into the organisation's existing policy, procedures and practice for supervision of casework

- Consistent support across the Children's Workforce for staff could involve:
 - Modifying the frequency of casework supervision for less experienced members of the children's workforce during all Child Concern processes;
 - Ensuring flexible arrangements are in place to enable workers to request additional casework supervision if there are specific issues or demands in a particular case;
 - Developing models for dual supervision where:

- Child concern meetings and common assessment is overseen by an identified champion manager in an agency
- Practice aspects of their work are overseen by usual line management

Regular audits of common assessments will be completed by both a multi-agency team through IISaM and Walsall Local Safeguarding Children Board (WLSCB). The auditing process will include identifying and verifying that cases have been discussed with managers or supervisors.

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5 Multi Agency Work Working Together

To offer children the most effective services (from support to protection) all agencies involved must work together in sharing skills, resources, knowledge and responsibility. To achieve this there must be an agreement that: -

- Children, parents, carers and workers will be treated with respect. They should not be discriminated against on the basis of gender, age, race, culture, disability or sexual orientation.
- The support and protection of children is a shared responsibility and not the prerogative of Children's Services.
- Each agency must understand and appreciate the role of others.
- An acceptance of the assessments of other agencies. This will require all agencies to be clear in their expectations and looked for outcome when consulting and referring to other agencies.
- The provision of advice and consultation by each agency for other professionals.
- All agencies are committed to working together to problem solve at the earliest possible stage.
- All agencies will work in partnership and where necessary help bring to justice the perpetrators of crimes against children.
- Each agencies line management structures will have been accessed for advice and consultation prior to referral for multi agency (level 2) or referral to Children's Services (level 3)

6 Minority Ethnic Communities

The Walsall area is home to a large number of minority ethnic communities, some have a European origin, and other minority communities originating from the Indian sub-continent. The children of these communities constitute a significant proportion of Walsall's child population.

The Children Act 1989 and the United Nations Convention on the Rights of the Child, tell us that provision (of appropriate services) and protection (from abuse) are basic rights and must be offered to all children regardless of ethnic origin. Walsall's Child in Need and Child Protection systems must be offered to children from minority as well as majority communities. However involvement from practitioners from the majority community into minority families must be undertaken with sensitivity, so that children's welfare can be positively promoted and safeguarded.

Understanding the Relevance of Equality Awareness

It is important for services to take equality and diversity issues into account because it helps to ensure that the resources invested in public services actually benefit all those they are aimed at or who need them.

The need for an active approach towards anti-discrimination was underlined by the findings of the Stephen Lawrence Inquiry Report (MacPherson 1999) which highlighted the way that institutional racism can affect the way organisations operate and the way services are provided. The report provided the following definition of institutional racism:-

“The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture and ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people. It persists because of the failure of an organisation openly and adequately to recognise and address its existence and causes by policy, example and leadership.”

As a result, the **Race Relations (Amendment) Act 2000** was introduced. It is seen as a very significant innovation in existing equality legislation because it imposes on a wide range of public authorities, a general positive duty to have due regard to:-

- Eliminating racial discrimination
- Promoting equality of opportunity
- Promoting good race relations

The Race Relations Act defines direct and indirect discrimination, and victimisation. It outlaws racial discrimination in employment, training, education, housing, public appointments, and the provision of goods, facilities and services.

The Racial and Religious Hatred Act 2006

The Racial and Religious Hatred Bill received Royal Assent on 16 February 2006 and is therefore now an Act of Parliament. The Racial and Religious Hatred Act 2006 amends the Public Order Act 1986, to create offences involving stirring up hatred against persons on religious grounds. The legislation ensures that protection is provided to people against harm because of their religious beliefs or lack of religious beliefs.

The Equality Act 2006

The Act makes discrimination unlawful on the grounds of religion or belief in the provision of goods, facilities and services, the disposal and management of premises, education, and the exercise of public functions.

It creates a duty on public authorities to promote equality of opportunity between men and women, and to prohibit sex discrimination in the exercise of public functions.

Part 2 of the Equality Act 2006, Discrimination on the Grounds of Religion or Belief, came into force on 30 April 2007.

Difference and diversity of experience

Minority families are not all the same. They include much diversity of language, religious observance, customs and family and parenting styles. Be sensitive to these during childcare processes. Many families will have lived in Britain for several generations and exhibit significant diversity of life style. Do not be afraid to ask for help and get assistance. Do not assume that you know how a particular family 'works'.

Building Good Relations with People of Different Faiths and Beliefs

In Britain today, people of many different faiths and beliefs live side by side. The opportunity lies before us to work together to build a society rooted in the values we treasure. But this society can only be built on a sure foundation of mutual respect, openness and trust. This means finding ways to live our lives of faith with integrity, and allowing others to do so too. Our different religious traditions offer us many resources for this and teach us the importance of good relationships characterised by honesty, compassion and generosity of spirit. In our dealings with people of other faiths and beliefs this means exercising good will and:

- Respecting other people's freedom within the law to express their beliefs and convictions
- Learning to understand what others actually believe and value, and letting them express this in their own terms
- Respecting the convictions of others about food, dress and social etiquette and not behaving in ways which cause needless offence
- Recognising that all of us at times fall short of the ideals of our own traditions and never comparing our own ideals with other people's practices

- Working to prevent disagreement from leading to conflict
- Always seeking to avoid violence in our relationships

When we talk about matters of faith with one another, we need to do so with sensitivity, honesty and straightforwardness. This means:

- Recognising that listening as well as speaking is necessary for a genuine conversation
- Being honest about our beliefs and religious allegiances
- Not misrepresenting or disparaging other people's beliefs and practices
- Correcting misunderstanding or misrepresentations not only of our own but also of other faiths whenever we come across them
- Being straightforward about our intentions
- Accepting that in formal inter faith meetings there is a particular responsibility to ensure that the religious commitment of all those who are present will be respected.

All of us want others to understand and respect our views. Some people will also want to persuade others to join their faith. In a multi faith society where this is permitted, the attempt should always be characterised by self-restraint and a concern for the other's freedom and dignity. This means:

- Respecting another person's expressed wish to be left alone
- Avoiding imposing ourselves and our views on individuals or communities who are in vulnerable situations in ways which exploit these
- Being sensitive and courteous

- Avoiding violent action or language, threats, manipulation, improper inducements, or the misuse of any kind of power
- Respecting the right of others to disagree with us

Living and working together is not always easy. Religion harnesses deep emotions which can sometimes take destructive forms. Where this happens, we must bring about reconciliation and understanding. We have a great deal to learn from one another which can enrich us without undermining our own identities. Together, listening and responding with openness and respect, we can move forward to work in ways that acknowledge genuine differences but build on shared hopes and values.

Communication/language

When working with children in need, it is important to be able to understand the child and families reality and also to be able to communicate the reality of the system back to the child and family.

Find out the family's primary language. If the family are not comfortable with English and you have insufficient knowledge of their primary language, it is important to enlist the help of an appropriate interpreter. This interpreter should have a good knowledge of the family's language and the childcare process.

Using relatives or children to help translate is not a good practice and should be avoided.

Co-operative parenting

Some communities do not work with a two-parent nuclear family model but have a co-operative parenting model where grandparents or other adults in the family will routinely undertake parenting tasks. It is important to include these relevant adults in childcare processes.

7 Confidentiality

Article 8 of the European Convention on Human Rights states “that everyone has the right to respect for his private and family life, his home and his correspondence.” It is therefore essential that those brought into contact with children and families must be mindful of the need to treat any information in a confidential way.

Individual agencies must ensure that they have a clear policy in respect of access to information and that the policy is readily available to others. Any information excluded from these policies, for whatever reason, must be clearly identified. In the case of third party information the permission of the originator should be sought prior to disclosure.

The information, which is held on the Child Protection Register, will be kept strictly confidential and can only be disclosed to staff of relevant agencies/organisations.

There may be an occasion when disclosure of information without consent might give rise to difficulties. However, research and experience have shown repeatedly that keeping children safe from harm requires professionals and others to share information about:

- A child’s health and development and exposure to possible harm.
- A parent who may need help to, or may not be able to, care for a child adequately and safely.
- Those who may pose a risk of harm to a child.

Often, it is only when information from a number of sources has been shared and is then put together that it becomes clear that a child is at risk of, or is suffering, harm.

Those providing services to adults and children will be concerned about the need to balance their duties to protect children from harm and their general duty towards their patient or service user.

Some professionals and staff face the added dimension of being involved in caring for, or supporting, more than one family member – the abused child, siblings, an alleged abuser.

When there are concerns that a child is, or may be at risk of significant harm, the needs of the child must come first. The overriding objective must be to safeguard the child.

At all stages in a child protection enquiry, from beginning to completion, the professionals involved should endeavour to be as open and honest as possible with the parents unless giving them information would adversely affect the welfare of the child or an ongoing police investigation.

Efforts should be made to communicate to the child what is happening at every stage in the process, and to concentrate on understanding and ascertaining the child's wishes and feelings (see Appendix 9)

Agencies must follow their own procedures in respect of storing information securely.

Is the information confidential?

Not all information is confidential. Confidential information is information of a private or sensitive nature that is:

- not already lawfully in the public domain or readily available from another public source; and
- has been provided in circumstances where the person giving the information could reasonably expect that it would not be shared with others.

Golden rule:

Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

For more details, see the Information Sharing: Guidance for practitioners and managers paragraphs 3.12 – 3.16.

8 Child Concern Guidance

Walsall's Child Concern Model has been interfaced with the Framework for the Assessment of Children in Need and their Families to provide a consistent approach for those working with children in need.

Children In Need

Definition:

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

He is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority

His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services.

He is disabled.”

The Children Act 1989

This definition has the potential to embrace large numbers of children.

Guidance to the Children Act 1989 (Volume 2) states that local authorities must identify the extent of need and make decisions on priorities for services.

To achieve this, a clear process of assessment is required. This is available through the Framework for the Assessment of Children in Need (2000).

a. Child Concern Model Levels of Need Framework

The Children Act 1989 necessitates a process where priorities of children's need can be identified.

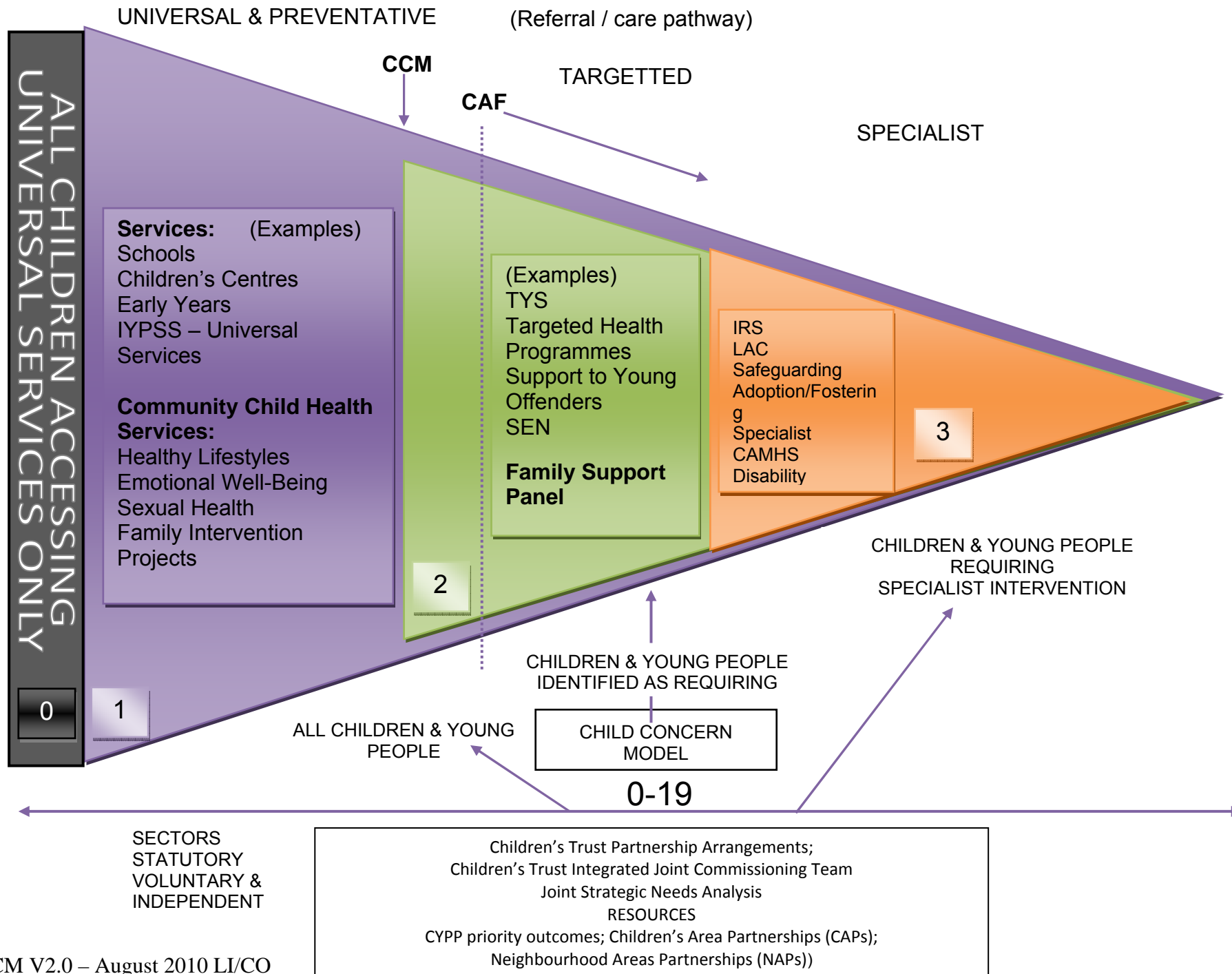
The Levels of Need Framework is one of the key tools by which all partners working with children will be enabled to work collectively to provide services for children along a continuum from universal to targeted services (Levels 0 to 3).

Other tools of integrated working that will support the Levels of Need Framework are:-

- Common Assessment.
- Lead Professional.

See Section 8 for a step by step guide of how to use the Child Concern process to identify and meet the needs of children and young people

WALSALL – CHILD CONCERN MODEL (CCM) and COMMON ASSESSMENT FRAMEWORK (CAF)



The Framework

The Framework is set out in 4 Levels. Dependant on the child or young person's needs, this process can be accessed at any level. Ongoing assessment of the child or young person's needs will result in the child or young person moving through the range of service provisions in any direction.

| | |
|---|--|
| <p>Level 0 Well Children</p> | <p>Well children accessing universal services.</p> <p>These children are essentially well children who Access universal services of health, education and leisure provision</p> |
| <p>Level 1 Vulnerable</p> | <p>Targeted Services - Single agency preventative response</p> <p>These children are living in households where the parenting capacity is not fully meeting the child's needs which may affect their child's health and development. These children require a single agency response</p> |
| <p>Level 2 Complex Vulnerability</p> | <p>Targeted Services - Multi agency preventative response Child concern and CAF procedures.</p> <p>These are children whose health and development is at risk of being impaired. These children will require a multi agency response from the child concern and CAF process, with a lead and co-ordinating role being taken by the referring agency or lead professional.</p> |
| <p>Level 3 High Risk</p> | <p>Children in Need or requiring a child protection multi agency response – Social Care</p> <p>These are children who are at high risk of impairment, experience significant harm or where there is a likelihood of significant harm. These children are at risk of removal from their current carer. These children require a multi agency response where Social Care takes the lead.</p> |

The model is incremental with each level building on the next; however, it is not suggested that children and young people have to progress through each level in order to receive a service at the next. Children and young people may start at anywhere in the model dependent upon their needs.

Children who are the most vulnerable and in the greatest need will receive services through a Child's Plan, a Child Protection Plan or via a Care Plan for a Looked After Child within Specialist Services. Work is planned and coordinated and may involve professionals from many agencies, both statutory and voluntary.

At the point of discharge from the care system or when a child protection plan is no longer required to meet a child's needs, then that level of support with its attendant monitoring and review processes is removed immediately. In relation to the Child Concern Model levels, they have gone from Level 3 to at least Level 1 (if not Level 0) in terms of support offered.

Whilst a child may no longer require to be Looked After or to have a Child's or Protection Plan, it is highly likely that they will have needs that make them vulnerable. Their families should be supported in caring for them. They need a period of "hand holding" whilst stepping down to Universal Services.

Detailed step down arrangements, known as the 'Framework for Continuing Support to Vulnerable Children', will ensure that the pattern of multi agency/integrated working now developing in Walsall is sustained whilst children and families' needs are met and lessen (see draft guidance Appendix 13).

It is not necessary for professionals to systematically work their way through each proceeding level of vulnerability. Some children and their circumstances will require professionals to start at Level 2 or Level 3.

This model is underpinned by the following principles:

- The child's welfare and safety is paramount.
- All agencies must demonstrate commitment to effective multi-disciplinary processes for all Children in Need and not just those in need of protection.

- Whilst the Assessment Framework gives Social Care ‘lead’ responsibility for assessments of Children in Need, in managing this ‘lead’ role, the skills and knowledge of other agencies will be fully utilised.
- Inter-agency collaboration must seek to avoid duplication and unnecessary intrusion into family life.
- That all agencies adopt and work to a similar risk assessment model.
- Collaborative working is a pre-requisite.

Problem solving by each agency at the earliest possibility is essential. Agencies should therefore make use of the Advice & Consultation Service offered by the Child Concern Officers, Children’s Services & other agencies.

Each of the levels (0-3) is broken down into the 3 areas covered in the ‘Framework for the Assessment of Children in Need and their Families’ (see section 7c, page 29)

These areas are:

1. Child’s Developmental Needs.
2. Parenting Capacity.
3. Family and Environmental Factors.

b. Levels of Vulnerability Indicators

In determining the level of vulnerability of any child workers must take into account both the potential protective factors which may surround any child and the individual robustness of any child, having due regard to the child’s age and development. The following indicators have been developed for staff undertaking assessments to help establish the appropriate vulnerability level. The lists are not exhaustive and are intended to be a guide in exercising professional judgement. Please seek advice from the Child Concern Officers for further guidance.

NB. Any indicators marked with * show that the need is also referred to in other levels. Please consult other threshold levels for the category before making a final

decision about which level is most appropriate for the case. If in doubt, please consult the duty Child Concern Officer (01922 658170)

LEVEL 0 – Well children These are children and young people who make good overall progress in all areas of development. Broadly, these children receive appropriate universal services.
*Any indicators marked with * show that the need is also referred to in other levels*

1. Development Needs of Baby, Child or Young Person:

Health, e.g.

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

Education and Learning, e.g.

- Skills/interests
- Success/achievement
- Cognitive development
- Access to books/toys, play & leisure services

Emotional and Behavioural Development, e.g.

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

Identity, e.g.

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

Family and Social Relationships, e.g.

- Stable and affectionate relationships with care givers
- Good relationships with siblings
- Positive relationships with peers

Social Presentation, e.g.

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

Self-care Skills, e.g.

