

**SAFE AND WELL PRACTICE
GUIDANCE:**

**INTEGRATED WORKING
WITH
CHILDREN AND YOUNG PEOPLE
WITH
ADDITIONAL OR COMPLEX
NEEDS**

FEBRUARY 2010



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Title of Protocol	Safe and Well Practice Guidance: Integrated working with children and young people with additional or complex needs	
Application	All RSCB partner agencies	
Date of initial ratification	2006	
Ratified by Rotherham Children and Young People's Board	February 2010	
Date of next review	February 2011	
Contents	Section	Page
1.0	Introduction	5
	Scope of guidance	5
	Aims of guidance	5
	Purpose of guidance	6
	Principles	6
	Legal context	7
	Policy context	7
2.0	Key Definitions and Concepts	7
	Safeguarding children	7
	Child protection	8
	Significant harm	8
	Children in need	9
	Special circumstances for consideration	9
	Children in special circumstances	9
3.0	Integrated working	10
	Aims of integrated working	11
	Assessing and meeting the needs of children, young people and their families in Rotherham	12
4.0	Consent and information sharing	13
	Sharing information where there are concerns of significant harm	13
	When to not seek consent	14
	Whose consent should be sought?	14
5.0	The Every Child Matters Continuum, levels of need and thresholds	15
	Levels of need, risk and action	16
	Every Child Matters continuum	17
6.0	Undertaking assessments	19
	A common framework for responding to needs	19
	Principles underpinning assessments	19
	The Assessment Framework for Children in Need and their Families	20
7.0	The Common Assessment Framework (CAF)	20

	The CAF Process	22
	Reviewing progress	22
	The Team around the Child (TAC) and the Lead Professional / Worker	23
8.0	Referring concerns about a child or young person	23
9.0	Consultation	24
	Consultation recording practice	24
10.0	Resolving Differences of Opinion or Judgement	25
	Principles of resolving professional differences	25
	Process of resolving professional differences	25
	Resolving different views about a referral	26
11.0	Equality and diversity	27
	Principles of equality and diversity	27
12.0	Training	28
Appendix 1	Protective and Risk Factors	29
	Level 0:	29
	Level 1: Child with additional needs	31
	Level 2: Child with additional needs	33
	Level 3: Child in Need – complex needs	36
	Level 4: Child in Need – potentially at risk of significant harm	38
	Level 5: Child in need of protection	39
Appendix 2	Pre-CAF Checklist	41
Appendix 3	Legislation and guidance	44

Document Control

Version	Date	Reason for Change	Author
Version 2	February 2010	Period Review	Angie Heal

1.0 INTRODUCTION

1.1 To achieve good outcomes for **all** children and young people in Rotherham, at **every** level of need, it is essential that agencies work together using an approach known as 'integrated working'. In order to facilitate this, Rotherham Safeguarding Children Board (RSCB) has produced this practice guidance. It provides information about integrated working and details the procedures that should be followed if staff have concerns that a child or young person has additional or complex needs.

1.2 With early intervention being at the heart of this approach, it is vital that **workers act promptly and in conjunction with other relevant agencies**, to intervene effectively and improve the outcomes for the child or young person. The provision of integrated services places great emphasis on the need to prevent harm to children by supporting parents / carers. It places family support services and child protection services on a continuum which is reflected in this practice guidance.

Scope of the guidance

1.3 This guidance is for staff in all agencies, organisations and professional groups whose work brings them into contact with children or young people, either in a paid or voluntary capacity. This is a revision of the Safe and Well Protocol and Practice Guidance written in 2006, which have now been combined into this one document.

Aims of the guidance

1.4 The aims of this guidance are to:

- safeguard and promote the welfare of children / young people in Rotherham
- improve outcomes for children / young people
- ensure that there is understanding of integrated working practice and a shared terminology and practice between workers and agencies
- ensure that there is consistency and agreement in practice across all local agencies in their approach to working with children / young people with additional and complex needs
- develop collaborative processes and procedures in order to strengthen responses to children / young people with additional needs, including: the Common Assessment Framework (CAF), consultation and referral; information sharing; recording; and inter-agency meetings for children in need
- work in partnership with parents / carers, recognising that wherever possible children / young people are best cared for in their own families and communities.