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

2. Parents & Carers:

Basic Care

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

Ensuring Safety

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

Emotional Warmth

- Show warm regard, praise and encouragement

Stimulation

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

Guidance and Boundaries

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

Stability

3. Family & Environmental Factors

Family History and Functioning

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

Wider Family

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

Housing

- In stable accommodation with basic & appropriate facilities

Employment

- Parents 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 into the community
- Good social and friendship networks exist

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| <ul style="list-style-type: none"> • Ensure that secure attachments are not disrupted • Provide consistency of emotional warmth over time | <p>Community Resources</p> <ul style="list-style-type: none"> • Good universal services in neighbourhood |
|---|--|

| | |
|---|--|
| <p>LEVEL 1 – Vulnerability - single agency response</p> <p>These children and young people are living in households where parenting capacity is not fully meeting their needs which may affect the child or young person’s health and development. These children and young people’s needs require some extra support from a single agency targeted service <i>Any indicators marked with * show that the need is also referred to in other levels</i></p> | |
| <p>1. Development Needs of Baby, Child or Young Person:</p> | |
| <p>Health, e.g.</p> <ul style="list-style-type: none"> • Defaulting on immunisations/checks • Babies with low birth weight • Is susceptible to minor health problems * • Slow in reaching developmental milestones requiring disability assessment * • Diet impacting upon health/well-being* • Minor concerns re hygiene/clothing • Starting to default on health appointments • May have identified single disability (e.g. hearing or vision loss) • Having unprotected sex • Experimenting with drugs/substances/alcohol* • Signs of deteriorating mental health • Self harming • Teenage parents of compulsory school age •Pregnancy support <p>Education and Learning, e.g.</p> <ul style="list-style-type: none"> • Have some identified learning needs that place him/her on "School Action" or "School Action Plus" of the Code of Practice • Will have a Statement of Special Educational Needs • Not achieving key stage benchmarks • Poor punctuality * • Pattern of regular unplanned school absences * • Missing education • Not always engaged in learning, e.g. poor concentration, low motivation and interest • Not thought to be reaching his/her educational potential • Reduced access to books/toys <p>Education and Learning, e.g. (cont.).</p> <ul style="list-style-type: none"> • Delay or difficulty in accessing a school place • No interests/skills displayed | <p>Emotional, Psychological and Behavioural Development, e.g.</p> <ul style="list-style-type: none"> • Some difficulties with peer group relationships and with adults • Some evidence of inappropriate responses and actions • Finds it difficult to cope with anger / frustration* • Can find managing change difficult * • Starting to show difficulties expressing empathy * • Exhibiting low level emotional/behavioural difficulties * • Starting involvement in anti-social activities * • Withdrawn, unwilling to engage • Unable to understand how own actions impact on Others <p>Identity, e.g.</p> <ul style="list-style-type: none"> • Some insecurities around identity expressed, e.g. low self-esteem for learning * • May experience bullying around "difference" * • Bullies others * <p>Family and Social Relationships, e.g.</p> <ul style="list-style-type: none"> • Some support from family and friends • Responsibility as a Young carer * • Has some difficulties sustaining relationships • Poor relationships between siblings * • Misses leisure activities • has the role of young carer providing additional care to an adult or young siblings in the household due to a parent/carers ill health * <p>Social Presentation, e.g.</p> <ul style="list-style-type: none"> • Can be over-friendly or withdrawn with strangers • Can be inappropriate in appearance and behaviour * • Personal hygiene starting to be a problem • Clothing is regularly unwashed / inappropriate for age / weather • Hygiene problems |

| | |
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| | <p>Self-care Skills, e.g.</p> <ul style="list-style-type: none"> • Not always adequate self-care, e.g. poor hygiene * • Slow to develop age-appropriate self-care skills |
| <p>2. Parents & Carers</p> | <p>3. Family & Environmental Factors</p> |
| <p>Basic Care</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ▪ Low level hygiene/home conditions ▪ Drug/substance/alcohol use is of concern * ▪ Inappropriate expectations of child / young person for age / ability <p>Ensuring Safety</p> <ul style="list-style-type: none"> • Some exposure to dangerous situations in the home or community e.g. unsupervised play • Parental stresses starting to affect ability to ensure child's safety <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Inconsistent responses to child by parent(s) • Able to develop other positive relationships <p>Stimulation</p> <ul style="list-style-type: none"> • Spends considerable time alone, e.g. watching television/Video/DVD • Child is not often exposed to new experiences <p>Guidance and Boundaries</p> <ul style="list-style-type: none"> • Can behave in an anti-social way in the neighbourhood, e.g. petty crime • Parent/carer offers inconsistent boundaries • Present management problems to their parents <p>Stability</p> <ul style="list-style-type: none"> • Key relationships with family members not always kept up • May have different carers • Starting to demonstrate difficulties with attachments <ul style="list-style-type: none"> ▪ Returning home after having been looked after by the local authority | <p>Family History and Functioning</p> <ul style="list-style-type: none"> • Parents have some conflicts or difficulties that can involve the children * • Has experienced loss of significant adult, e.g. through bereavement or separation * • May be needed to look after younger siblings • Parent may have physical/mental health difficulties* • Has the role of young carer providing additional care to an adult or young siblings in the household due to a parent/carers ill health * <p>Wider Family</p> <ul style="list-style-type: none"> • Some support from friends and family <p>Housing</p> <ul style="list-style-type: none"> • Accommodation not stable • Family may be seeking a move • May be general repair issues • May be rent arrears • Unfit or poor housing <ul style="list-style-type: none"> ▪ Homelessness • Accommodation not secure <p>Employment</p> <ul style="list-style-type: none"> • Periods of unemployment of the wage earning parent(s) * • Parents have limited formal education * • Parents starting to feel stressed around unemployment or work situation <p>Income</p> <ul style="list-style-type: none"> • Low income * • Financial difficulties * <p>Family's Social Integration</p> <ul style="list-style-type: none"> • Family may be new to the area or may be isolated • Some social exclusion experiences <p>Community Resources</p> <ul style="list-style-type: none"> • Adequate universal resources but family may have access issues |

LEVEL 2 Complex Vulnerability : These are children and young people whose needs are more complex and require integrated support from targeted services using the Child concern and CAF procedures
*Any indicators marked with * show that the need is also referred to in other levels*

1. Development Needs of Baby, Child or Young Person:

Health, e.g.

- Concerns re diet, hygiene, dental health, clothing
- Has some chronic health problems or terminal illness*
- Missing routine and non-routine health appointments
- Obese/underweight
- Eating disorders
- Enuresis
- Substance/alcohol dependency *
- Developmental milestones are unlikely to be met *
- Some concerns/evidence around mental health Issues
- Has an identified disability *
- Actively trying to get pregnant/father a child to meet other unmet emotional needs.
- Displaying inappropriate sexualised behaviour
- Self-harming

Education and Learning, e.g.

- Regularly absent from school where there are additional unmet needs *
- Some fixed term exclusions
- Permanently excluded from school or at risk of permanent exclusion
- Missing from education
- Emotional based school refusal
- At risk of disconnection from education or schooling

Emotional, Psychological & Behavioural Development.

- As level 1 but where single agency support doesn't adequately meet needs *
- Regularly go missing from home or for long periods
- Disruptive/challenging behaviour at school or in neighbourhood and at home *
- Continued involvement with YISP *
- Cannot manage change *
- Unable to demonstrate empathy *
- Young people at risk of sexual exploitation *

Identity, e.g.

- Is subject to discrimination, e.g. racial, sexual or due to disabilities *
- Demonstrates low self-esteem in a range of situations*
- Is socially isolated and lacks appropriate role models
- Persistent bullying of others *

Family and Social Relationships, e.g.

- Has lack of positive role models
- Peers also involved in challenging behaviour
- Involved in conflicts with peers/siblings *
- Regularly needed to care for another family member
- Is main carer for family member *
- Another child in family with additional needs
- Teenage parent who is the main carer for their child
- Family breakdown has impacted on child's behavioural difficulties
- No role distinction between parent & child

Social Presentation, e.g.

- Inappropriate in behaviour/appearance *

Self-care Skills, e.g.

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

2. Parents & Carers:

Basic Care

- Difficult to engage parents with services
- Parent is struggling to provide adequate care
- Substance dependency impacting on parenting ability *
- Professionals have serious concerns

3. Family & Environmental Factors

Family History and Functioning

- Domestic violence incidents: *
 - situations not designated as high risk by the police, Children's Services and health
 - the victim has been occasionally seen with bruising but not disclosed domestic abuse to date

Ensuring Safety

- Perceived to be a problem by parents
- May be subject to neglect
- Experiencing unsafe situations

Emotional Warmth

- Receives erratic or inconsistent care
- Has episodes of poor quality of care
- Parental instability affects capacity to nurture
- Has no other positive relationships
- Lack of empathy

Stimulation

- Not receiving positive stimulation, with lack of constructive leisure time or guided play

Guidance and Boundaries

- Erratic or inadequate guidance provided
- No effective boundaries set by parents
- Parent does not offer a good role model, e.g. by behaving in an anti-social way

Stability

- Previously on the child protection register (step down)
- A child without disabilities has multiple carers
- For a child with disabilities has a single carer
- Has been "looked after" by the Local Authority (Step-down arrangements)
- Has been subject to a Child's Plan held by Children's Services (Step-down arrangements)

Family History and Functioning (cont.)

- Domestic violence incidents (cont.):
 - the victim has disclosed domestic abuse but maintains has only happened on a couple of occasions
 - Child or young person has made reference to violence at home or continual altercations
 - police have attended address for verbal incidents or a single incident of domestic abuse
 - where domestic violence may have occurred but the parents are currently separated
- Acrimonious divorce/separation *
- Parent had poor parenting experience themselves
 - Family member with moderate physical/mental health difficulties *
 - Blurred role distinction between parent & child

Wider Family

- Family has poor relationship, little communication or no effective support with extended family *
- Family is socially isolated

Housing

- Regular disappear or house moves

Employment

- Parents experience stress due to unemployment or "overworking" *
- Parents find it difficult to obtain employment due to poor basic skills *

Income

- Serious debts/poverty impact on ability to have basic needs met *

Family's Social Integration

- Parents socially excluded *
- Lack of a support network

Community Resources

- Poor quality universal resources and access problems to these and targeted services *

Level 3 High Risk: These are children and young people experiencing significant harm or where there is a likelihood of significant harm.

*Any indicators marked with * show that the need is also referred to in other levels*

1. Development Needs of Baby, Child or Young Person:

Health, e.g.

- Has severe/chronic health problems *
- Persistent substance misuse/smoking and presenting a risk to self or others *
- Developmental milestones not met *
- Serious mental health issues
- Has severe, complex or multiple disability *
- Pregnant as a result of abuse or exploitation
 - Commercial sexual exploitation (sexual exploitation for another's gain) *

Emotional, psychological and Behavioural Development, e.g.

- Regularly involved in anti-social/criminal activities, involvement with Youth Offending Service *
- Puts self or others in danger
- Suicide attempts

Identity, e.g.

- Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability *
- Demonstrates significantly low self-esteem *

Family and Social Relationships, e.g.

- Periods of being accommodated by the Local Authority including private fostering arrangements.
- Unaccompanied asylum seeking child/young person
- Subject to physical, emotional or sexual abuse or Neglect
- Young Parent unable to cope/child at risk
 - Abandoned children or young people
 - Trafficked children / young people

2. Parents & Carers:

Basic Care

- At risk of significant harm
- Case is open to Children's Services
- Children on the Child Protection Register or subject to a Section 47 enquiry.
- Children from families experiencing a crisis likely to result in a breakdown of care arrangements
- Parents unable to provide "good enough" parenting whether for physical, intellectual, emotional or social reasons when all other support options have been exhausted under the child concern and CAF process
- Parents' mental health problems significantly affect care of child
- Parents' substance misuse problems significantly affects care of child *
- Parents unable to care for previous children.
- Parent creates or fabricates illness in child

3. Family & Environmental Factors

Family History and Functioning

- Domestic violence incidents: *
 - designated as high risk by the Multi Agency Risk Assessment Conference (MARAC)
 - where there is evidence of or the likelihood of significant harm, and significant or repeated domestic abuse
 - where professionals at a child concern meeting believe the risk is too significant to proceed with a CAF (Common Assessment Framework)
 - the risk is designated as too high to be managed via family support following the outcome of a CAF
 - Significant parental discord and persistent Domestic Violence
- Young person subject to forced marriage.
- Family have serious physical and mental health Difficulties *

Wider Family

- Family members who may pose a risk

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| <p>Ensuring Safety</p> <ul style="list-style-type: none"> • Continual instability and violence in the home • Parents involved in criminal activity that poses a risk to Children. • Parents unable to keep child safe* • Victim of or coerced into crime <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Parents inconsistent, highly critical or apathetic towards child • Undue/over involvement and identification with child <p>Guidance and Boundaries</p> <ul style="list-style-type: none"> • Children whose behaviour is sufficiently extreme to place them at risk of removal from home, e.g. control issues, dangerous behaviour which puts them or others at risk <p>Stability</p> <ul style="list-style-type: none"> • Beyond parental control • Has no-one to care for him/her | <p>Income</p> <ul style="list-style-type: none"> • Extreme poverty/debt impacting on ability to care for child * • Misuse of income so cannot provide basic needs ▪ Families who have no income and are unable to claim benefits due to immigration status (no recourse to Public funds) |
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Framework for the Assessment of Children in Need and Their Families

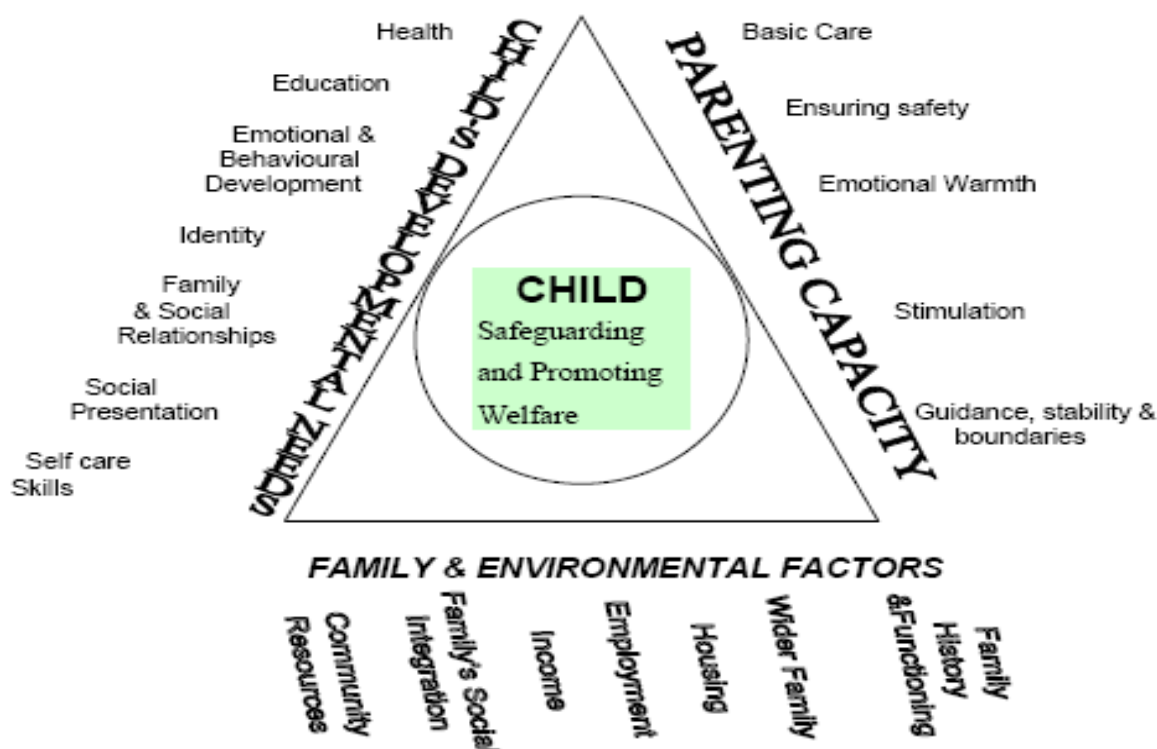
Process of Assessment

The Assessment Framework introduces a systematic approach for gathering and analysing information about all children who may be in need and their families, which can discriminate effectively between different levels of vulnerability. The Framework is symbolised by the following triangle.

It is important that all agencies and organisations use this framework for all children in need assessment activity including children with a disability. This will enable common language, understanding and consistency to develop across child welfare services.

It is the responsibility of any professional who has knowledge that a child is in need, or concern that they may be in need, to apply the framework.

Framework for the Assessment of Children in Need and their Families



Under each area a list of possible indicators is outlined. Professionals working with children, having completed either the Child Concern process, Common Assessment Framework or their own Statutory Assessment process, can then use this tool to consider at what level the child's needs currently are, and how best the identified needs can be met through either action by themselves or in collaboration with others.

Practitioners should note that concerns about a child suffering, or being likely to suffer significant harm may arise at any point. In such circumstances referral to Children's Services Initial Response Team and/or the Police should be immediate.

This model is underpinned by the following principles:

- The child's welfare and safety is paramount.

- All agencies must demonstrate commitment to effective multi-disciplinary processes for all Children in Need and not just those in need of protection
- Whilst the Assessment Framework gives Children's Services 'lead' responsibility for assessments of Children in Need, in managing this 'lead' role, the skills and knowledge of other agencies will be fully utilised.
- Inter-agency collaboration must seek to avoid duplication and unnecessary intrusion into family life
- That all agencies adopt and work to a similar Risk Assessment model.
- Collaborative working is a pre-requisite.
- Problem solving by each agency at the earliest possibility is essential. Agencies should therefore make use of the Advice & Consultation Service offered by Children's Services & other agencies.

This definition has the potential to embrace large numbers of children.

Guidance to the Children Act 1989 (Volume 2) states that local authorities must identify the extent of need and make decisions on priorities for services.

To achieve this, a clear process of assessment is required. This is available through the Framework for the Assessment of Children in Need (2000).

Assessments will determine:

- If a child is in need.
- Their level of vulnerability.
- Which needs must be met as a matter of priority.

Realistic Expectations and Parental Consent

In working together all agencies need to have realistic expectations of each other's ability to both intervene and provide services that will both promote and maintain change.

Workers within all agencies will need to ensure that in the process of obtaining consent from parents, children and young people unrealistic expectations have not been raised with any party

In making a referral to a partner agency the referring worker should have completed their own assessment of the child/family situation, which should have been shared with the parent or carer in the spirit of open and honest working, unless to share that assessment would place a child at increased risk of significant harm and prevent a child from being safeguarded. Problem solving at the earliest opportunity is essential.

9 What to do if you are concerned about a child

Level 1 - Vulnerability

Where information suggests that children are living in households where carers are suffering stress and the child's health and development may be adversely affected, workers should use relevant parts of the Assessment triangle as a tool to assessing the need and deciding on a response.

Many concerns about children can be reduced at this stage by linking need to services and accessing these appropriately, giving advice, providing information, support, advocacy, or referring to another service.

If possible, meet the need from within your own agency or access a service from an appropriate agency.

NEEDS NOT MET/CONCERNS PERSISTS

Level 2 - Complex Vulnerability

If the services provided at level 1 have failed to meet the child/family's need and/or reduce concerns, or if early assessment indicates the need for an inter-agency response, consider other agencies that may have specific skills and knowledge or services which only they can access. In these situations, or if there is some confusion about the level of vulnerability, consult with the most appropriate agencies and call a **Child Concern Meeting** (see section 9) and draw up an Action Plan to meet needs. Consider consulting with the IISaM **CAF team**.

If at the Child Concern Meeting, or during the review process, practitioners are concerned that the needs are complicated or unclear, or if the child/family is not appropriately linked to services, and/or are not benefiting from the help provided, a **CAF** should be completed. For full guidance see section 10.

Consider consulting with the IISaM/CAF team

N.B. There is an expectation that the parent/carer and the child if they are of age should be involved in this process consistent with the professional having sought and gained parental consent. (See page 6 for further guidance)

NEEDS NOT MET/CONCERN PERSISTS

Level 3 - High Risk

If the concern persists, and the threshold for Children's Services intervention is reached, a referral should be made to be made to the Initial Response Service (IRS).

When a referral to Children's Services is accepted the framework timescales commence. A decision about how to respond will be taken within one working day. If the decision is taken that an Initial Assessment is required, this will be completed within 7 working days.

Except in those cases where to seek parental consent would place a child at increased risk of significant harm, parental consent must be sought before referral to Children's Services.

Fast track to Level 3 if there are serious protection concerns

Remember services should be offered in parallel with assessments – do not wait until the assessment is completed to provide services.

Where appropriate a joint assessment will be undertaken particularly in situations where

- The referring agency has previously completed a CAF which will inform the Initial Assessment.
- The referring agency has knowledge and information about the child or family.
- The referring agency has current contact with the child or family.

This will be discussed and agreed when the referral is made. Children's Services will be responsible for co-ordinating the assessment arrangements between agencies.

The Initial Assessment will involve gathering appropriate information on the three areas of the Assessment Triangle.

- Child development needs.
- Parenting capacity.
- Family/environmental factors.

By:-

- Interviewing appropriate family members.
- Seeing the child interacting with others and/or talking with the child in an appropriate manner.
- Collating information from other agencies and organisations.

When the information has been gathered and the Initial Assessment form completed, Children's Services and other agencies if appropriate, should be involved in the analysis and decisions about actions, outcomes and services to be provided.

This involvement may take the form of a discussion between agencies, or if there is a need to arrange close co-ordination of different agencies with the family, through a Child in Need Meeting.

At the end of this process:

- The decisions about further action should be recorded on the Initial Assessment form by Children's Services.
- Copy of decisions sent to referring agency.
- A copy of the completed Initial Assessment form should be sent to appropriate family members.
- If the assessment concludes that the child is at Level 2 vulnerability, there should be clear Child in Need Action Plan.
- It is the responsibility of agency holding Child in Need Action Plan to ensure the process of reviewing and evaluating that plan.

It may be that the completion of the Initial Assessment indicates that a child and their family is not at Level 3 Vulnerability and that any further service provision or involvement should be co-ordinated by the referring agency or Lead Professional by following the Child Concern and CAF processes at Level 2.

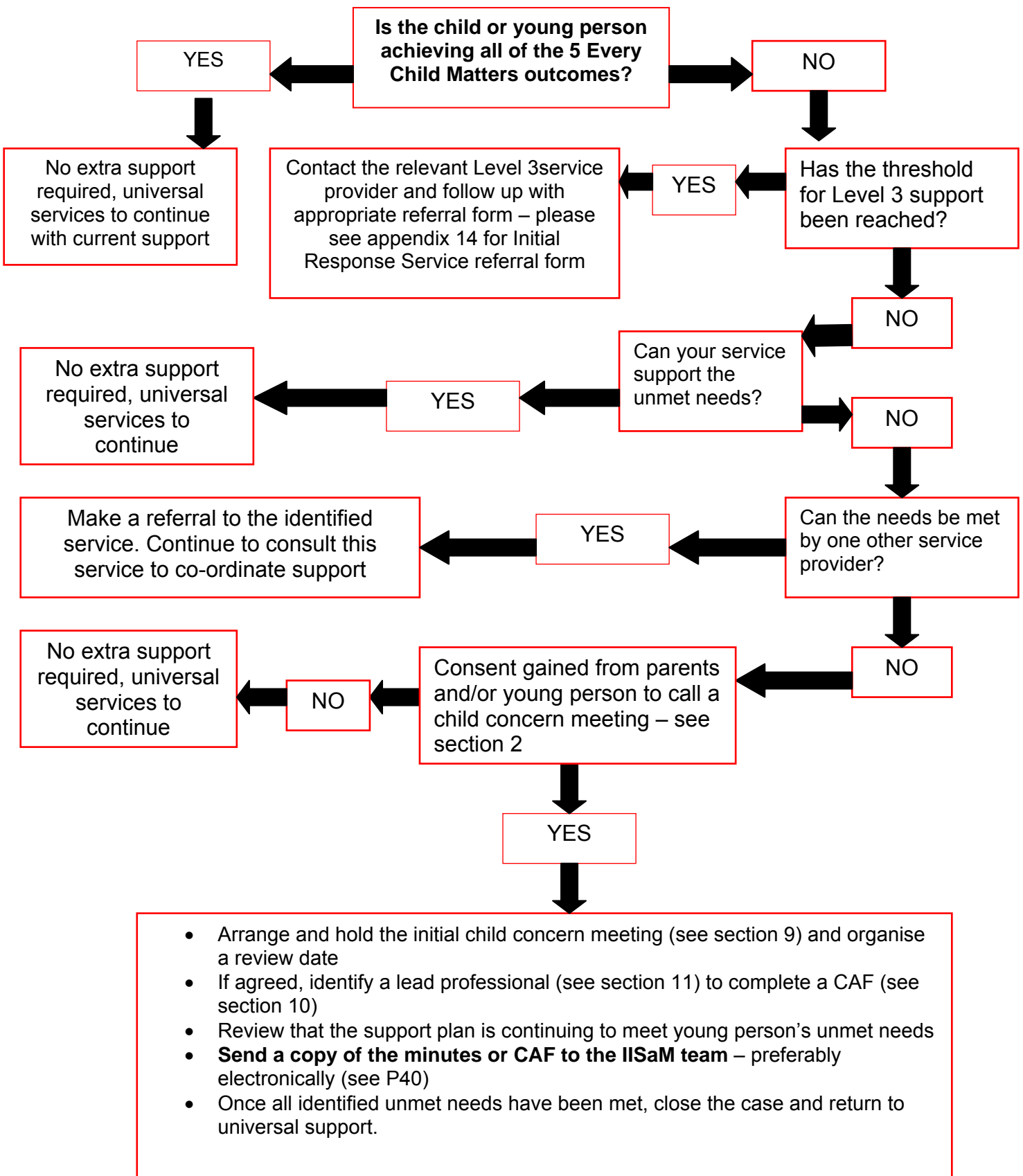
For more complex cases of vulnerability, there may be uncertainty about needs and services at the end of an Initial Assessment; disabled children could be such an example. In such cases a Core Assessment (in depth assessment) should be undertaken within 35 working days.

Core Assessments will always be led by Children's Services supported by information, and involvement from other agencies and organisations as required. Specialist consultation or advice should always be available to those undertaking Core Assessments.

Where the information suggests that a child is, or may be suffering significant harm, or is at risk of removal from home, a Core Assessment will always be completed.

As with Initial Assessments, parent and child/children, if appropriate, and all involved agencies, should be informed in writing of decisions made.

Step by step guide of how to use the Child Concern process to identify and meet the needs of children and young people – please consult the IISaM team at any point in the process for advice or guidance



Sending a Copy of Minutes / CAF to the IISaM team

A **secure** electronic method of sending Child Concern minutes / reviews and completed CAFs will be introduced as an additional method to posting or faxing the information.

A **secure link** will be made available on www.mywalsall.org .To access this click on the link, fill in the form and attach the minutes or CAF.

This will then send a **completely secure** form and attachments to the IISaM team, thus reducing the need to post/fax information.

Support available from the IISaM team

Should you require any of the support offered below please contact the information officer on **01922 650497** in the first instance, who will record all the details of the case and the reasons for your request for support. Your request will then be discussed at the team's weekly allocations meeting (usually held each Monday) and an appropriate worker assigned. They will then contact you and make further arrangements as appropriate.

There are 3 areas of support currently offered by the team:

- CC/CAF support
- Intensive Support
- Family Group conference

Child Concern / CAF support

- Support can be offered with the following:
- Advice on thresholds/ support services available/ how to initiate a child concern meeting (CCM)
- Attending the initial CCM and 1st review
- Supporting with CAF
- Team overviews/updates
- Complex cases

See appendix 4 for the Area coordinator/ support officer protocol.

Intensive Support Workers (ISW)

A vital part of early intervention practices are the steps taken by children's, young people's and adults' services to identify child and wider family needs which extend beyond the individual they are supporting. Intervening early with a can help avoid problems escalating to crisis level and reduce the number of families and individuals who need specialist support in the future.

Intensive support approaches help to provide responses to the most vulnerable families and reduce inter-generational cycles of poor outcomes. By following evidence-based models for intervention intensive family-focused interventions with the most chaotic families and those with complex problems have been remarkably successful in engaging and bringing about change for families with whom services have not been successful in the past.

Intensive support means providing support for vulnerable children, young people and adults to secure better outcomes for children, by co-ordinating the support they receive from children, adult and family services so that they can:

- identify families at risk of poor outcomes to provide support at the earliest opportunity;
- meet the full range of needs within each family they are supporting or working with;
- develop services which can respond effectively to the most challenging families;
- strengthen the ability of family members to provide care and support to each other.

Services of all types come into contact with families at risk of poor outcomes: universal, targeted and specialist; statutory, voluntary and independent; and children's, adult and family. Effective intensive support provision depends upon the ability of these services, and the practitioners working in those services, to 'assess' and then 'decide' on the most appropriate set of interventions to support and achieve better outcomes for each child's needs whilst, whenever possible,

helping the child's parents and other adult family members. However, focusing on the full range of needs within a family should

not detract from the over-riding duty to safeguard and promote the welfare of the children involved.

Intensive support workers will:

- work with the referrer and family to identify appropriate support that is required;
- develop a detailed support package which is informed by the child concern or CAF plan;
- Attend CCM's or reviews to inform on progress.

It **may be** appropriate for the ISW to take the role of Lead Professional, but this will be decided by the Area Coordinator or CAF manager at the relevant allocations meeting.

Family Group Conference (FGC)

FGC is a way of working with families where plans and decisions need to be made for children and young people. At an FGC the main people involved are the family and their friends and families are put in charge of decision making.

Every family is unique. All families come up against problems from time to time and the FGC is a meeting of the wider family & friends to make plans for the welfare of their children. The Family Group Conference is a tool for solving family problems that is based on a simple, traditional belief: The combination of family strengths and community support can keep children safe and well cared for.

How does it work?

There are three stages to a family group conference:

Stage 1 – Exchanging information

This stage is planned by the FGC co-ordinator in advance. At the start of the meeting the family, the referrer and co-ordinator exchange information about the child or young person. The referrer will be able to tell you about services, resources and support that are available. This is a good time to clear up any questions there may be.

Stage 2 – Private family time

The co-ordinator and professionals then leave to allow the family to talk in private. The family has three basic tasks:

- agree a plan that meets the needs of the child or young person
- agree what to do if things don't work out as expected
- agree how to monitor and review the plan.

The co-ordinator will stay nearby to answer any questions. It is important that the family takes as much time as they need to talk things through without any professionals being present.

Stage 3 – Agreeing to the plan

Once the family has reached agreement, the co-ordinator will re-join them to hear what has been said and arrange any extra help that can be provided. At this stage everyone will know the expected timescales, who is responsible for different aspects of the plan and how things will be monitored. It is the referrer's task to finally approve the plan.

N.B. The FGC service will take referrals from professionals supporting families at all levels of the child concern model

10 Child Concern Meetings

Introduction and criteria for convening

The success of Child Concern Meetings rely on agencies having a genuine desire to work together and openly with families, and to problem solve at the earliest point to avoid crisis.

Child Concern Meetings are a tool for workers in all agencies and organisations. They should be considered when:

- You have exhausted the services and resources of your own agency and the needs/concerns remains
- You have consulted with other agencies that may be able to offer assistance or direct services which may meet the need or help to reduce the concerns.
- Telephone sharing of information is not enough
- The family's needs cannot be satisfactorily linked to services
- There is need to arrange close co-ordination of different agencies with the family

Staff should ensure that meetings with the child/family are kept to a minimum and have a clear purpose. If the family are already involved in multi-disciplinary meetings with a child welfare purpose, these should be used to co-ordinate a child in need multi-disciplinary action plan.

Attendance

The child and family should be consulted about the meeting and prepared for attendance.

There is a clear expectation that parents/carers and children and young people should be invited to attend and be as fully involved as possible. However there may be times when this is not possible, e.g.:

- The child/young person objects to parental/family involvement

- The child/family fails to attend – in these circumstances a member of the meeting should be appointed to inform the child and family of the outcome to provide copy of the records.

The meeting should involve:

- Those with a direct and relevant involvement with the child and family (workers and other family members/close friends).
- Those who may be able to offer support/services to the family
- Those who have relevant information to share in the meeting

If, in exceptional circumstances, those working with the child/family feel it is necessary to convene a meeting to discuss concerns without inviting and/or notifying the child or family, this will be called a Professionals Meeting and not a Child Concern Meeting.

Venue

The venue should be the most convenient and comfortable place to meet the parent/carer. It could be the family home if appropriate.

Process

The agency raising the concern should convene the meeting initially by telephone, confirmed by letter, giving at least 7 working days notice. The needs or concerns which have necessitated a co-ordinated multi-disciplinary response and actions already taken to meet the needs and/or reduce the concerns, should be made explicit.

A member of staff from the agency raising the concerns should chair the meeting and another member of the group should be responsible for taking and distributing the minutes.

Those invited will share relevant information. In the spirit of working in partnership with parents information should not be shared which is “new” to the parent. Those invited will agree a Support Plan to address the specific needs assessed and identify timescales and required outcomes.

The meeting should consider how the plan agreed for the child and family is to be co-ordinated and reviewed, who will convene the review and who should attend. This may not involve all members of the initial meeting. A date for review should be agreed at the initial meeting.

If the plan is not actioned or fails to meet the needs and/or address the concerns the chair must be informed and a decision taken whether to reconvene the Child Concern Meeting before the review date.

The Chair/minute taker will provide a record of the meeting (see Appendix 10 & 11), which will include the agreed multi-disciplinary Child Concern Support Plan and distribute this information to all in attendance, those who were invited and did not attend and those who need to be aware of the Child Concern Support Plan.

For Level 2 vulnerability the meeting should ensure that copies are distributed to appropriate members of the family and involved staff.

Unmet Need

Information regarding unmet need will be raised by each worker within their own agency via their line management, to be linked to their own Service plan and the commissioning of further services. This information can also be used to inform the further development of Walsall's preventative services.

Chairing Child Concern meetings

The following "good practice" checklist has been developed to support practitioners when they identify that a child or young person's needs have not been met, and are going to initiate a child concern meeting.

Before the meeting –planning stage

- Discuss with parents and get their agreement to convening the meeting
- Consult parents (and children/young people if they are of an age to understand the process – see appendix 9) on who should be invited and where they would like the meeting to take place

- Find out what support they will need – e.g. child care, advocate, interpreter, transport
- Check relevant professionals are available
- Book an accessible and appropriate venue – comfortable room, refreshments, parking
- Ensure invitees are given appropriate information in advance
- Request any reports required for the meeting, with guidance as to how they will be presented
- Send out confirmation and agenda to participants – clarify reason for meeting
- Decide if you will take minutes or identify a minute taker
- Prepare the family – including the child/young person - in advance
- Prepare yourself – familiarise yourself with the information, and plan how you will manage the meeting

During the meeting

- Introduce participants
- State the objectives
- Agree a timescale for the meeting
- Establish ground rules, including confidentiality, use of jargon, respect for each other, acceptable behaviour
- Ensure all participants have opportunity to contribute
- Summarise actions agreed, with allocated responsibility and timescales
- Explain when and how information will be shared and ensure consent has been given
- Agree monitoring and review mechanisms
- Agree timing and location of future meetings

(NB – be prepared to take a break if family members become distressed or need some time out)

After the meeting – follow –up

- Check minutes are an accurate record and distribute them to all participants, including family members
- Ensure there is a clear support plan
- Meet with family to ensure they understand and accept the outcomes of the meeting
- Inform any absent participants of outcomes
- Ensure that someone has agreed to monitor implementation of plans
- Book date and venue for review meeting if appropriate

11 Common Assessment Framework (CAF) Guidance

Background

The CAF is a key component in assessing children and young people who have additional needs. The aim is to identify, at the earliest opportunity, children's additional needs that are not being met by the universal services they are receiving, and provide timely and co-ordinated support to meet those needs.

The CAF should be used following a Child Concern meeting(s) where a child/young person's needs are unable to be met within this process. The CAF can be used to assess the needs of unborn babies, infants, children or young people aged 0 - 18 years

If there are Child Protection concerns use the child protection procedures of your own agency and Walsall's Safeguarding Children's Board [WSCB] – see appendix 15 for referral form.

The CAF should not be used for those children whose needs are understood and are being met.

What is the CAF?

- The CAF is a nationally recognised framework which is intended to support a shared understanding of a child's needs. It is a standard format to help practitioners record, and when appropriate, share with others the findings from the assessment which might be helpful in terms of working with the family to find a response to unmet need
- The CAF is essentially a way of recording, in a child-centred way, a conversation that the Practitioner has with a child and/or his parents, together with any information or knowledge that may come to light
- It is a process for undertaking a common assessment, to help practitioners gather and understand information about the needs and strengths of the child, based on discussions with the child, their family and other practitioners as appropriate

**CAF elements and domains
(see appendix 12 for the CAF form and appendix 13 for guidance notes)**

The CAF has been developed by combining the underlying model of the Framework for the Assessment of Children in Need and their Families with the

main factors used in other assessment frameworks. The elements that form the framework for common assessment are shown in the figure below. They have been grouped into the themes of development of the child, parents and carers and family and environmental elements.

See Appendix 14 for detailed domain definitions

Development of Child

Health:

- General health
- Physical development
- Speech, language and communications development
- Emotional and social development
- Behavioural development
- Identity, including self-esteem, self-image and social presentation
- Family and social relationships
- Self-care skills and independence

Learning:

- Understanding, reasoning and problem solving
- Progress and achievement in learning
- Participation in learning, education and employment
- Aspirations

Parents and Carers

- Basic care, ensuring safety and protection
- Emotional warmth and stability
- Guidance, boundaries and stimulation

Family and Environmental

- Family history, functioning and well-being
- Wider family
- Housing, employment and financial considerations
- Social & community factors and resources, including education

Holistic approach

The CAF provides a process to assess the additional needs of a child or young person and to give a holistic view that considers strengths as well as needs.

Practitioners will then be better placed to agree, with the child and family, what support is appropriate.

CAF benefits

The CAF provides an assessment that is common across services. It will

- Help embed a shared language
- Support better understanding and communications amongst practitioners (see Appendix 8 - CAF champion)
- Reduce the scale of different assessments that historically some children and young people have undergone
- Facilitate early intervention and speed up service delivery.

Relationship to specialist assessments

The CAF helps to identify whether a specialist assessment is necessary, and avoid duplication by building on accurate up-to-date information. Where there is a need for an immediate specialist assessment, the CAF will not delay that process.

Find out more:

<http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/>

Completion of a CAF (see appendix 12 for the CAF form and appendix 13 for guidance notes)

The CAF is a nationally agreed assessment framework which is intended to support a shared understanding of a child's needs. It is a standard format to help practitioners record, and when appropriate, share with others the findings from the assessment which might be helpful in terms of working with the family to find a response to the presenting issues. The CAF is essentially a way of recording, in a child-centred way, a conversation that the Practitioner has with a child and/or his parents, together with any information or knowledge that may come to light. The CAF is not a referral form.

The Common Assessment Framework (CAF) should be used following a Child Concern meeting(s) where a child/young person's needs are unable to be met within this process (see Appendix 5). The CAF can be used to assess the needs of unborn babies, infants, children or young people aged 0 - 18 years.

If there is Child Protection concerns use the child protection procedures of your own agency and Walsall's Safeguarding Children's Board [WSCB] (see appendix 15)

The CAF should not be used for those children whose needs are understood and are being met.

There are three stages to completing a CAF:

- Preparation
- Discussion
- Delivery

Preparation

1. Contact the IISaM project to check whether a CAF has already been completed by another professional. All CAF activity must be logged with the IISaM project. This is essential to ensure that only one CAF is in existence for a child at any one time.

2. Discuss concerns with the family and seek consent before deciding on a CAF and talk to other agencies involved. Parents should be assured that the CAF is a voluntary exercise and that it can help pull together all the agencies and services which may be able to offer support. Parents need to understand that the CAF is about early intervention and preventative action. The practitioner who carries out the CAF should have built a working partnership with the child, young person and parent.

3. Before completing a CAF the informed consent of the child/young person and parents must be obtained. The "CAF Practitioner's Guidance" outlines the following regarding consent:

"A young person aged 16 or over; or a child under 16 who has the capacity to understand and make their own decisions about what they are being asked, may give consent. Children aged 12 or over may generally be expected to have sufficient understanding. Otherwise you should ask a person with parental responsibility to consent on their behalf"

<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00063/>

Please read consent guidance (See Section 2 and Appendix 9).

4. Once consent has been received the assessment will help identify strengths and needs and agree what support is required. It will also help to get other services involved because they will recognise that the concerns are based on evidence not just assumption.

5. Practitioners initiating a CAF should use the CAF Form (see Appendix 12). This will usually mean that notes will be made from the meeting and typed up on the CAF form later.

Discussion

1. Prepare for the discussion. Think about if the family may need an interpreter or assistance with communication. The child, young person and parents will be able to provide basic data, including contact details, details of family members and other professional/services already working with the child.

2. Consider each of the assessment domains; taking into consideration the child's age and their position within the family (see Appendix 14):

Development of child: how well a child is developing, including their health and progress in learning?

Parents and carers: how well parents are able to support their child's development and respond appropriately to any needs; and

Family and environmental: the impact of wider family and environmental elements on the child's development and on the capacity of their parents.

Think about cultural and religious context and the community they live in (see section 5. Remember the discussion does not have to be highly formal or presented as a big event. As the practitioner working with the family, do what is appropriate in each case. Remember if the child or young person is not present take time to consider their views and include them in the assessment.

3. Comment is not needed on all sections; please record if there are no concerns. Concentrate on the presenting issues but try and look beyond these in order to identify other needs. The assessment should look like a whole child, not just issues from your agency. Consider strengths and what the key protective factors are for the child/young person. Remember the assessment should be based on evidence rather than opinion. If opinion is recorded to make clear whose opinion it is and whether there is evidence to support it.

4. Consider what is needed to change for the child / young person and discuss what the desired outcomes are for the child / young person involved:

Look at tangible and measurable outcomes, like improved school attendance, access to social activities, raised self esteem. Identify what will be done to achieve these outcomes and what others need to do. Try to focus on what the child and family may be able to do for themselves, with or without support.

Delivery

1. What support has been identified? The purpose of completing the CAF is to help weigh up concerns and assist you in deciding the best course of action to support the child or young person. The possible outcomes are:

a) Take No Further Action

The practitioner's concerns have been resolved, no further needs are identified or the family can meet their needs from within their own resources.

b) Single agency support

The needs identified require action by the child / young person and/or their parent or carer, with input from an individual agency

c) Signpost to local services

You can search for services using Walsall Children's Service Directory (www.mywalsall.org) or by contacting the IISaM team.

d) Specialist referral to another agency / service

If it has been identified that support is required from other specialist services and the information in the CAF is used to refer onto another service. [You can share information with other agencies but you cannot promise support on their behalf.]

d) Multi-agency support

The needs identified require multi-agency intervention. The support will be co-ordinated by the Lead Professional through child concern meetings.

e) Family Group Conference (see section 8 page 42)

This includes the whole family and any friends involved in the child / young person's life. An independent co-ordinator leads this process. You can find out further information by contacting the Family Group Conference Co-ordinators at the IISaM team

h) Intensive Support (see section 8 page 40)

This involves a support worker completing an intensive, planned piece of work with the family based on needs which cannot be met by either the child concern meeting or the CAF

If significant harm has become evident and you believe that the child may be at risk at any point, you should immediately refer your child protection concern to the Initial Response Service on 01922 658170 or the Police.

12 Lead Professionals

Where information suggests that children are living in households where carers are suffering stress and the child's health and development may be adversely affected, workers should use relevant parts of the Assessment triangle as a tool to assessing the need and deciding on a response.