Purpose of the guidance

1.5 The purpose of the guidance is to:

- explain key definitions and concepts of safeguarding and child protection
- outline the theory and practice of integrated working
- outline the Continuum of Need and the multi-agency process for dealing with identified needs and / or shared concerns about a child / young person which **do not amount to significant harm**
- define the specific purposes for which agencies have agreed threshold levels and share information to meet their responsibilities to protect and safeguard children in need, and to promote their welfare
- set out the responsibilities of agencies to implement internal arrangements to meet the requirements of the model
- promote public trust, through transparency and accountability of approach, in the management and handling of personal information
- support individual and organisational legal compliance, to ensure best management practice.

Principles

1.6 The following principles should be applied at all times when working with all children, young people and their families:

- services provided should be flexible, easily accessed and should be of good quality
- facilities should be made available to address the special physical and emotional needs of children / young people
- each agency should have coherent procedures to respond to the initial contact, referral and assessment processes, which involve families in deciding how their needs will be best met
- plans and reviews of children / young people's needs should be carried out in accordance with regulation and guidance, and should include objectives and record of steps taken to achieve these
- the communication needs of all children / young people and their families should be met when they have contact with any agency. Information about available services should always be provided in ways which they can understand
- all agencies should have non-discriminatory service delivery, recruitment and employment practices, which underpin a commitment to equal opportunities
- all agencies should have clear and comprehensive policies and procedures for provision of services
- workers should not be afraid to ask for help or to accept assistance
- assumptions should not be made about how a particular family works or receives support.

Legal context

1.7 Integrated working is outlined in the statutory guidance supporting Section 10 (inter-agency co-operation) and Section 11 (safeguarding and promoting the welfare of children) of the Children Act 2004. Integrated working is key to ensuring good outcomes for children and young people with additional or complex needs. Appendix 3 provides further information about relevant legislation for this guidance.

Policy context

1.8 As noted below in section 2.3, the Every Child Matters¹ agenda is central to the concept of integrated working. Other key national policies include: Youth Matters² which sets out steps to improve the outcomes for 13 to 19 year olds; and the Children's Plan³. Appendix 3 provides further information relating to national guidance.

2.0 KEY DEFINITIONS AND CONCEPTS OF SAFEGUARDING AND CHILD PROTECTION

2.1 As laid down in the Children Act 1989, a **child** is anyone who has not yet reached their 18th birthday.

Safeguarding children

2.2 Safeguarding and promoting the welfare of children is defined as:

- *'protecting children from maltreatment*
- *preventing impairment of children's health or development*
- *ensuring that children are growing up in circumstances consistent with the provision of safe and effective care*

and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully⁴.

2.3 Safeguarding refers to all children and young people whatever their background or circumstances. Under Section 11 of the Children Act 2004, all agencies have a duty to safeguard and promote the welfare of children. Under the Every Child Matters⁵ agenda, there are five outcomes that are key to children and young people's wellbeing. These are:

- stay safe

¹ *Every Child Matters: Change for Children* (HM Government, 2004)

² *Youth Matters: Next Steps* (DCSF, 2006)

³ *The Children's Plan* (DCSF, 2007)

⁴ *Working Together to Safeguard Children* (HMSO, 2006).

⁵ *Every Child Matters: Change for Children* (HM Government, 2004)

- be healthy
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing.

2.4 If children / young people are denied the opportunity and support they need to achieve these outcomes, they are at increased risk not only of a deprived childhood, but also of disadvantage and social exclusion in later life as an adult.

Child protection

2.5 Child protection is a part of safeguarding and promoting welfare. It is the activity that is undertaken to protect specific children / young people who are suffering, or are at risk of suffering, significant harm.