What is a Lead Professional?

Where a child or young person with multiple additional needs requires support from more than one practitioner, the lead professional is someone who:

- Act as a single point of contact that the child or young person and their family can trust, and who is able to support them in making choices and in navigating their way through the system
- Ensures that they get appropriate interventions when needed, which are well planned, regularly reviewed and effectively delivered
- Reduces overlap and inconsistency from other practitioners

Evidence from practice suggests that the lead professional role is a key element of effective frontline delivery of integrated Children's Services. It ensures that professional involvement is rationalised, coordinated and communicated effectively.

More importantly, it provides a better experience for children, young people and their families involved with a range of agencies.

The Lead Professional is not responsible or accountable for the actions of other parties involved in the CAF. Although Lead Professionals will not be held accountable for other people not delivering on their promises, they do have an ethical accountability to the child, young person and their family. So they have the right to chase people when they do not deliver on promised action and should not feel hesitant or embarrassed about doing this. Within the role as Lead

Professional they are expected to follow up on promised action and they should have no qualms about being persistent. If they do not succeed after being persistent you should discuss your concerns with their line manager in the first instance and then the CAF manager if it cannot be resolved at this level.

Why are they needed?

Lead professionals will support those children, young people and families who have additional needs that require input from more than one practitioner. The reason for introducing a lead professional model is to ensure that they receive a more coherent, person-centred and effective service.

We know from practice that children and families who require support from a number of specialist professionals often receive fragmented and sometimes contradictory services such as:

- Children and parents having too many professionals involved with them, sometimes giving conflicting and confusing advice on how best to meet the child's needs
- Children and young people falling below a key agency's threshold for support and failing to get the input of that agency as part of a joined-up approach, even when the agency has staff with the relevant training and expertise to meet their needs
- Children and young people receiving short-term, inconsistent or conflicting support from different professionals, and so losing trust and confidence in services or failing to receive the right support at the right time

It is not just children and families who are left feeling short-changed. We also know that

- Practitioners working in universal services often cannot access or are unsure how to access more specialist help, and worry that children and young people's needs will increase before any support is made available
- Practitioners with a remit to provide more targeted support experience frustration at receiving sometimes inadequate, misleading or inappropriate

referral information, encounter barriers to information sharing and communication problems with other practitioners, and can find it hard in turn to access more specialist services

- Practitioners have to take part in too many over large and bureaucratic case conferences and management meetings, to the detriment of delivering early intervention support.

Such fragmentation causes confusion for everyone; it can cause delay in children receiving the support they need, and lead to poorer outcomes for children and young people using services.

The lead professional offers a solution to this fragmentation, in combination with the development of locality working, namely:

- Professionals working with children and families will have the confidence and knowledge to understand when a child may require additional help, whether they have the skills to provide that additional support and if not, to be able to work with other differently skilled specialist professionals to deliver this.
- Professionals will be able to carry out a common assessment of children and families which has currency with other professionals who may become engaged
- Professionals having the confidence to share information about children and families

It is not expected that the Lead Professional will complete the CAF for every child or young person; rather their role will be to co-ordinate its completion and ensure that service identified as a result for undertaking a CAF are delivered in a co-ordinated way and reviewed as appropriate to ensure that the needs identified are met.

What skills and knowledge are required?

The core skills identified for success as a lead professional are:

- Strong communication skills including diplomacy and sensitivity to the needs of others
- An ability to establish successful and trusting relationships with children, young people and families, and to communicate without jargon
- An ability to empower children, young people and families to work in partnership with other practitioners and to be able to make informed choices about the support they require and receive
- The capacity to support children, young people or parents/carers in implementing a range of strategies to enable them to achieve their potential
- An ability to establish effective and professional relationships with colleagues from different backgrounds
- An ability to convene meetings and discussions with different practitioners
- An ability to translate their own knowledge and understanding into effective practice
- An ability to work in partnership with other practitioners to deliver effective interventions and support for children, young people and families

Additionally, the practitioner in the lead professional role should draw on:

- An understanding of other key professionals, and how to contact them for consultation or referral
- Knowledge of local and regional services for children and young people, what they offer, and how to contact them
- Key advocacy skills appropriate to the child or young person's age, understanding and context

- Clear and transparent systems developed and agreed at strategic level, in relation to line management, accountability, professional support, and escalation routes
- It is not suggested that every practitioner in the lead professional role must possess all the skills listed above but they or their manager should be able to assess their strengths and areas for development, and know how to call on further support when required.

How is the lead professional identified?

A lead professional is identified from among the group of practitioners working with the child, young person or family. They are chosen through a process of discussion and agreement between those practitioners who are involved.

Clear criteria for choosing lead professionals and a clear process to facilitate this should be followed. Such criteria could include:

- What are the predominant needs of the child or family?
- Which agency has main responsibility for addressing the child or family's needs, including statutory responsibility?
- Does anyone have a previous or potential ongoing relationship with the child or young person?
- Does anyone have an ongoing responsibility to carry out an advocacy role for the child or young person?
- Who has the skills and knowledge to provide a leadership and coordinating role in relation to other practitioners involved with the child, young person or family?
- Who has the ability to draw in and influence universal and specialist services?

- Who has an understanding of the surrounding support systems which are available to manage and sustain this?
- Who has capacity to take on the role?

Using a flexible system like this means that the lead professional will be the practitioner who is most relevant to the child or young person's support plan and who has the skills to carry out this role.

If it is not clear who is best placed to take on the role, it may be helpful to discuss the case with a Child Concern Officer, who will support in finding a solution.

Remember that lead professionals can change over time as the needs of the child or young person change.

13 Advice & Consultation

The Child Concern Model relies upon the availability of positive consultation between all agencies.

Advice and consultation will provide an opportunity for those working with the child and family to access additional knowledge and expertise in order to explore a concern and identify possible solutions.

Advice and consultation should not be seen as a way of transferring ownership of a 'problem' and does not constitute a referral unless this is the agreed outcome of the discussion.

Definition

Advice and consultation is a means whereby those who are working with children can have ready access to consistent information and advice from suitably qualified and experienced staff, in order to explore a situation and to decide together on appropriate action.

Principles

This definition is supported by several underlying principles:-

- Agencies have a genuine desire to work together
- Advice and consultation is a two way process and demonstrates an acknowledgement of different but equally valuable knowledge and expertise
- Information should be shared in a spirit of openness but having regard for confidentiality
- The person in each agency who has the most recent knowledge of the family and/or the most relevant knowledge and skills should provide advice and consultation

Prior to consultation

Identify the most appropriate agency to offer support and have detailed information available.

Child's name and date of birth

- What concerns do you have and what are your grounds for those concerns
- Names, dates of birth and relationships of household members
- At what level of vulnerability has the child been assessed?
- What services have been offered?
- What interventions have been made?
- What appear to be the needs/strengths of the child and family?
- Has the child/family been informed of the need for consultation?
- What are your expectations from the receiving agency?

During consultation:

| Person asking for advice | Person giving advice |
|---|---|
| Be clear about what you need from the consultation. Be open to suggestions made for the way forward. | Use Proforma provided in this section for recording information during the discussion, or use own agency forms ensuring that all information set out in the proforma is included. Make notes of the agreed outcomes. |

Following consultation:

Recording

Consultation must be recorded when professional advice has been given about how to intervene with family members.

It is the responsibility of the person giving the advice to record the outcome of the discussion. A copy must be sent to the person who asked for the consultation.

It is the responsibility of staff requesting consultation to inform families of the outcome and any actions that follow. It is the responsibility of the staff requesting the consultation to ensure that the record they receive is accurate and that there is no confusion about any of the actions agreed.

Agencies may use existing forms to record the actions agreed, however, this must include the information set out on the proforma provided in this section (See page 61 for an example Consultation Form).

N.B. It is important that the same information is recorded by all agencies and that copies of all consultations given are kept on the child's file.

Ongoing consultation

If the case is particularly complex it may be necessary to agree that ongoing consultation is appropriate. In cases of ongoing consultation it may be necessary for a meeting to take place between the worker asking for consultation, the responding professional and/or the child/family.

Consultation on thresholds – between the 3 levels of vulnerability

It is recognised that in some cases it is difficult to decide whether a child needs a single agency preventative response (Level 1 vulnerability), or multi-agency assessment/response (Level 2), or Section 17 child in need/ Section 47 child protection (Level 3 vulnerability).

The following criteria have been developed for staff to help establish the appropriate point of referral to the child protection system:

- 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 or young people who have suffered, or are suffering specific incidents of neglect or emotional abuse that are impairing or will impair their development
- Persistent failure to seek appropriate medical attention
- Failure to thrive that has been investigated medically and no organic cause found. Problems associated with carers' lifestyle – e.g. chaotic drug use
- Children or young people involved in one serious or several lesser incidents of domestic violence
- Where there are serious concerns about the risk of significant harm to an unborn child

The meaning and effect of the abuse on the child must be considered in determining entry into the child protection system. For further guidance please refer to Walsall's Safeguarding Children Board: <http://www.wlscb.org.uk/>

As Children's Services is the lead agency for Child Protection enquiries, there should be consultation about all 'borderline' cases or where, following assessment by other agencies, the threshold into Child Protection is felt to have been reached. Contact the Initial Response Services at The Quest, 139-147 Lichfield Rd, Walsall, telephone 658170 for further advice and consultation.

CONSULTATION FORM

| | | | | | | | | | |
|---|---|---------------|---------------------|--|----------------------------|--|----------------------------|--|----------------------------|
| Date of Request for Consultation: | / / | | | | | | | | |
| Family Name: | | | | | | | | | |
| Family Address: | | | | | | | | | |
| Name of Person Requesting Consultation: | | | | | | | | | |
| Agency: | | | | | | | | | |
| Address: | | | | | | | | | |
| Contact Number: | | | | | | | | | |
| First Consultation: | Yes/No | | | | | | | | |
| If no, when was previous consultation: | / / | | | | | | | | |
| With Family Agreement: | Yes/No | | | | | | | | |
| If no, give reason and when was other: | | | | | | | | | |
| | | | | | | | | | |
| Outline of Main Concerns: | <table border="1"> <tr> <td>Vulnerability</td> <td>Level (please tick)</td> </tr> <tr> <td></td> <td>1 <input type="checkbox"/></td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3 <input type="checkbox"/></td> </tr> </table> | Vulnerability | Level (please tick) | | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> | | 3 <input type="checkbox"/> |
| Vulnerability | Level (please tick) | | | | | | | | |
| | 1 <input type="checkbox"/> | | | | | | | | |
| | 2 <input type="checkbox"/> | | | | | | | | |
| | 3 <input type="checkbox"/> | | | | | | | | |

| | |
|--|--|
| Record of Discussion and Agreed Actions: | |
| Name of Person Giving Consultation: | |
| Agency: | |
| Address: | |
| Contact Number: | |
| Outcome of Consultation: | |

14 Appendix 1 – UN Conventions on the Rights of the Child

The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and young people (aged 17 and under) a comprehensive set of rights. The UK signed the Convention on 19 April 1990, ratified it on 16 December 1991 and it came into force in the UK on 15 January 1992. The Convention gives children and young people over 40 substantive rights. These include the right to:

- Special protection measures and assistance
- Access to services such as education and health care
- Develop their personalities, abilities and talents to the fullest potential
- Grow up in an environment of happiness, love and understanding
- Be informed about and participate in achieving their rights in an accessible and active manner.
- All of the rights in the Convention apply to all children and young people without discrimination.

The Articles

Articles 1-41 of the Convention set out the rights of children and the corresponding obligations of governments to safeguard these rights. Article 42 requires states to publicise the principles and provisions of the convention to children, young people, parents and carers, and everyone working with children and young people.

The Convention covers the following subjects:

- Definition of children as all persons less than 18 years of age, unless the legal age of majority in a country is lower.
- General principles, including the right to life, survival and development, the right to non-discrimination, respect for the views of children and to give consideration to a child's best interests, and the requirement to give primary consideration to the child's best interests in all matters affecting them.
- Civil rights and freedoms, including the right to a name and nationality, freedom of expression, thought and association, access to information and the right not to be subjected to torture.

- Family environment and alternative care, including the right to live with and have contact with both parents, to be reunited with parents if separated from them and to the provision of appropriate alternative care where necessary.
- Basic health and welfare, including the rights of disabled children, the right to health and health care, social security, child care services and an adequate standard of living.
- Education, leisure and cultural activities, including the right to education and the rights to play, leisure and participation in cultural life and the arts.
- Special protection measures covering the rights of refugee children, those affected by armed conflicts, children in the juvenile justice system, children deprived of their liberty and children suffering economic, sexual or other forms of exploitation.

Article 2: Equality

All rights in the convention must be available to all children without exception, irrespective of the child's or his or her parent's or carers race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Article 3: Welfare of the Child is Paramount.

The best interests of the child must be the primary consideration in all actions concerning children.

Article 8: The Importance of Families.

The child has a right to live with his or her family and the right to maintain contact with parents if separated from them unless this is not in the best interest of the child.

Article 12: Listening to Children.

Children's views must be considered and taken into account in all matters affecting them.

Article 18: Parental Responsibilities:

Parents have primary responsibility from bringing up their children, however shall support this task in the best interests of children.

Article 19: Protection of Children.

All appropriate legislative, administrative, social and educational measures shall be taken to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of a parent, legal guardian or any other person who has the care of the child.

Article 20: Protection of Children Who Are Not With Their Families.

The child has a right to proper care if living apart from their family and the right to have their cultural background taken into consideration.

Any decisions to protect a child should be consistent with these principles, and those which provide the framework for The Children Act 1989 and Working Together (1999)

For useful guidance leaflets please see the following links:

- A leaflet containing a summary of the UN Convention on the Rights of the Child

<http://www.mywalsall.org/mywalsall/upload/file/United%20Nations%20Convention%20on%20the%20Rights%20of%20the%20Child%20Summary.pdf>

15 Appendix 2 – Human Rights Act 1998

The Human Rights Act 1998 gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights you have in your everyday life: what you can say and do, your beliefs, your right to a fair trial and other similar basic entitlements.

You have the responsibility to respect other people's rights, and they must respect yours.

The Human Rights Act gives direct application to the bulk of the 1950 Human Rights Convention and the First and Sixth Protocols. It requires public bodies, including Local Authorities, and the Courts to ensure that the legislation is given effect in a way that is “compatible” with Convention Rights.

The Human Rights Act gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights you have in your everyday life: what you can say and do your beliefs, your right to a fair trial and other similar basic entitlements.

Most rights have limits to ensure that they do not unfairly damage other people's rights. However, certain rights – such as the right not to be tortured – can never be limited by a court or anybody else.

You have the responsibility to respect other people's rights, and they must respect yours.

Human rights are:

- the right to life
- freedom from torture and degrading treatment
- freedom from slavery and forced labour
- the right to liberty

- the right to a fair trial
- the right not to be punished for something that wasn't a crime when you did it
- the right to respect for private and family life
- freedom of thought, conscience and religion, and freedom to express your beliefs
- freedom of expression
- freedom of assembly and association
- the right to marry and to start a family
- the right not to be discriminated against in respect of these rights and freedoms
- the right to peaceful enjoyment of your property
- the right to an education
- the right to participate in free elections
- the right not to be subjected to the death penalty

Convention rights can be categorised in three ways:

- Absolute
- Limited
- Qualified

Absolute rights include the Right to Life (Article 2), the right to protection from torture, inhumane & degrading treatment and punishment (Article 3), the prohibition of slavery and enforced labour (Article 4) and protection from retrospective criminal penalties.

Limited rights include the right to liberty and security of person (Article 5). In the United Kingdom Article 5 is subject to exception in relation to Northern Ireland.

Qualified Rights include the right to respect for private and family life, their home and correspondence (Article 8), the right to thought, conscience and religion

(Article 9), the right to freedom of expression (Article 10), the right to freedom of assembly and association (Article 11), the right to peaceful enjoyment of property (Protocol 1, Article 1), and the right to education (Protocol 1, Article 2).

It is the area concerning qualified rights where most litigation is likely to arise and although all the Articles carry equal weight it is likely to be Article 8 that proves most significant in the social care context.

Anyone who is in the UK for any reason has fundamental human rights which government and public authorities are legally obliged to respect. These became law as part of the Human Rights Act 1998.

16 Appendix 3 – Sharing Your Information

Agencies in Walsall have agreed to use a common way of identifying the best way to meet the needs of you and your child. This is known as the Child Concern Model

Before we can arrange any services for you we need to consider you care and support needs and work out the best way to help you.

The information we gather during our work with you will be written down and may be used at a Child Concern meeting. You will be invited to this meeting and you will be given a copy of all the information.

When it comes to arranging services for you we may need to share your information with other organisations best able to meet your particular needs so that everyone can work together to give you a good service. As well as helping to give a good service, sharing information will also save you from having to repeat information you have already given us.

The organisations that might be involved include Children's Services, your doctor, the health visiting and school nursing service, your child's school or nursery and any other organisation, such as Sure Start or Children's Centre, with whom you and your child have contact. The person who is talking to you about your support needs will be able to tell you more about which organisations are likely to become involved in helping you.

Complete Confidentiality.

In most situations we will only share information with other organisations involved in your support if we have permission to do so. The information we share will be treated in strict confidence by each organisation. They will not normally pass on your information to anyone else without your permission.

However, there may be times when we cannot keep your information as confidential as you would like. For example if we believe that your child is at risk

of serious harm and may be in need of protection it is the law that we share this information with Children's Services.

We will inform you if we need to do this.

Your right to share your information.

You have the right, if you wish not to allow us to share any of your information with other organisations (unless we feel that we are required to do so, as stated above).

This may mean that we cannot arrange support for you, or that the support we arrange may not be as good as it could be. The person talking to you about your family's needs will tell you about this.

You may agree to us sharing all your information with other organisations but you may wish to keep certain information private. If this is the case, please tell the person talking to you and they will make sure this information is not shared with anyone else.

Information sharing is essential to enable early intervention and preventative work, for protecting and promoting welfare and for wider public protection.

The cross-government Information Sharing: Guidance for practitioners and managers is available to help people understand how to share information legally and professionally. This guidance is most relevant to those practitioners at the front-line who have to make case-by-case decisions about whether and what to share, and for managers and advisors who support them.

17 Appendix 4 – Child Concern / CAF Team Support Protocol

Child Concern Meeting/CAF support

The Process

- The child concern meeting (CCM) / CAF process must take place within a multi-agency setting.
- A CAF will only be generated after a CCM meeting, unless it has previously been discussed and agreed with the CAF team
- All cases will be allocated on a weekly basis and triaged as low / medium / high / very high.
- If cases are assessed as very high, the CAF Manager or Area Coordinator will discuss the case with the duty Team Manager to decide if the matter should be dealt with under the CC / CAF process.
- The Area Coordinator responsibility is to support and advise practitioners not to act as Lead Professional.
- The Area Coordinator will not normally attend 2nd and subsequent review meetings. However, in some circumstances practitioners may request an Area Coordinator/child concern officer to attend, e.g. if the level of concern has risen after the initial plan has been actioned.
- The Area Coordinator can assist practitioners when applying to Family Support Panel for services, if requested.
- Following a CCM/ CAF meeting, where the Area Coordinator support has not been requested, the IISaM Information Officer can offer telephone advice on what services are available within Walsall.
- Should a practitioner decide that the meeting will be completed without consent, i.e. become a professionals meeting, the Area Coordinator will only remain if there is evidence to suggest that the matter has become a safeguarding issue and a referral to Children's Services is appropriate. The Area Coordinator will remain if they have information to share following their own involvement in the case but they will not initiate a referral to Children's Services.

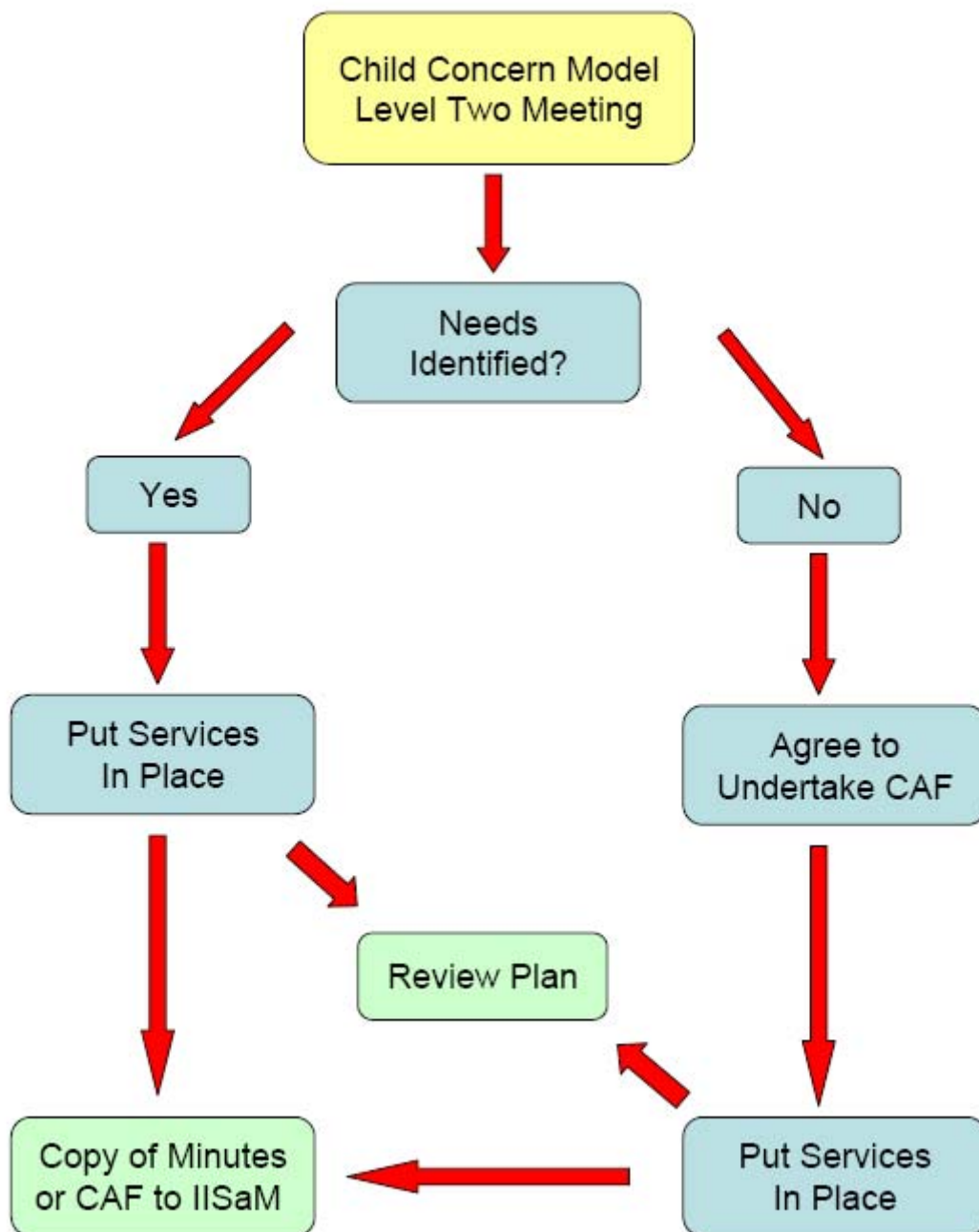
N.B. Consent should always be gained before a referral to Children's Services, unless to do so would place the child at greater risk of harm.

If a child lives in another local authority area, but attends a Walsall school, the lead for the CAF will be a member of staff from the other local authority.

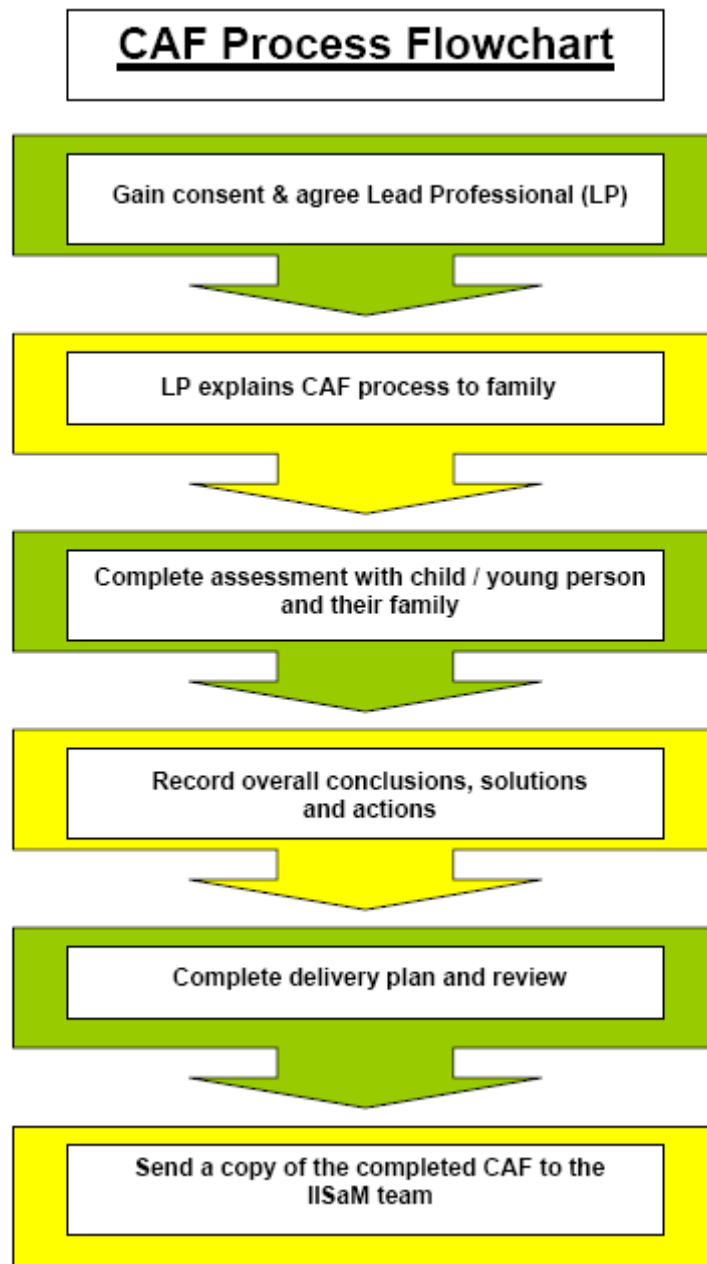
Safeguarding

- The Area Coordinator will not become involved with any cases where child protection (CP) concerns are suspected or have been identified.
- When a case is being dealt with under CCM / CAF and it becomes apparent that the concerns have escalated to level 3, the matter should immediately be brought to the attention of the duty SW and any information gained passed over for allocation. To make a referral, please telephone the Initial Response Service (IRS) in the first instance and then follow up by sending them all the information on a the appropriate referral form within 24 hours.
- The role of the Area Coordinator does not allow them to become involved the safeguarding process. This includes the initial stages of gathering information and putting the information into context, i.e. deciding on the level of CP concern.
- In the interests of good practice, following the transfer of a case from CC or CAF, any information taken from the CC meeting / CAF should be clearly identified as such within the Initial Assessment.

18 Appendix 5 – Child Concern / CAF Flow Chart



19 Appendix 6 – CAF Process Flowchart



20 Appendix 7 – CAF Champion Role Description

The Common Assessment Framework (CAF) is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. CAF Champions will play a key part in supporting staff within their agencies.

Purpose of the role of CAF Champion

1. To provide two-way communication between workplace teams/service area and the CAF Manager.
2. To champion the CAF within the team/service area so that all staff are aware of the CAF and its benefits for children and young people, and for our staff.
3. To share good practice and discuss how to overcome barriers

Who can be a CAF Champion?

- Anyone who has a clear understanding of:
 - threshold levels
 - relationship between Child Concern / CAF
 - role of lead professional
 - the interface between CAF and Child Protection
- Anyone who is part of a team working with children or young people – whether practitioner or manager
- To become a CAF Champion you need to be nominated by your workplace and seek any necessary agreement from your line manager, then inform the CAF Manager (details below).
- CAF Champions should attend CAF/ Lead Professional training. The training courses will give you the knowledge and confidence around the CAF.

Role description

- To be an initial point of contact for questions/queries from own service area
- To champion and promote the benefits of the CAF and Lead Practitioner role to your team/service area and disseminate information gained from CAF champion meeting within own and other service areas
- To feed issues and concerns to the project team / CAF Manager (details below)
- To share and promote good practice
- To help embed CAF into working practice
- To communicate details of CAF training courses, dates and venues to managers and colleagues

CAF Implementation Manager,

Tel: 01922 650497,

Email: iisam@walsall.gov.uk

21 Appendix 8 – Fraser Guidelines, Teenagers & Consent & Confidentiality

When agencies talk about whether a young person can be provided with a confidential sexual health services without parental consent, they often talk about using what has been called the Fraser Guidelines. The guidelines arise from the case in the early 80's when Victoria Gillick attempted to set a legal precedent in England and Wales which would have meant that medical practitioners could not give young people under the age of 16 treatment or contraceptive services without parental permission. Initially successful, the ruling was eventually changed when the House of Lords ruled that people who are under 16, who are fully able to understand what is proposed, and its implications, are competent to consent to medical treatment regardless of age. This is now the legal position in England and Wales. In Scotland the ruling has also been interpreted as meaning that medical practitioners can give contraceptive advice or treatment to young people under 16 without parental knowledge.

In making his judgement the Law Lord, Lord Fraser, offered a set of criteria which must apply when medical practitioners are offering contraceptive services to under 16's without parental knowledge or permission. The so-called Fraser Guidelines (some people refer to assessing whether the young person is Gillick competent) state that all the following requirements should be fulfilled. The guidelines have proved such a useful tool that most agencies offering information, advice or services to young people have adopted the Fraser Guidelines as the basis for best practice.

The guidelines suggest that before providing a medical service to under 16's to which parents have not given consent, the staff member should ensure that the following criteria are met;

- The young person understands the advice being given
- The young person cannot be convinced to involve parents/carers or allow the practitioner to do so on their behalf.
- It is likely that the young person will begin or continue having intercourse with or without treatment/contraception.

- Unless he or she receives support, their physical or mental health (or both) is likely to suffer.
- The young person's best interests require contraceptive advice, treatments or supplies to be given without parental consent.
- Further, in terms of the Law Lords judgement, although a young person or their partner may still be committing an offence if having sex under the age of 16, Lord Fraser also stated that "doctors giving such advice in good faith are not committing a criminal offence of aiding and abetting unlawful intercourse with girls under 16".

Further consideration must also be given to the special situations some young people might be in. Being subject to a supervision order does not affect an under 16's capacity or rights to consent to medical treatment and young people with a physical or learning disability have the same right to appropriate sex education, contraceptive information, confidential advice and treatment as any other young person. They may also have particular individual needs which a professional person may have to consider, but their rights to services remain the same.

Finally, where a professional cannot provide a necessary service, it is within the law to provide information, make an appointment or accompany a young person to an agency that does provide what the young person needs, and to do this without parental knowledge. It is worth noting however that some individual agency policies, for example schools, might not permit this.

22 Appendix 9 – Child Concern Initial Form

CHILD CONCERN - INITIAL MEETING

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------|------------------|---|--|--|--|--|--|-----|----|--------|----------------------|--|--|--|--|--|--|--|--|-----|----|--------|----------------------|--|--|
| DATE OF MEETING: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF CHILD / FAMILY: | D.O.B: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF CHAIR: CONTACT DETAILS: SERVICE AREA: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRESENT AT MEETING: | NAME: | ORGANISATION | CONTACT DETAILS: | | | | | | | | | | | | | | | | | | | | | | | | |
| APOLOGIES: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REASON FOR MEETING: Checklist areas If completing this for an unborn baby, please concentrate on areas 1,2, & 4 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">1. Does the baby, child or young person appear to be safe from harm?</td> </tr> <tr> <td colspan="3">Neglect, harm, exploitation, injury, bullying, discrimination, crime, anti-social behaviour; Secure & stable care from parents, carer, family.</td> </tr> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">UNSURE</td> </tr> <tr> <td colspan="3" style="height: 100px; vertical-align: top;">Evidence / comments:</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">2. Does the baby, child or young person appear to be healthy?</td> </tr> <tr> <td colspan="3">Physical, emotional, mental, sexual health; healthy lifestyle; refusing illegal drugs; parents, carers & family promoting healthy choices.</td> </tr> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">UNSURE</td> </tr> <tr> <td colspan="3" style="height: 100px; vertical-align: top;">Evidence / comments:</td> </tr> </table> | | | 1. Does the baby, child or young person appear to be safe from harm? | | | Neglect, harm, exploitation, injury, bullying, discrimination, crime, anti-social behaviour; Secure & stable care from parents, carer, family. | | | YES | NO | UNSURE | Evidence / comments: | | | 2. Does the baby, child or young person appear to be healthy? | | | Physical, emotional, mental, sexual health; healthy lifestyle; refusing illegal drugs; parents, carers & family promoting healthy choices. | | | YES | NO | UNSURE | Evidence / comments: | | |
| 1. Does the baby, child or young person appear to be safe from harm? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neglect, harm, exploitation, injury, bullying, discrimination, crime, anti-social behaviour; Secure & stable care from parents, carer, family. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | NO | UNSURE | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence / comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Does the baby, child or young person appear to be healthy? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical, emotional, mental, sexual health; healthy lifestyle; refusing illegal drugs; parents, carers & family promoting healthy choices. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | NO | UNSURE | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence / comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

3. Does the baby, child or young person appear to be learning and developing (enjoying and achieving)?

Ready for, attending, & enjoying school; educational, personal, social achievement & development with parent, carer or family support

YES

NO

UNSURE

Evidence / comments:

4. Does the baby, child or young person appear free from the negative impact of poverty (achieving economic well-being)?

Engaged in education, training or employment; appropriate housing, community, income & economic activity for parent, carer or family

YES

NO

UNSURE

Evidence / comments:

5. Does the baby, child or young person appear to be having a positive impact on others (making a positive contribution)?

Positive & confident decisions, behaviour & relationships in school, community, environment, with parent, carer or family support

YES

NO

UNSURE

Evidence / comments:

| | |
|---|---|
| | |
| AGENCIES CURRENTLY INVOLVED AND SERVICES BEING PROVIDED: : | |
| ACTION PLAN Who will do what, when, including family members and expected measurable outcomes, including family member: | If you answered 'no' to any of the checklist areas, what additional services are needed for the baby, child or young person or their parents, carers or families? |
| DATE OF REVIEW: | |
| SIGNED CHAIRPERSON: | |
| Consent | <p>I understand the information that is recorded on this form and that it will be electronically stored and used for the purpose of providing services to me / this baby, child or young person for whom I am parent / carer. (Delete as appropriate)</p> <p>I have had the reasons for information sharing explained to me and I understand those reasons</p> <p>Parent Signature(s): _____</p> <p>Young person Signature: _____</p> |
| Copy sent to: | <p>Children's Services IISaM / CAF Programme 1st Floor 40 Darwall Street Walsall WS1 1TH</p> |

Revised version October 09

23 Appendix 10 – Child Concern Review Meeting

CHILD CONCERN - REVIEW MEETING

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------|---------|---|--|--|-----------|-----------------|--------|----------------------|--|--|--|--|--|--|--|--|-----------|-----------------|--------|----------------------|--|--|--|--|--|---|--|--|-----------|-----------------|--------|----------------------|--|--|--|--|--|
| DATE OF MEETING: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF CHILD / FAMILY: | D.O.B: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF CHAIR: CONTACT DETAILS: SERVICE AREA: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRESENT AT MEETING: | NAME: DETAILS: | ORGANISATION | CONTACT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APOLOGIES: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Review previous plan and update with any agreed further action If "unsure" please seek advice from the team on 01922 650497 | <table border="1"> <tr> <td colspan="3">1. Does the baby, child or young person appear to be safe from harm?</td> </tr> <tr> <td>NEEDS MET</td> <td>FURTHER SUPPORT</td> <td>UNSURE</td> </tr> <tr> <td colspan="3">Evidence / comments:</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3">2. Does the baby, child or young person appear to be healthy?</td> </tr> <tr> <td>NEEDS MET</td> <td>FURTHER SUPPORT</td> <td>UNSURE</td> </tr> <tr> <td colspan="3">Evidence / comments:</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3">3. Does the baby, child or young person appear to be learning and developing (enjoying and achieving)?</td> </tr> <tr> <td>NEEDS MET</td> <td>FURTHER SUPPORT</td> <td>UNSURE</td> </tr> <tr> <td colspan="3">Evidence / comments:</td> </tr> <tr> <td colspan="3"> </td> </tr> </table> | | | 1. Does the baby, child or young person appear to be safe from harm? | | | NEEDS MET | FURTHER SUPPORT | UNSURE | Evidence / comments: | | | | | | 2. Does the baby, child or young person appear to be healthy? | | | NEEDS MET | FURTHER SUPPORT | UNSURE | Evidence / comments: | | | | | | 3. Does the baby, child or young person appear to be learning and developing (enjoying and achieving)? | | | NEEDS MET | FURTHER SUPPORT | UNSURE | Evidence / comments: | | | | | |
| 1. Does the baby, child or young person appear to be safe from harm? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS MET | FURTHER SUPPORT | UNSURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence / comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Does the baby, child or young person appear to be healthy? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS MET | FURTHER SUPPORT | UNSURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence / comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Does the baby, child or young person appear to be learning and developing (enjoying and achieving)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEEDS MET | FURTHER SUPPORT | UNSURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence / comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | |
|---|--|-----------|-----------------|--------|
| | | | | |
| | <p>4. Does the baby, child or young person appear free from the negative impact of poverty (achieving economic well-being)?</p> <table border="1"> <tr> <td>NEEDS MET</td> <td>FURTHER SUPPORT</td> <td>UNSURE</td> </tr> </table> <p>Evidence / comments:</p> | NEEDS MET | FURTHER SUPPORT | UNSURE |
| NEEDS MET | FURTHER SUPPORT | UNSURE | | |
| | <p>5. Does the baby, child or young person appear to be having a positive impact on others (making a positive contribution)?</p> <table border="1"> <tr> <td>NEEDS MET</td> <td>FURTHER SUPPORT</td> <td>UNSURE</td> </tr> </table> <p>Evidence / comments:</p> | NEEDS MET | FURTHER SUPPORT | UNSURE |
| NEEDS MET | FURTHER SUPPORT | UNSURE | | |
| Next Steps: | | | | |
| <p>Child or young person's comment on the review and actions identified</p> <p>Parent or carer's comment on the assessment and actions identified</p> | | | | |
| DATE OF REVIEW: | | | | |
| SIGNED CHAIRPERSON: | | | | |
| Consent | I understand the information that is recorded on this form and that it will be | | | |

| | |
|----------------------|--|
| | <p>electronically stored and used for the purpose of providing services to me / this baby, child or young person for whom I am parent / carer. (Delete as appropriate)</p> <p>I have had the reasons for information sharing explained to me and I understand those reasons</p> <p>Parent Signature(s): _____</p> <p>Young person Signature: _____</p> |
| <p>Copy sent to:</p> | <p>Children's Services IISaM / CAF Programme 1st Floor 40 Darwall Street Walsall WS1 1TH</p> |

Revised version November 09

24 Appendix 11 – CAF Form

Every Child Matters
Change For Children

Common Assessment Framework
for children and young people (CAF)

CAF form

Date assessment started

Notes for use: If you are completing form electronically, text boxes will expand to fit your text. Where check boxes appear, insert an 'X' in those that apply.

Identifying details

Record details of unborn baby, infant, child or young person being assessed. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith.

Given name(s)

Family name

Male Female Unknown

AKA¹/previous names

Address

Date of birth or EDD²

Contact tel. no.

Unique ref. no.

Version no.

Postcode

Ethnicity

White

White British

White Irish

Traveller of Irish Heritage

Gypsy/Roma

Any other White background*

Black or Black British

Caribbean

African

Any other Black background*

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background*

Mixed/Dual Background

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background*

Chinese & Other

Chinese

Any other ethnic group*

Not given

*If other, please specify

Immigration status

Child's first language

Parent's first language

Is the child or young person disabled? Yes No

If 'yes' give details

Details of any special requirements (for child and/or their parent) eg signing, interpretation or access needs

1 'Also known as' 2 Expected date of delivery

Assessment information

People present at assessment

What has led to this unborn baby, infant, child or young person being assessed?

Details of parents/carers

Name

Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility? Yes No

Postcode:

Name

Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

Yes No Postcode: **Current family and home situation**

(e.g. family structure including siblings, other significant adults etc; who lives with the child and who does not live with the child)

Details of person(s) undertaking assessmentName Contact tel. no. Address Role Organisation Postcode: Name of lead professional (where applicable) Lead professional's contact number Lead professional's email address **Services working with this infant, child or young person**

| | | | | | | |
|-----------------------|---|--------------------------|---------|--|------|--|
| Universal | GP | <input type="checkbox"/> | Details | | Tel. | |
| | Early years/education/FE training provision | <input type="checkbox"/> | Details | | Tel. | |
| Other services | Service | <input type="text"/> | Details | | Tel. | |
| | Service | <input type="text"/> | Details | | Tel. | |
| | Service | <input type="text"/> | Details | | Tel. | |
| | Service | <input type="text"/> | Details | | Tel. | |
| | Service | <input type="text"/> | Details | | Tel. | |
| | Service | <input type="text"/> | Details | | Tel. | |

CAF assessment summary: strengths and needs

Consider each of the elements to the extent they are appropriate in the circumstances. You do not need to comment on every element. Wherever possible, base comments on evidence, not just opinion, and indicate what your evidence is. However, if there are any major differences of view, these should be recorded too.