Significant harm

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

The Children Act 1989 as amended by the Adoption and Children Act 2002:

- 'harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
- 'development' means physical, intellectual, emotional, social or behavioural development;
- 'health' means physical or mental health; and
- 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

2.7 All agencies and individuals should proactively safeguard and promote the welfare of children. This should, therefore, reduce the need to take action to protect children / young people from harm. **If a worker is concerned that a child / young person is at risk, or is suffering significant harm, action should be taken as specified in South Yorkshire Child Protection Procedures⁶.**

⁶ South Yorkshire Child Protection Procedures (RSCB, 2007)

This practice guidance solely relates to working with children / young people in Rotherham who have additional or complex needs, not those who are suffering, or likely to suffer significant harm.

Children in need

2.8 Children / young people who are defined as being 'in need', under s17 of the Children Act 1989, are those who are vulnerable to such a level that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (s17(10) of the Children Act 1989). All children / young people with a disability are automatically considered as children in need.

2.9 Factors that must be taken into account in deciding whether a child / young person is 'in need' under the Children Act 1989 are:

- what will happen to a child/ young person's health or development without the provision of services, and
- the likely effect the services will have on the child's standard of health and development.

2.10 All local authorities have a duty to safeguard and promote the welfare of children in need.

Special circumstances for consideration

2.11 Many families may be under stress, but nonetheless manage to bring up their children in a warm, loving and supportive environment in which their children's needs are met and they are safe from harm. In undertaking assessments professionals should be aware that sources of stress within families may however, have a negative impact on a child / young person's health, development and well being, or because they affect the capacity of parents to respond to their child's needs. Sources of stress may include the following:

- social exclusion
- low income / poverty
- domestic violence
- the mental ill health of a parent / carer
- children / young people with complex care needs
- young carers / teenage parents
- parental or young person's substance misuse
- homelessness or housing issues including Traveller children, mobile children, asylum seekers and children of migrant workers.

2.12 Recent research findings have sometimes associated links between perpetrators of child, elderly and animal abuse⁷.

Children in special circumstances

2.13 There are a number of children and young people who require a high level of co-operation between staff in different agencies but who may be 'invisible' to the system, or their needs are not fully recognised. These are children in need and include:

- mobile children, young people and families
- children living away from home (in foster care, residential homes, private fostering, in-patient health settings, residential schools, prisons, young offenders institutions and secure units)
- children/ young people who are leaving care
- young carers.

2.14 If you think you are working with a child / young person, or with the family of a child / young person, who you think may have additional needs, you should complete a Common Assessment Framework (CAF) (see Section 7.0).

2.15 For further advice or information please contact Rotherham Safeguarding Children Unit on 01709 823 906.

3.0 INTEGRATED WORKING

3.1 There are a number of key areas of integrated working⁸. These include:

- **Information sharing**, which is at the heart of integrated working. Improving outcomes for children and young people with additional or complex needs is dependent on workers sharing information with each other, in a lawful manner, and with the child / young person and their family when appropriate.
- The **Common Assessment Framework (CAF)** processes and documentation, which should be used by all agencies working with children / young people with additional needs. It supports practitioners to assess those needs earlier and more effectively, and to promote collaboration and **information sharing**. The CAF is a shared assessment tool, used across agencies which can help practitioners develop a shared understanding of a child's needs, so that they can be met more effectively.

⁷ *Understanding the Links*, NSPCC, 2005

⁸ *Integrated Working Explained* Children's Workforce Development Council, 2008

- The **lead worker / professional** role is a crucial element, coordinating the actions identified in the assessment process. It provides a single point of contact for children with additional needs, who are supported by more than one practitioner. They are responsible for ensuring a coherent package of services, where there is more than one agency involved.
- **Multi-agency working**, including the **Team around the Child (TAC)**. This includes sharing information, holding timely meetings and reviews, working within legislation and to agreed practice guidance, and working effectively together with the family to improve the outcomes for the child / young person.
- **Leadership and management**⁴. This includes providing effective support and supervision to staff working with children / young people and families, ensuring their safety and personal development, including training, and making timely decisions in relation to case management.