1. Development of unborn baby, infant, child or young person

Health

General health

Conditions and impairments; access to and use of dentist, GP, optician; immunisations, developmental checks, hospital admissions, accidents, health advice and information

Physical development

Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc.); gross motor skills (mobility, playing games and sport etc.)

Speech, language and communication

Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; responding; understanding

Emotional and social development

Feeling special; early attachments; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationships with peers; feeling isolated and solitary; fears; often unhappy

Behavioural development

Lifestyle, self-control, reckless or impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted, attention span/concentration

1. Development of unborn baby, infant, child or young person (continued)

| | |
|---|--|
| <p>Identity, self-esteem, self-image and social presentation Perceptions of self; knowledge of personal/family history; sense of belonging; experiences of discrimination due to race, religion, age, gender, sexuality and disability</p> | |
| <p>Family and social relationships Building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships</p> | |
| <p>Self-care skills and independence Becoming independent; boundaries, rules, asking for help, decision-making; changes to body; washing, dressing, feeding; positive separation from family</p> | |
| Learning | |
| <p>Understanding, reasoning and problem solving Organising, making connections; being creative, exploring, experimenting; imaginative play and interaction</p> | |
| <p>Participation in learning, education and employment Access and engagement; attendance, participation; adult support; access to appropriate resources</p> | |
| <p>Progress and achievement in learning Progress in basic and key skills; available opportunities; support with disruption to education; level of adult interest</p> | |
| <p>Aspirations Ambition; pupil's confidence and view of progress; motivation, perseverance</p> | |

2. Parents and carers

Basic care, ensuring safety and protection

Provision of food, drink, warmth, shelter, appropriate clothing; personal, dental hygiene; engagement with services; safe and healthy environment

Emotional warmth and stability

Stable, affectionate, stimulating family environment; praise and encouragement; secure attachments; frequency of house, school, employment moves

Guidance, boundaries and stimulation

Encouraging self-control; modelling positive behaviour; effective and appropriate discipline; avoiding over-protection; support for positive activities

3. Family and environmental

Family history, functioning and well-being

Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour; culture, size and composition of household; absent parents, relationship breakdown; physical disability and mental health; abusive behaviour

Wider family

Formal and informal support networks from extended family and others; wider caring and employment roles and responsibilities

Housing, employment and financial considerations

Water/heating/sanitation facilities, sleeping arrangements; reason for homelessness; work and shifts; employment; income/benefits; effects of hardship

**Social and community elements
and resources, including education**

Day care; places of worship; transport;
shops;
leisure facilities; crime, unemployment,
anti-social behaviour in area; peer groups,
social networks and relationships; religion

| |
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| |
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Conclusions, solutions and actions

Now the assessment is completed you need to record conclusions, solutions and actions. Work with the baby, child or young person and/or parent or carer, and take account of their ideas, solutions and goals.

What are your aims?

(What are the key aims the child, young person and/or family would like to address?)

What are your conclusions? *(What are the child/young person's/families strengths and resources, what are their needs – e.g. no additional needs, additional needs, complex needs, risk of harm to self or others?)*

Strengths & Resources:

Needs/ worries:

What changes are wanted? *(Include the child/young person's, parent/carer's and practitioner's views)*

How can change happen? *(Include the child/young person's, parent/carer's and practitioner's views)*

Agreed Actions (in order of priority list the actions agreed for the people present at the assessment)

| Desired Outcomes <i>(as agreed with child, young person and/or family)</i> | Action | Who will do this? | By when? |
|--|---------------|--------------------------|-----------------|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

Agreed review date

Goals (e.g. How will you know that things have improved? What will things look like at review?)

Child or young person's comment on the assessment and actions identified

Parent or carer's comment on the assessment and actions identified

Consent statement for information storage and information sharing

"We need to collect the information in this CAF form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations specified below, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it."

"We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share"

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

- Me
- This infant, child or young person for whom I am a parent
- This infant, child or young person for whom I am a carer

I have had the reasons for information sharing explained to me and I understand those reasons.

I agree to the sharing of information, as agreed, between the services listed below Yes No

Signed Name Date

Assessor's signature

Signed Name Date

Exceptional circumstances: concerns about significant harm to infant, child or young person

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance *What to do If you're worried a child is being abused* (HM Government, 2006) sets out the processes to be followed by all practitioners.

If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care. These referral processes will be included in your local safeguarding children procedures and are set out in Chapter 5 of *Working Together to Safeguard Children* (2006) (www.ecm.gov.uk/workingtogether). You should seek the agreement of the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**

Delivery Plan & Review *(Actions from the assessment should be brought forward into the delivery plan and added to where a multi-agency team around the child response is required and/or used to review progress)*

Personal Details

Given name(s) Family name DOB or EDD
 Address Postcode Male Female Unknown

LP Details

Name Agency/Relationship Email
 Address Contact Number

Desired outcome *(as agreed with child, young person, family)*

Action

Who will do this?

By when?

FOR COMPLETION AT REVIEW STAGE

Progress & Comment

Date Closed

Contributing to ECM Aim¹

| Desired outcome <i>(as agreed with child, young person, family)</i> | Action | Who will do this? | By when? | Progress & Comment | Date Closed | Contributing to ECM Aim ¹ |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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¹ These outcomes should be linked to the 'Every Child Matters' aims where appropriate. Please see the CAF Practitioners Guide Annex A for a full list of the ECM aims which sit below the five ECM outcomes.

Review

Date:

People present

(Review delivery plan and update with any agreed further action)

Next Steps

Can the CAF be closed? Yes Reason for closure:
No Agreed review date:

Review Notes

Child or young person's comment on the review and actions identified

Parent or carer's comment on the assessment and actions identified

25 Appendix 12 – Guidance notes for Common Assessment

Introduction

This guidance should be read before a common assessment is undertaken and is in the form of examples and what evidence to look for when undertaking such an assessment.

As the lead professional chosen to undertake this assessment, you are the best placed person to determine the best way to address each of the areas of need with a particular child/young person.

When we are dealing with children and young people who have multiple disability we must be mindful to take into account the real progress being made in their development.

Significant Harm

If, at any stage of the assessment process, you believe that a child or young person is at risk of significant harm, Walsall Local Safeguarding Children Board (WLSCB) procedures must be followed in the usual manner. Similarly, children/young people who pose a risk to others because of their behaviour should be dealt with immediately using locally agreed procedures.

Who should use the Process

This process is aimed at all professionals who work with children, young people and their families. Every agency that provides services for the above group will need to train, at least some, of their workers to undertake this work. It is expected that all local Children's Services will implement such a way of assessing need from April 2006 and will have succeeded with full implementation by 2008.

The process does not replace specialist assessments (such as Connexions APIR and the Youth Offending Service ASSET) but is viewed as an assessment tool to enable practitioners to identify the need for specialist services/assessments at an

earlier stage or when it is unclear what a child's/young person's specific needs actually are. If specific needs and assessments can be identified without the use of this process, it does not need to be utilised.

The Common Assessment Framework - CAF

The CAF is a standardised approach for assessing the needs for services of vulnerable children and young people and is part of a wider programme to provide more integrated services. The aim behind the CAF is to support earlier intervention, improve multi-agency working and reduce bureaucracy for families.

Completing the Assessment

Practitioners should take care in differentiating between various forms of evidence when undertaking the assessment. There needs to be clear evidence which distinguishes between fact, observation and opinion. Views, wishes and intentions also need to be recorded clearly alongside areas of agreement and disagreement.

As a minimum, the practitioner should provide an indication that they have considered all of the domains in the process. However, they are not required to deal with all factors, but concentrate on the presenting needs.

In most cases, the parent and young person (if age appropriate) should be provided with a copy of the assessment. This will only not be done if it would put the subject at risk of significant harm.

If, once the assessment is completed, the professional concludes that to share the contents with other agencies would be beneficial to the child/young person; consent should be sought before this happens. If consent is not forthcoming, professional judgement will be required to determine that by not sharing information will the welfare of the individual be affected? If not, information should not be shared.

The common assessment has eight stages:

Stage 1

Explain the purpose of the assessment

- explain why you are recording information and what will happen to it
- make sure the child or young person and family understand who else will see their information
- make sure they understand that the CAF is a resource to help them access services
- check they fully understand and consent to undertaking a CAF and recording the information (either on paper or electronically)
- you should always encourage children or young people under 16 to involve their parent/carer as appropriate
- do not assume that children and young people with a disability or learning disabilities are not capable of understanding

Stage 2

Page 1: Identifying details

- Complete the first page of basic details about the child or young person. This is the minimum information that must be captured as identifying details.

Stage 3

Page 2: Assessment information

- It may be helpful to include the relationship to the child or young person of any person listed in the section 'People present at assessment.'
- If you have consulted other services before completing the assessment, you may want to add this information to the free-text box 'What has led to this child or young person being assessed?' Remember to reference the source of the information you record. You may include information from your child concern meeting or review.

Stage 4

Page 2: Details of parents/carers

- Complete details of the parents/carers and use the check boxes to indicate

whether they have parental responsibility for the child.

Stage 5

Page 2: Current family and home situation

- This is a free-text section which you can use to record the child or young person's family and home situation (eg. who they do and don't live with – parents, siblings and other significant adults).
- You may also wish to include addresses and contact numbers, where appropriate.
- It may be appropriate to record the age of the parent/s if under the age of 18 and also consider if they would benefit from a CAF assessment

Stage 6

Page 3: Services working with this child or young person

- Complete the details of the person conducting the assessment; this will be the lead professional.
- Complete details of the universal services working with the child or young person.
- Also complete the details of other services working with the child or young person that are relevant to the assessment.

Stage 7

Pages 4, 5 and 6: CAF assessment summary

Go through the main assessment areas. You should consider each of the three broad groups separately. Do not leave any section blank, good practice is to identify positives for these sections rather than just stating “no concerns” or “no issues”.

- Development of child or young person: how well are they developing, including their health and progress in learning?
- Parents and carers: how well parents are able to support their child or young person's development and respond appropriately to any needs.
- Family and environmental: the impact of wider family and environmental elements on the child or young person's development and on the capacity of their parents.

Note: To accompany the CAF form there is a Guide to Definitions (Appendix 11 of the Child Concern Guidance manual, or Annex D of the CWDC [Practitioners' guide](#)) which gives a general description of signs to look for in relation to each of

the CAF elements in each of the three domains. These elements have been developed by combining the underlying model of the Framework for the Assessment of Children in Need and their Families with the main elements used in other assessment frameworks. The full definitions guide (Annex D) is also available online.

www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework

For each broad group, you should consider each of the elements.

- You should explore areas around your immediate concern, so as to look behind the presenting issues and come up with a more holistic view.
- You do not need to comment on every element; include only what is relevant.
- You are not expected to diagnose problems in a professional field other than your own. But you must consider the whole child or young person, not just your own service focus.
- You should also focus on areas of strength in the family, not just needs.
- The discussion should be supportive and non-threatening.
- Don't be put off by the language in which some of the elements are expressed.
- These terms are used in existing assessment frameworks and it will make the CAF compatible with these, so other agencies can build on your CAF assessment, rather than starting again from scratch.
- Wherever possible, you should base the discussion and your comments on evidence, not just opinion.
- Evidence would be what you have seen, what the child or young person, and family members, have said.
- Opinions should be recorded and marked accordingly (for example 'Michael said he thinks his dad is an alcoholic').

In recording information on the form, you should be mindful of how the information will be used and who will see it.

- You should include what is relevant to your assessment, but you should not include confidential information (eg. from health records) unless it is directly relevant and the child or young person/parent explicitly agrees that you should.

Stage 8:

Pages 7, 8 and 9: Conclusions, solutions and actions

- Record activities to be delivered linked to the ECM aims and outcomes (see Annex B) you and the child or young person and parent/carer would like to address.
- With the child or young person, or parent/carer, record your overall conclusions and the evidence behind them.
- Agree what you say with the child or young person, or parent/carer, and record any major differences of opinion.
- With the child or young person and parent/carer identify what changes are wanted, how change can happen and what actions the people present at the meeting agree to undertake

Try to focus on what the child or young person and family can do for themselves.

- If they need more support, think about where they could find it; if it is appropriate to your role, see if you can provide it.
- Or see if targeted support is provided within your service.
- If the child or young person and family would benefit from support from other agencies, use your local service directories to see what is on offer, and try to broker this support by engaging these agencies as part of the CCM.
- Agree a review date and agree the goals for that review date – i.e. if everything goes to plan, what will things look like at the review?

Note: The CAF includes an action plan. This is an initial action plan which identifies the immediate actions that people present at the assessment will take (including the child or young person and family. Both the initial action plan and final delivery plan should be agreed to by all those involved, including the child or young person, family and partners.

The consent statement should also be signed by the child or young person or parent/carer on the final version of the form.

- Do not make any promises of support on behalf of other services.
- Agree who will do what, and when you will review progress.
- Record the child or young person's or parent/carer's consent to record the assessment information and to share the assessment information with other agencies. Record any agencies that are specifically included or excluded as agreed with the child/family or young person.
- Make sure they understand what is proposed.

- Use your own judgement to define what should be recorded and who should see it, within the limits of the consent given.
- Give a copy of the assessment to the child or young person or their parent/ carer and explain that they can show it to other services if they wish to, so they don't have to keep repeating their stories.

Working with unborn babies

If you are completing a common assessment for an unborn baby, you will find some of the fields on the CAF form are not relevant. In these fields, enter either 'not known' or 'not applicable.' In the name field, state 'unborn baby' and the mother's name, eg. 'unborn baby of Ann Smith' (and the father's name if appropriate).

All pregnant women should have a midwife she knows and trusts to co-ordinate her pregnancy care. If you are not that person, this will be a key person to consult if undertaking a CAF with a pregnant woman.

Working with infants and very young children

You should try to involve and work directly with infants and very young children in a way that is most appropriate for them; for example, through observation, play and thoughtful conversations. Most infants and their parents will have at least some contact with the midwife, health visitor and/or GP.

If you are completing a common assessment for an infant, and the parent agrees, you should contact these practitioners.

Working with young people

The CAF is generally used with children and young people up to the age of 18, but its use can be extended beyond 18 where appropriate, to enable the young person to have a smooth transition to adult services. In the case of the Connexions service, the CAF can be used with young people up to the age of 19, and up to the age of 24 where a young person has a learning difficulty or disability.

For older young people, you should consider possible current and future needs for adult services, and transitional arrangements. For example, you may need to think about whether adult services are more appropriate to a young person in their late teens or, if a young person is already accessing children's services, you may need to help manage their progression into adult services.

Engaging with fathers and father figures

Fathers or father figures sometimes find it difficult to engage with services. It is important to make it clear that you welcome their involvement as much as that of mothers.

Working with children and young people not receiving a suitable Education

If you discover that a child or young person is not receiving any form of educational provision, if of compulsory school age, especially if they are pregnant or a parent, you should notify the Service Manager for Admissions & Planning who is responsible for children missing education (CME) – 01922 686200. You should also try to identify why the child or young person is missing education to assess whether there are unmet needs that should be addressed.

If a child is on a school role but not attending school regularly, you should contact the Education Welfare Service (EWS), known as Access & Entitlement Admin Services – 01922 686233. There is also a specific e mail for the welfare service, Welfare@walsallcs.serco.com

Working with privately fostered children

If you discover that a child or young person is, or may be, privately fostered you should notify the Initial Response team on 01922 658170.

Delivering integrated services

The most likely outcome of your common assessment discussion is one of the following:

- You will have resolved your concerns and those of the child or young person and parent/carer. No additional action required.
- You will have agreed some actions for you or your service and/or the child or young person and family. Delivery will involve you undertaking these actions, setting a date for review and monitoring progress. You will not need to continue with a child concern meeting as this will become a Level 1, single agency response.
- You will have identified and agreed actions for you and actions that may be required of other agencies. Delivery will involve you sharing your assessment with the agencies involved (subject to the consent of the child or young person/family); Along with the other agencies, you agree the actions, and a plan and responsibilities for delivering the actions, which can be recorded on the CAF delivery plan form. The lead professional acts as the single point of contact for the family and professionals.
- Each partner delivers their action, the lead professional co-ordinates delivery of the plan and, together, monitors overall progress.

Where there is nothing further you or your service can do, you may need to engage the support of a more specialist service or practitioner. With the consent of the child/family or young person, contact the practitioner you wish to engage, share and discuss your assessment with them (more and more services will expect a request for services to be supported by the CAF). Aim to pool your knowledge and reach a shared view of what should happen

next, involve them as part of the child concern process. Good communication is vital to integrated services. You should not just use CAF as a means of referral and then 'sign off.'

Since resources to pay for services are finite, common assessment cannot offer a guarantee that services will be delivered. However, it should considerably increase the likelihood that services will be engaged and consider your request in a positive way. If you are concerned that your service or another service is not responding to the needs identified, discuss the matter with your line manager.

The delivery plan and review form can be used for both single agency and multi-agency responses. Actions from the CAF action plan may be brought forward into the delivery plan. Where a multi-agency response is required, you will need to organise a child concern meeting and agree what support and actions each member of the team will undertake. It is important that the child or young person and/or their parent/carer are part of the team.

Completing the delivery plan

- Complete the basic personal details.
- Where a multi-agency response is required, agree actions with members of the child concern team.
- Make sure that the child or young person and parent/carer know and understand what will happen to the information they have provided through the common assessment

Reviewing progress

The common assessment and delivery plan are monitored and reviewed regularly to identify further actions and support the child or young person's smooth transition across universal, targeted and specialist services. In the case of multi-agency responses, this will involve meetings and liaison between the members of the child concern team.

- At the review, record who is present and check progress against each of the actions in the delivery plan. Where appropriate, close, update or agree new actions.
- There is space on the review form to record the next steps and review notes.
- At the end of the review, the CAF should either be closed or another review date agreed, and the child or young person's and family's comments recorded.

The outcome of the progress review could be:

- the child or young person's needs have been met and the case can be closed (consider need for managing any transitions at this stage)

- the child or young person's needs have not yet been met and actions need to continue or be refined
- the child or young person's needs and/or circumstances have changed and a new assessment is appropriate

Further support and guidance

Should you require any further support and/or guidance please contact the CAF team on 01922 650497

National Guidance

Alongside our local guidance, the Children's Workforce Development Council (CWDC) has produced national guidance for both practitioners and managers:

The [Managers' guide](#) is for all strategic and operational managers across all children's services who have responsibility for implementing the Common Assessment Framework (CAF), to ensure better outcomes for children, young people and their families.

The [Practitioners' guide](#) is for all practitioners who want to know about the CAF and how to use it.

The guidance has been refreshed (March 2010) to update the documents in line with recent policy changes, and to make them more accessible. The CAF guidance now includes the updated CAF form, information about subject access requests, as well as new advice on sharing and storing of CAF forms.

The guides are also available online as an interactive tool which allows you to easily navigate and search across the four books, and are printer friendly. The interactive guidance can be accessed from the [CWDC 'Integrated working guidance'](#) page.

26 Appendix 13 – Guide to CAF Assessment Domain Definition

1. Development of the infant, child or young person

Health

General health – the infant, child or young person’s current health condition (for example, growth, development, physical and mental well-being). Also includes consideration of:

- health conditions or impairments which significantly affect everyday life functioning whether chronic or acute, including obesity
- access to and use of appropriate health services, such as those provided by a GP/dentist/optician, immunisations and appropriate developmental checks
- number and frequency of hospital admissions and accidents
- access to and use of appropriate health advice and information; for example, diet, sexual health and contraception, and management of any health condition such as diabetes or asthma

Physical development – the infant, child or young person’s means of mobility, level of physical or sexual maturity/delayed development. Also includes consideration of:

- being well nourished; being active, rested and protected; gaining control of the body; acquiring physical skills
- vision and hearing
- fine and gross motor skills including:
 - crawling, balancing, walking, running and climbing
 - participation in football or other games
 - ability to draw pictures, do jigsaws etc
 - show awareness of space, of themselves and of others
 - recognise the importance of keeping healthy, and what contributes to this
- Speech, language and communications development – the ability to communicate effectively, confidently and appropriately with others. Also includes consideration of:
 - interaction with others, negotiating plans and activities and taking turns in conversation
 - sustained, attentive listening; responding to what has been heard with relevant comments and questions

- using speech to organise sequences and clarify thinking, ideas, feelings and events
- extending their vocabulary, exploring the meanings and sounds of new words
- using their phonic knowledge to write simple regular words
- showing an understanding of the elements of stories, such as main character, sequence of events and openings, and how information can be found in non-fiction texts to answer questions about where, who, why and how
- using a pencil and hold it effectively to form recognisable letters
- using first language
- ability to gain attention and make contact, access positive relationships, be with others, encourage conversation
- the impulse to communicate, exploring, experimenting, labelling and expressing, describing, questioning, representing and predicting, sharing thoughts, feelings and ideas
- listening and paying attention to what others say; making playful and serious responses; enjoying and sharing stories, songs, rhymes and games; learning about words and meanings
- ability to communicate meaning, influence others, negotiate and make choices, understanding of others
- vision and hearing
- language for communicating and thinking
- linking sounds and letters
- reading and writing
- willingness to communicate
- articulation skills and language structure
- vocabulary and comprehension
- fluency of speech and confidence
- appropriateness of social and communications skills; for example, body language
- excessive use of expletives or inappropriate language; for example, brusque manner

Emotional and social development

The emotional and social response the infant, child or young person gives to parents, carers and others outside the family. Also includes consideration of:

- the importance of being special to someone, being able to express feelings, developing healthy dependence, developing healthy independence
- nature and quality of early attachments
- self-harm or risk of self-harm
- phobias or psychological difficulties, fears or psychological difficulties such as persistent sadness or tearfulness
- temperament, coping and adjusting abilities; for example, after experiencing domestic violence, bereavement or family relationship breakdown
- disposition, attitudes and motivation to change
- confidence to try new activities, maintain attention, concentrate and sit quietly when appropriate
- form good relationships with adults and peers
- understanding what is right, what is wrong, and why
- work as part of a group or class, taking turns and sharing fairly
- the consequences of their words and actions for them and others

Behavioural development

The behaviour of the child or young person and whether behaviour occurs in a particular setting or all settings. Also includes consideration of:

- lifestyle and self-control (including participation in reckless activity and need for excitement)
- behaviour in nursery, class or other environments where the child or young person comes into contact with their peers
- whether undiagnosed conditions may be impacting behaviour (eg. hearing or visual impairment)
- substance misuse (includes alcohol, volatile substance misuse and controlled drugs under the Misuse of Drugs Act 1971)
- anti-social behaviour; for example, destruction of property, aggression towards others, harm or risk of harm to others
- sexually inappropriate behaviour and attempts to manipulate or control others

- early sexual activity, unprotected sex, lack of reflection or positive decision-making about sex and relationships, making them vulnerable to coercive or exploitative relationships
- offending behaviour and risk of reoffending
- violent or aggressive behaviour at home or school
- attitudes to offending
- over-activity, attentiveness, concentration and impulsive behaviour

Identity, including self-esteem, self-image and social presentation

The growing sense of self as a separate and valued person. Also includes consideration of:

- growing awareness of self, realisation of separateness and differences from others, recognition of personal characteristics and preferences, finding out what they can do
- importance of gaining self-assurance through a close relationship, becoming confident in what they can do, valuing and appreciating their own abilities, feeling self-assured and supported, having a positive view of themselves
- knowledge of personal and family history
- access to recognition, acceptance and comfort, ability to contribute to secure relationships, understanding they can be valued by and important to someone, exploring emotional boundaries
- sense of belonging, being able to join in, enjoying being with familiar and trusted others, valuing individuality and contributions of self and others, having a role and identity within a group, acceptance by those around them
- race, religion, age, gender, sexuality and disability – may be affected by bullying or discriminatory behaviour
- understanding of the way in which appearance and behaviour are perceived, and the impression being created
- understanding that people have different needs, views, cultures and beliefs, and that they need to be treated with respect
- understanding that they can expect others to treat their needs, views, cultures and beliefs with respect
- have a developing respect for their own cultures and beliefs and those of other people

Family and social relationships

The ability to empathise and build stable and affectionate relationships with others, including family, peers and the wider community. Also includes consideration of:

- stable and affectionate relationships with parents or caregivers
- sibling relationships
- involvement in helping others
- age-appropriate friendships
- association with predominantly procriminal peers or lack of non-criminal Friends
- understanding of others and awareness of consequences
- association with substance-misusing friends/peer groups

Self-care skills and independence

The acquisition of practical, emotional and communication competencies to increase independence. Also includes consideration of:

- discovering boundaries and limits, learning about rules, knowing when and how to ask for help, learning when to say no and anticipating when others will do so
- discovering and learning about their body, demonstrating individual preferences, making decisions, becoming aware of others and their own needs
- early practical skills; for example, coping with routine such as washing, dressing and feeding (including swallowing, chewing and weaning, in the case of the very young)
- opportunities to gain confidence and practical skills to undertake activities away from the family
- independent living skills for older children; for example, appropriate use of social problem-solving approaches
- the readiness of older teenagers to make the transition from children and young people's services to adult services

Learning

Understanding, reasoning and problem solving – the ability to understand and organise information, reason and solve problems. Also includes consideration of:

- the impact of any disability or impairment, or special needs, and of any potential for these outcomes

- making connections through the senses and movement, finding out about the environment and other people, becoming playfully engaged and involved, making patterns, comparing, categorising, classifying
- being creative; exploring and discovering; experimenting with sound; other media and movement; developing competence and creativity; being resourceful
- being imaginative, imitating, mirroring, moving, imagining, exploring and re-enacting, playing imaginatively with materials using all the senses, pretend play with gestures and actions, feelings and relationships, ideas and words
- exploring, experimenting and playing, discovering that one thing can stand for another, creating and experimenting with one's own symbols and marks, recognising that others may use marks differently
- play and interaction
- demonstration of a range of skills and interests
- numbers as labels and for counting
- calculating
- shape, space and measures
- progress in learning, including any special educational needs identified
- knowledge and understanding of the world
- saying and using number names in order in familiar contexts
- using and developing mathematical ideas and methods to solve practical problems
- using language such as 'more' or 'less' • recognising and recreating simple Patterns

Participation in learning, education and employment – the degree to which the child or young person has access to and is engaged in education and/or work-based training and, if they are not participating, the reasons for this. Also includes consideration of:

- attendance
- the degree to which prior non-participation has led to current needs and Circumstances
- access to appropriate and consistent adult support
- access to appropriate educational resources; for example, books

Progress and achievement in learning – the child or young person’s educational achievements and progress, including in relation to their peers. Also includes consideration of:

- adult interest in the child or young person’s educational activities and Achievements
- progress; for example, measured against the early learning goals in the Early Years Foundation Stage; prior attainment in learning; national curriculum levels achieved; and their peers
- basic skills – the ability to read, write and speak in English and use mathematics at a functional level
- key skills – the ability to learn, work with others, carry out tasks
- participation in activities in the community; development of particular strengths or skills; for example, in sports, arts or vocational training
- special educational needs – whether the child or young person has significantly greater difficulty in learning than the majority of children or young people of their age
- whether the child or young person needs help to catch up when education has been disrupted
- disability – whether the infant, child or young person has a disability, and reasonable adjustments are being made to support their access to the curriculum and school life generally
- aspirations – the ambitions of the child or young person, whether their aspirations are realistic and they are able to plan how to meet them

Note: there may be barriers to a child or young person’s achievement of their aspirations; for example, the child or young person’s other responsibilities in the home. Also includes consideration of:

- the child or young person’s view of progress
- the family background
- motivating elements
- the child or young person’s level of self confidence
- perseverance

2. Parents and carers

Basic care, ensuring safety and protection

The extent to which the infant, child or young person’s physical needs are met

and they are protected from harm or danger, including self-harm. Also includes consideration of:

- provision of food, drink, warmth, shelter, clean and appropriate clothing, personal and dental hygiene
- level of engagement in securing universal services; for example, doctor, dentist, optician
- provision of a safe environment, where family members and other carers act to safeguard the safety and welfare of the infant, child or young person, and the infant, child or young person is not exposed to domestic violence, alcohol/substance misuse, sexual exploitation or other abusive experiences
- recognition of hazards and danger both in the home and elsewhere
- quality of care
- parental substance misuse (includes alcohol and volatile substances, as well as illegal drugs)

Emotional warmth and stability

Provision of emotional warmth in a stable family environment, giving the infant, child or young person a sense of being valued. Also includes consideration of:

- parent or carer's feelings about looking after this infant, child or young person
- ensuring the infant, child or young person's requirements for secure, stable and affectionate relationships with significant adults are met, with appropriate sensitivity and responsiveness to the infant, child or young person's needs
- appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement
- maintenance of a secure attachment to the primary caregiver(s) in order to ensure optimal development
- ensuring the infant, child or young person keeps in contact with important family members and significant others, when it is safe to do so
- frequency of moves of house and/or early years provision, school or place of learning or employment

Guidance, boundaries and stimulation

Enabling the child or young person to regulate their own emotions and behaviour while promoting their learning and intellectual development through encouragement and stimulation, and promoting social opportunities. Also includes consideration of:

- modelling appropriate behaviour and control of emotions and interactions

with others

- provision of clear, consistent and appropriate guidance, boundaries and discipline such that a child or young person can develop a positive internal model of value and conscience
- appropriate stimulation of learning
- effective discipline
- ensuring the infant, child or young person's safety while encouraging independence and avoiding overprotection
- encouraging the child or young person to participate in and benefit from education and leisure activities
- supporting the child or young person's personal and social development so they are independent, self-confident and able to form positive relationships with others

3. Family and environment Family history, functioning and well-being

The impact of family situations and experiences. This includes consideration of:

- culture, size and composition of the household – including changes in the people living in the accommodation since the child's birth
- family history – including any concerns about inheriting illnesses from a parent
- family routines
- disorganised/chaotic lifestyle
- failure to show care or interest in the infant, child or young person
- impact of problems experienced by other family members, such as physical illness, mental health problems, bereavement or loss
- whether the infant, child or young person is witness to violent behaviour, including domestic violence (both physical and verbal)
- involvement in criminal activity/anti-social behaviour
- experience of abuse
- family relationships – including all people important to the infant, child or young person; for example, the impact of siblings, absent parents and any serious difficulties in the parents' relationship
- history of family breakdown or other disruptive events
- father or mother away from home through work, eg. armed forces or in prison
- parental physical and mental health (including depression) or disability

- involvement in alcohol misuse
- involvement in substance misuse (includes alcohol and volatile substances as well as illegal drugs)
- whether anyone in the family presents a risk to the infant, child or young person

Wider family

The family's relationships with relatives and non-relatives. This includes consideration of:

- formal and informal support networks for the infant, child or young person
- formal and informal support networks for the parents or carers
- wider family roles and responsibilities; for example, including employment and care of others
- appropriate level of support from family members

Housing, employment and financial considerations

Housing – what are the living arrangements? Does the accommodation have appropriate amenities and facilities? This includes consideration of:

- who the infant, child or young person has been living with
- the exterior of the accommodation and immediate surroundings
- the interior of the accommodation with specific reference to the infant, child or young person's individual living arrangements
- water, heating, sanitation, cooking facilities, sleeping arrangements, cleanliness, hygiene, safety, security and privacy
- reasons for homelessness

Employment – Who is working in the household, the pattern of their work and any changes? This includes consideration of:

- the impact of work upon the infant, child or young person
- how work or absence of work is viewed by family members
- how work affects the family's relationship with the infant, child or young person

Financial considerations – income available over a sustained period of time. This includes consideration of:

- the family's entitlement to, and receipt of, benefits

- income to meet the family's needs
- the ways in which the family's income is used
- how the family's financial circumstances affect the infant, child or young person; for example, inadequate legitimate personal income
- whether the family is suffering financial hardship due to an emergency; for example, loss of possessions/homelessness
- whether there is serious debt or debt payments reducing income

Social and community elements and resources, including education

Explores the wider context of an infant, child or young person's neighbourhood and its impact on the infant, child or young person, including details of the facilities and services available. Also includes consideration of:

- neighbourhood characteristics; for example, levels of crime, disadvantage, employment, high levels of substance misuse/trading, teenage pregnancy
- relationship with neighbours
- availability and accessibility of universal services, including schools/colleges, schools offering access to extended services, youth service, early years settings, day care, primary healthcare, places of worship, transport, shops and leisure activities, and family support services
- quality of the learning environment and educational support services
- physical access to facilities and services • degree of child or young person's social integration or isolation
- the influence of peer groups, friendships and social networks; for example, substance or alcohol misuse

**STEP DOWN
FRAMEWORK FOR CONTINUING SUPPORT TO VULNERABLE
CHILDREN**

Published November 2008

Framework for Continuing Support to Vulnerable Children

The Framework for Continuing Support to Vulnerable Children (or Step Down) promotes a framework of a defined (and gradually decreasing) level of support to children and their families where they have previously received the highest level of support in Specialist Services. It is a model of support that can be delivered on a locality basis.

Staff in our partner agencies will be familiar with the concept of thresholds for access to services and with the framework of a “step-up” approach to the apex of the triangle (CCM). The introduction of the Child Concern Model in 2002 and the CAF in 2006 has led to a recognised path for children with an escalating level of needs/concerns.

Where there are early indications of a child and family encountering problems, professionals begin to allocate resources from a variety of agencies to try to prevent the situation from deteriorating. Support is given to bolster the family’s efforts to help itself. From a learning mentor to the CAF lead professional, a variety of levels of support are put in place within the remit of Targeted Services.

Children who are the most vulnerable and in the greatest need will receive services through a Child Protection Plan or via a Care Plan for a Looked After Child within Specialist Services. Work is planned and coordinated and may involve professionals from many agencies, both statutory and voluntary.

At the point of discharge from the care system or when a child protection plan is no longer required to meet a child’s needs, then that level of support with its attendant monitoring and review processes is removed immediately. In relation to the Child Concern Model levels, they have gone from Level 3 to at least Level 1 (if not Level 0) in terms of support offered.

Whilst a child may no longer require to be Looked After or to have a Child Protection Plan, it is highly likely that they will have needs that make them vulnerable. Their families should be supported in caring for them. They need a period of “hand holding” whilst stepping down to Universal Services.

In Children's Services, we believe that the more robust the discharge plan (from the public care system or child protection system), the more we will assist these children to achieve improved outcomes through their increased resilience and that of their families.

Detailed Step Down arrangements will ensure that the pattern of multi-agency/integrated working now developing well in Walsall is sustained whilst children and families' needs are met and lessened.

Principles

"To make growing up in Walsall as good as it can be" is the Council's vision and is the foundation of all that is contained within the Children and Young People's Plan.

This model represents another aspect of work that makes a reality of this vision for Walsall's children.

This framework is underpinned by the following principles:-

The child's welfare and safety is paramount.

Children are best cared for by their parents within their family.

Intervention in family life should be at the least intrusive level and should avoid duplication and repetition of processes.

All agencies embrace a similar Risk Assessment Model.

Inter-agency collaboration is necessary to improve outcomes for young people.

Support is given as quickly as possible where additional needs exist in order to maintain the shift from intervention to prevention.

Services should be delivered at a local level.

Existing initiatives and programmes will be used wherever possible.

The child and family should be consulted with and should participate in the development of plans to support them.

At any point in this model, action via the child protection process can be accessed.

The specific needs of black and minority ethnic children will be identified and supported in the plans at any stage in the "step down" continuum.

The child and family's consent to the Step Down arrangements is required.

The Role of the Step Down Lead Professional

The Lead Professional within CAF is increasingly understood and deployed within Walsall. In considering the development of Step Down arrangements, it seems appropriate to build on this existing model.

The involvement of a Step Down Lead Professional offers many positive advantages to the child:-

- A single point of contact.
- Monitoring of the interventions/services and ensuring a review of the child's circumstances.
- Reduces overlap between several professionals and decreases inconsistency in approach to the child and family.
- Brings knowledge of local services.

What follows is a description of a Step Down process from each stage of involvement with Specialist Services followed by a matching flowchart.

Step Down From a Care Plan

When a young person leaves the looked after system to return home, a Core Assessment (if the previous one is more than six months old) will be carried out within 35 days by Corporate Parenting. Where a recent Core Assessment is in place, Corporate Parenting will develop a return home support package as Step Down support and monitor for a minimum of 35 working days. This means the social worker who knows the child when they were Looked After will be able to judge if there are any obstacles to meeting the child's needs within the family or to note signs of imminent breakdown in the return home arrangements. This person will be better placed to be sensitive to any changes in the child's behaviour and wishes and feelings.

Whilst undertaking the Core Assessment or developing the support package, the social worker will liaise with other agencies to ensure the required services are put in place. The social worker will negotiate with Spurgeons about the remit for their involvement.

The Family Support Panel will be used to access any other resources required. Upon completion of the Core Assessment and/or having offered a minimum 35 working days of involvement, the Corporate Parenting Service will organise a Care Plan Step Down meeting before they withdraw. Other agencies with significant involvement with the child will be invited.

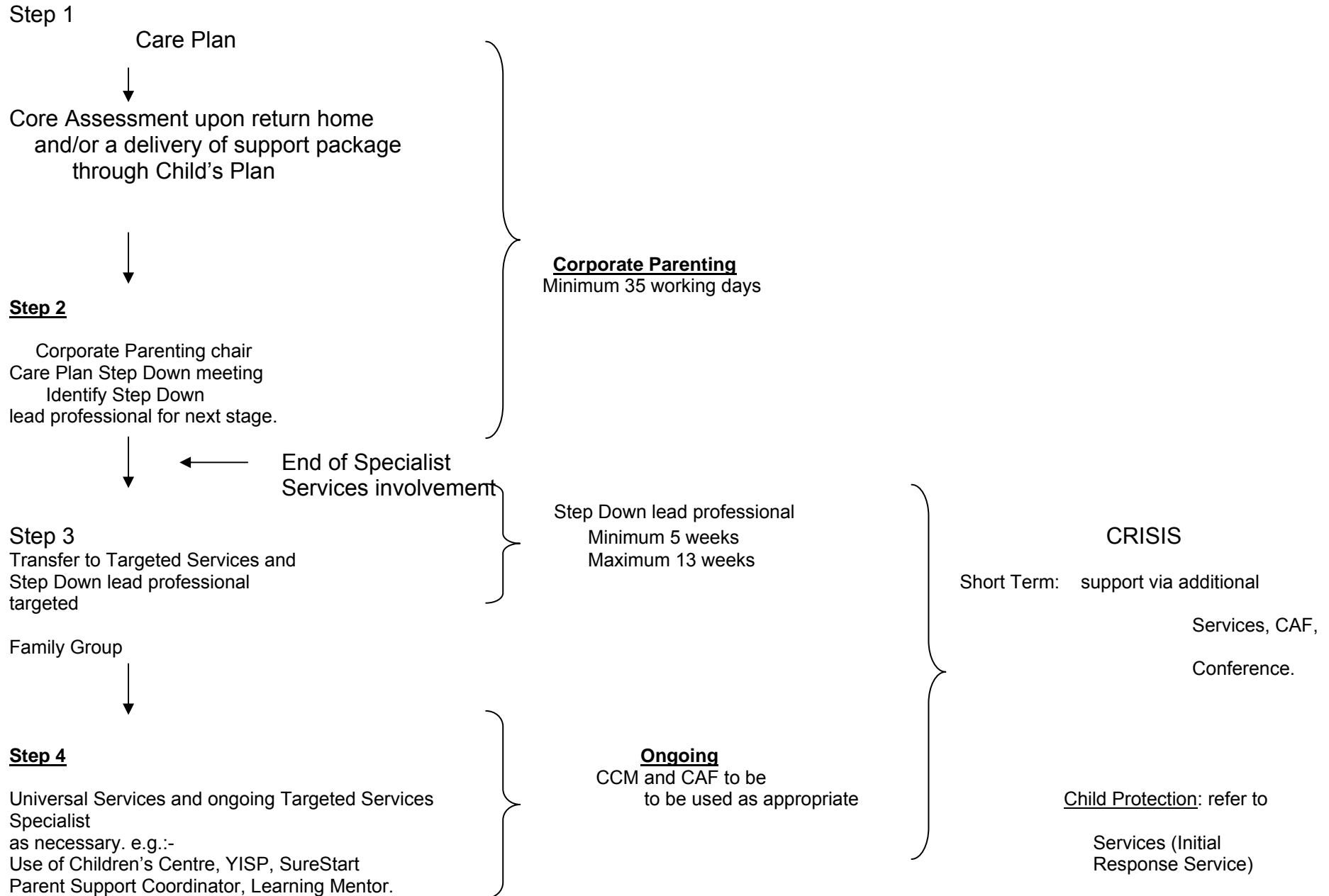
A lead professional for the next stage of Step Down will be identified. Where possible, the family should be involved in this meeting and any remaining issues/support needs should be outlined to all the relevant agencies delivering targeted and/or universal services.

The Step Down lead professional will monitor the child's welfare and any services to the family for a period of 5 -13 weeks (time scale to be agreed at meeting). After that time, the child and family will revert to the use of Universal Services and any targeted services they still need, but there will be no further monitoring by the Step Down lead professional. By this stage, the family will have been supported

and monitored for a minimum of 12 weeks and a maximum of 26 weeks following discharge from the care system.

From the point of the involvement of the Step Down lead professional and thereafter, the Child Concern Model and CAF process can be used again if necessary to ensure the child's needs are met and outcomes for the child are improved.

Step Down From a Care Plan



Step Down From a Child Protection Plan

As we acknowledge the role of the lead professional has not been fully developed, there are 2 versions of the Continuing Support Framework: the interim position and then the process to be implemented when the lead professional has been further rolled out.

Interim Process- valid until 31/12/08

At the conference which identifies a child as no longer requiring a Child Protection Plan, a meeting will be held with the family where a Child in Need Plan will be proposed. A worker from VCS will be identified to monitor and review that plan for a period of 4-6 weeks.

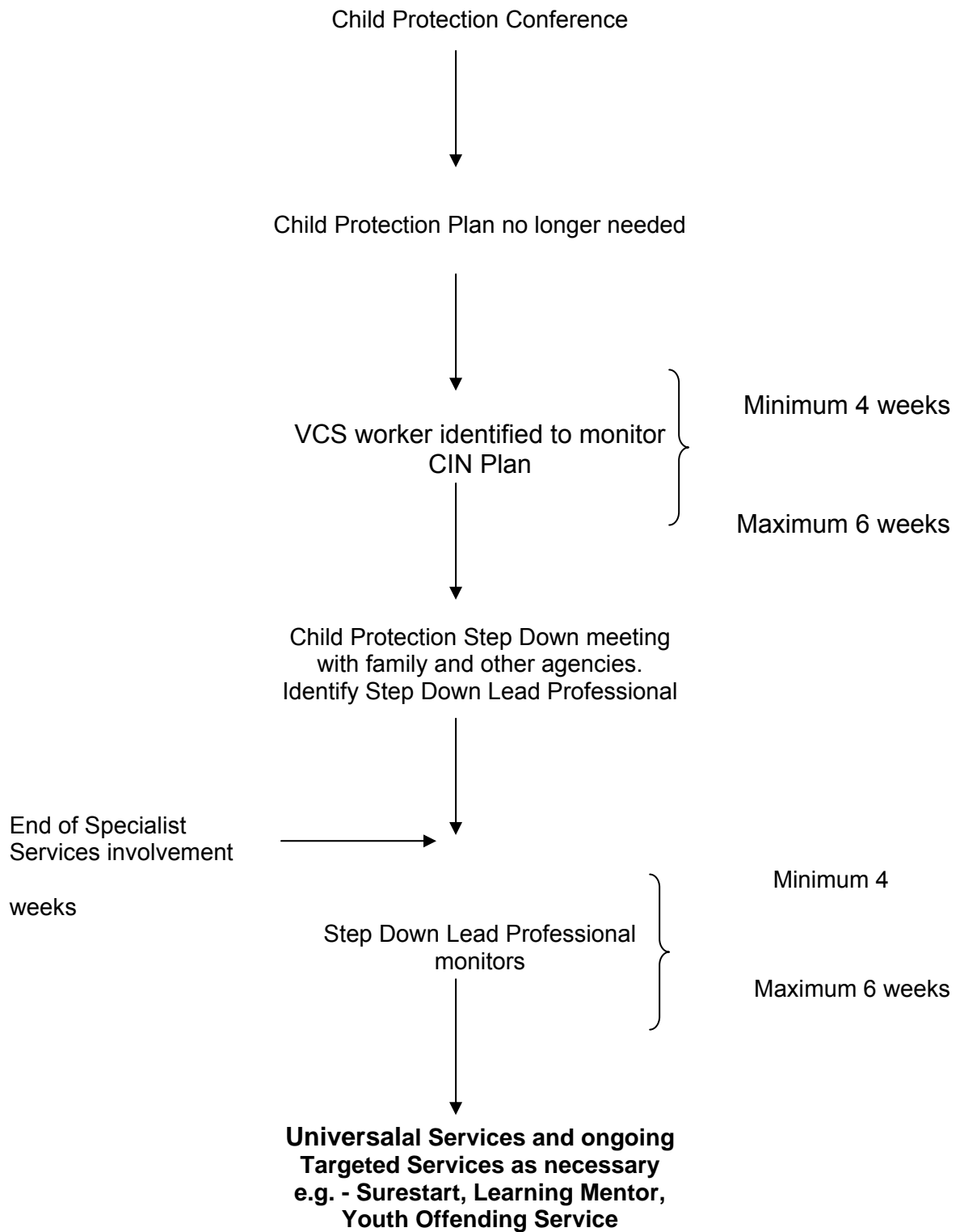
Before the end of that period, the VCS worker will at a Child Protection Step Down meeting identify an appropriate Step Down lead professional to monitor the child's circumstances on the next stage of Step Down. At this point, Social Care will cease its involvement with the child and family.

The lead professional will monitor the child's welfare and any services to the family for a period of 4-8 weeks.

At this point, the child and family will revert to the use of Universal Services and any targeted services they still need, but there will be no further monitoring by the Step Down lead professional. By this stage, the family will have been monitored and supported for a minimum of 8 weeks to a maximum of 14 weeks.

From the point of the involvement of the Step Down lead professional and thereafter, the Child Concern Model and CAF process can be used again if necessary to ensure the child's needs are met and outcomes for the child are improved.

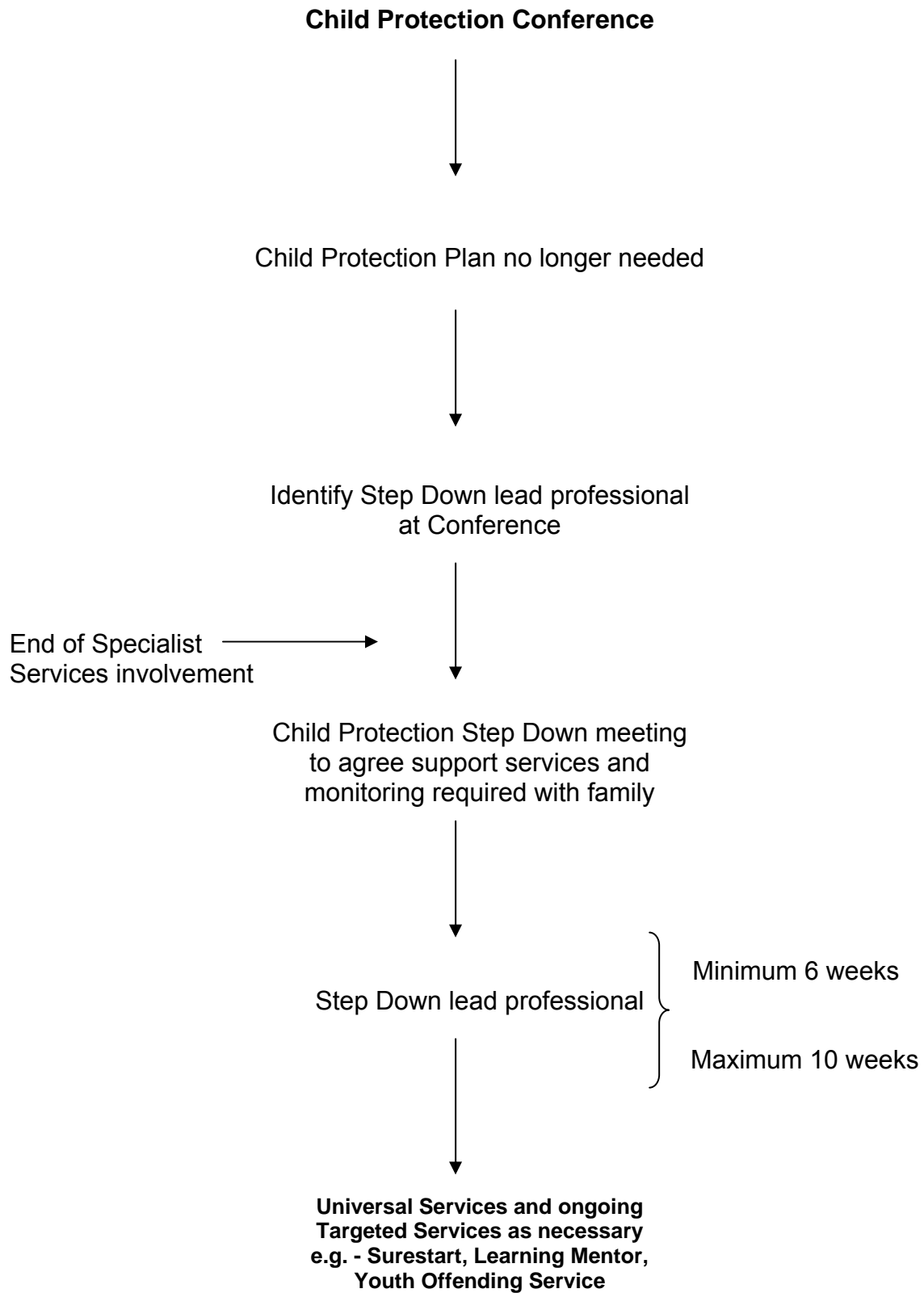
Step Down From a Child Protection Plan



Step Down From a Child Protection Plan (from 01/01/09)

1. At the conference which identifies a child as no longer requiring a Child Protection Plan, a Step Down lead professional will be identified and a date for the Child Protection Step Down meeting will be agreed with the family. This should take place within 10 days.
2. The Step Down lead professional will monitor the child's welfare and any services to the family for a period of 6-10 weeks.
3. At this point, the child and family will revert to the use of Universal Services and any targeted services they still need, but there will be no further monitoring by the Step Down lead professional.
4. From the point of the involvement of the Step Down lead professional and thereafter, the Child Concern Model and CAF process can be used again if necessary to ensure the child's needs are met and outcomes for the child are improved.

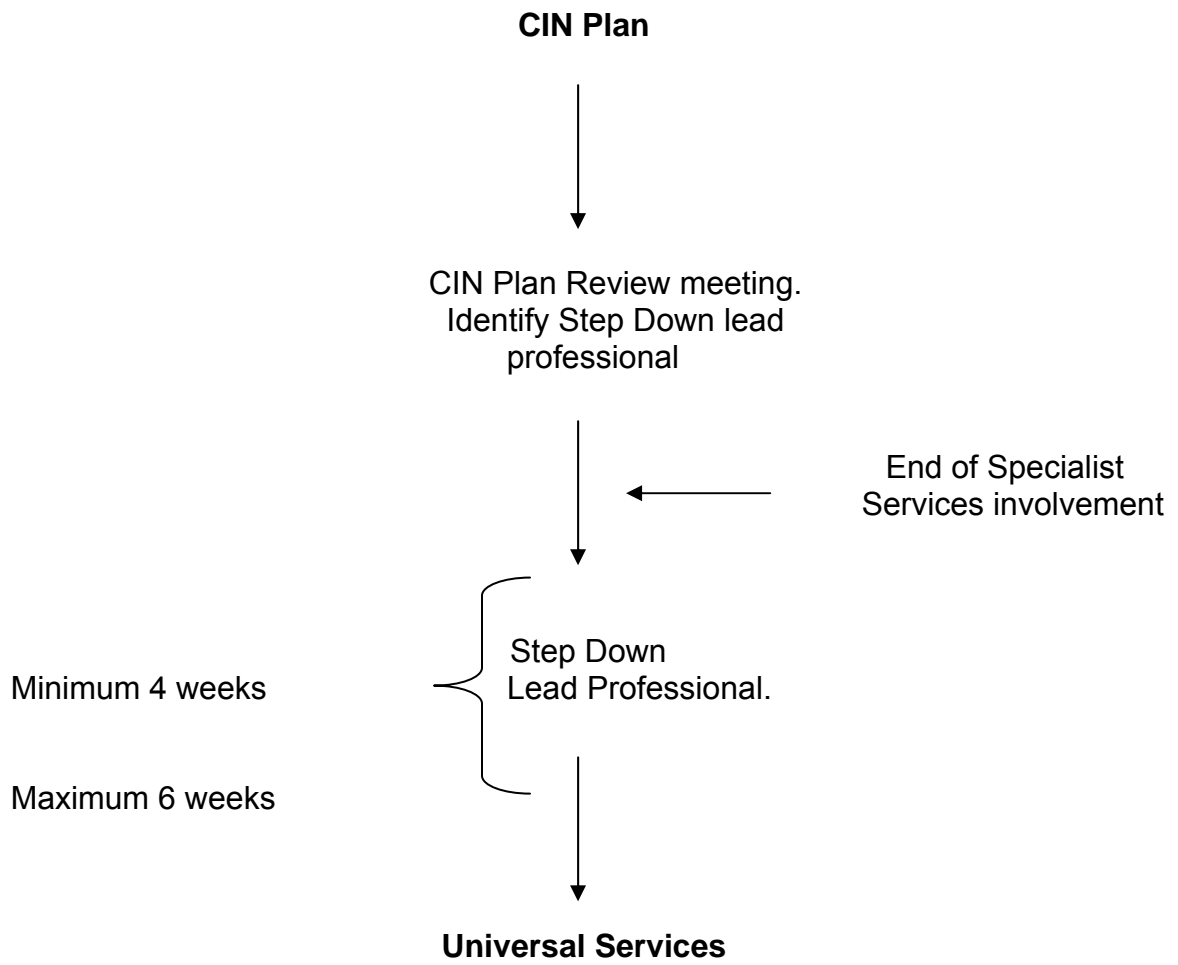
Step Down From a Child Protection Plan



Step Down From a Child in Need Plan

1. Prior to the end of a Child in Need Plan, the VCS worker will organise a CIN Plan Review meeting to be attended by the family and agencies who have/will have significant involvement on an ongoing basis.
2. At this meeting, the Step Down lead professional will be identified and any targeted services support to meet the child's needs. VCS involvement will end at this point.
3. The Step Down lead professional will remain involved for 6-8 weeks.
4. At the end of the involvement of the Step Down lead professional, the child and family will revert to the use of universal services and any targeted services they still need, but there will be no further monitoring by the Step Down lead professional.
5. From the point of the involvement of the Step Down lead professional and thereafter, the Child Concern Model and CAF process can be used again if necessary to ensure the child's needs are met and outcomes for the child are improved.

Step Down From a Child in Need Plan



Step Down From an Initial Plan

1. An Initial Plan is set up following an Initial Assessment to meet needs which are of a short-term, straightforward nature. As the involvement from VCS will thus be purposeful but brief or less complex, it follows, therefore, that the Step Down arrangements will be brief and simple.
2. At the end of the Initial Plan (and if a further plan is not needed), VCS will advise the CAF Team/lead professional.
3. A Step Down lead professional should be identified to provide supportive contact to the child and family for 2-4 weeks with their agreement and if necessary.
4. If the child's circumstances are satisfactory at the end of 2-4 weeks, then the child and family will use Universal Services.
5. If the child's circumstances require support, then the CCM and the CAF process should be used to increase Targeted Services support to meet the child's needs.

Step down from Referral to the Initial Response Service

1. Following a referral of a child to Specialist Services, it may be decided either at the point of referral or after an Initial Assessment, that referral to another agency is most appropriate to meet the needs of the child.
2. IRS should advise the CAF Team/ Lead Professional as well as the Referring Agency.
3. Targeted Services accessed through a CAF on the CCM remain available to the child and family.

Step Down From Referral to Specialist Services

**Referral to Specialist Services with the
outcome of a decision to refer to
other agency**



Advise CAF worker/referrer



End of Specialist
Services

**Targeted Services available.
Use of CCM, CAF and
Family Group Conference
as necessary**

28 Appendix 15 – Child in Need & Child Protection Referral Form



CHILDREN'S SERVICES CHILD IN NEED & CHILD PROTECTION REFERRAL FORM

Please send this form to the Initial Response Service Fax Number: 01922 658195
Web address for Child Protection procedures: <http://www.wlscb.org.uk/wscbindex/wscbprotection.htm>

This form is to be used by all agencies when referring a child to Children's Services. The more information received by Children's Services at the first point of contact, the more likely it is that appropriate services will be delivered at the earliest opportunity to help children and their families

BEFORE PROCEEDING PLEASE CONSIDER – Have you consulted within your own agency about this referral? If so, was it agreed that a referral was required?

| | | | | | | | |
|-----------------------------------|--------------------------|------------------------------|--------------------------|-------------------------------|--------------------------|--|--------------------------|
| 1. | | Child's First Name/s: | | Child's Surname: | | | |
| Any alternative name: | | | | | | | |
| Date of Birth Or EDD | | Gender (M/F) | | Religion | | Language or preferred method of communication e.g. sign language | |
| Name of Parents/Carers: | | | | | | | |
| Home Address: | | | | Any other relevant addresses: | | | |
| Post Code: Telephone Number/s: | | | | Post Code: | | | |
| Ethnic Origin | | | | | | | |
| Bangladeshi | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Traveller of Irish Heritage | <input type="checkbox"/> | Traveller of Irish Heritage | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> | White & Asian | <input type="checkbox"/> | White & Black African | <input type="checkbox"/> | White & Black African | <input type="checkbox"/> |
| Any Other Asian Background | <input type="checkbox"/> | Any Other Black Background | <input type="checkbox"/> | Any Other Mixed Background | <input type="checkbox"/> | Any Other Mixed Background | <input type="checkbox"/> |
| Any Other Ethnic Group | <input type="checkbox"/> | Information Not Yet obtained | <input type="checkbox"/> | Refused | <input type="checkbox"/> | | <input type="checkbox"/> |

| 2. Other Significant Family Member / Adults | | |
|---|--------------|-----------------|
| Name | Relationship | Contact Details |
| | | |
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3. Contact Information: [Please add others you think may be relevant]

| Agency | Name | Address | Telephone |
|----------------|------|---------|-----------|
| GP | | | |
| Health Visitor | | | |
| School | | | |
| School Nurse | | | |
| Other Agency | | | |

4. Have you had a consultation with Children's Services? If so, what advice were you given?

5. Has a CAF been completed in respect of this child?

If a CAF has been completed, please attach a copy

Yes No

6. Why are you referring this child to Children's Services today?

[Please identify your specific concerns and comment on what you think the family need from Children's Services. State how long you have known the child and in what capacity, i.e. as teacher, doctor, etc]

7. What information do you know about this child:

[Include all relevant information about the child, i.e. about their development, health, behaviour etc. If you have information such as a chronology, body maps or centile charts, please attach]

8. What information do you know about the child's parent(s) and wider family:

[Include relationships, friendships, behaviour, support, stability, safety, domestic abuse, mental illness, substance misuse, learning difficulties]

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9. What information do you know about the wider environmental factors which may impact on the child: *[Consider for example, housing issues, who is working in the household, financial situation, community and social involvement]*

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10. Any relevant information: *[Including previous referrals]*

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11. Is there a perceived risk of violence or other matters that could place those making contact with this family in danger: *[such as an unsafe neighbourhood, persons of a violent nature, an un-tethered dog, etc]?*

Yes No

If yes, please specify what the identified risk is:

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12. In circumstances such as where there is a risk of violence (such as domestic abuse), please provide details regarding a safe point of contact.

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13. Have you spoken to the Parent or Carer about making this referral? If not, please explain why not?

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If you are making a Child in Need referral, agreement must be sought from the parent/carer (and where appropriate the young person) to making the referral. If parental agreement is not obtained, it will not be possible to progress a Child in Need referral. Wherever possible, the parent/carer should be asked to sign the referral form.

If you are making a referral of child protection concern and are unsure about whether to advise the parent/carer about the referral, you should consult with your agency about this issue. If you remain unsure about whether the parent/carer should be consulted/informed about the referral (i.e. due to evidence being compromised, or someone being placed at risk) please consult Children's Services in the first instance.

14. Parental agreement:

I agree to the information in this referral being passed to Children's Services

| |
|---|
| Name of Parent/Legal Guardian [Please Print]: |
| Signature of Parent/Legal Guardian: |
| Date: |

15. Referrer:

| |
|---|
| Name and Status (Print): |
| Please specify work address and contact telephone number: |
| Signature: Date: |

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TO BE COMPLETED BY INITIAL RESPONSE, CHILDREN'S SERVICES AND RETURNED TO THE REFERRER

Feedback to the referrer

| | | |
|---|---------------|--------------------------|
| Name of child/young person: | | |
| Date of Birth: | | |
| Referring agency: | | |
| <u>Outcome of the referral:</u> | | |
| <u>Work undertaken</u> | | |
| Information and advice provided | | <input type="checkbox"/> |
| Initial assessment undertaken | | <input type="checkbox"/> |
| Section 47 investigation and core assessment undertaken | | <input type="checkbox"/> |
| Child considered at child protection conference | | <input type="checkbox"/> |
| Child accommodated into the care of the local authority | | <input type="checkbox"/> |
| Child privately fostered | | <input type="checkbox"/> |
| <u>Further work required</u> | | |
| Section 17 support via child in need plan | | <input type="checkbox"/> |
| Core assessment | | <input type="checkbox"/> |
| Support to child subject to a child protection plan | | <input type="checkbox"/> |
| Support to a child in the care of the local authority | | <input type="checkbox"/> |
| Support to a child who is privately fostered | | <input type="checkbox"/> |
| Signpost to another agency | | <input type="checkbox"/> |
| No further action and the case closed | | <input type="checkbox"/> |
| Referring agency advised to undertake CAF | | <input type="checkbox"/> |
| Case transferred to: | | |
| Safeguarding and family support | 0845 111 2837 | <input type="checkbox"/> |
| Looked after children | 01922 650555 | <input type="checkbox"/> |
| Transition and leaving care team | 01922 471900 | <input type="checkbox"/> |
| Signature: | Date: | |
| (Team manager) | | |