Aims of integrated working

3.2 There are a number of common aims to integrated working, including:

- to promote early intervention to assist children, young people and families
- to identify children / young people who have additional or complex needs and are therefore vulnerable to poor outcomes, or who are Children in Need (Children Act 1989) or, suffering or are at risk of significant harm and / or family breakdown
- to share information and complete holistic assessments
- to plan and deliver services in response to need at the earliest opportunity
- to provide services to improve outcomes for children
- to review and measure outcomes for children
- to promote integrated working through consistent, co-ordinated and thorough approaches to receiving requests for support for children and families across agencies
- to establish a common language to describe children's development and circumstances
- to identify levels of need through the consistent application of jointly agreed indicators of resilience, needs and risk, and eligibility criteria
- to work in partnership with children and families in the assessment process
- to avoid repeat interviewing of children and families and duplication in assessment processes
- to have a confident workforce, trained and supported to delivery high quality services to children and young people in Rotherham
- to standardise, streamline and ensure a high quality of record keeping

⁴ *Integrated Working Explained* Children's Workforce Development Council, 2008

- to use technology to assist practitioners to work effectively and deliver timely assessment and plans.

Assessing and meeting the needs of children, young people and their families in Rotherham

3.3 Any agency can receive a referral for a family, and can also identify need. It is jointly agreed that the agency will offer a service, undertake a CAF and involve other agencies as appropriate, or, where necessary, signpost or refer a child / young person or their family on to the statutory agencies.

3.4 It is important to address identified need through early intervention at the lowest level, wherever possible. The aim is to prevent crises, to avoid entrenched situations, and high level services being inappropriately introduced to the detriment of children / young people and their families.

Rotherham has a local directory of services to assist families, and workers in statutory and voluntary agencies, to identify the most appropriate services to meet their needs. It is available via the Internet at <http://rotherham.childreancesservicesdirectory.org.uk/>.

3.5 An important principle of integrated working is that a request for involvement of a number of services for a child / young person or family does not mean a transfer of responsibility; it involves shared responsibility and joined up services.

3.6 All CAFs, which indicate low level needs and the requirement for a package of services, will be coordinated by a jointly agreed named **lead worker / professional** (see Section 7.15).

3.7 The progress of common assessment work for individual children / young people will be monitored through each agency's line management and supervision arrangements. An agency's overall participation in integrated working framework will be monitored by Rotherham Safeguarding Children Board, through its auditing process.

3.8 Rotherham is developing Multi-Agency Assessment Panels in each of the 14 learning communities. Their functions will include:

- enabling agencies to clarify issues around joint assessment and working
- working collaboratively on the sharing and development of new resources
- maintaining a strategic overview of local services for vulnerable children and young people, and children in need and ensuring their accessibility
- planning future joint working, as the integration agenda becomes firmly embedded.

Case Recording

3.9 All agencies working with children and young people should ensure that case recording is an integral part of case management. Each partner agency will have its individual case recording arrangements, which will be either a local or national system. Timely case recording is an essential part of case work, and should be supervised by line managers. Case records can also be monitored by Rotherham Safeguarding Children Board as part of the auditing process.

4.0 CONSENT AND INFORMATION SHARING

4.1 Sharing information is essential to ensure early intervention helps children, young people and their families who need additional services, to achieve positive outcomes. It is also vital in order to safeguard and promote the welfare of children / young people. Agencies should be committed to protecting the privacy of children, young people and families and to maintain the highest standards of security and good data management.

4.2 Clear policies and good working relationships, based on professional respect and trust, diminishes organisational and cultural obstacles between partners. This also enables an open and positive approach to information sharing.

4.3 Workers should always seek consent to share information from parents / carers, and the child or young person when appropriate. Practitioners in universal, targeted and specialist services, including multi-agency services, should proactively inform children, young people and families, when they first engage with the service, about their service's policy on how information will be shared, and seek their consent. The approach to information sharing should be explained openly and honestly. Where this is done, young people and families will be aware of how their information may be shared, and experience shows that most will give consent. Consent and all information sharing decisions should always be recorded in case records.

Sharing information where there are concerns of significant harm

4.4 It is critical that all practitioners working with children, young people and their families are in no doubt that where they have reasonable cause to suspect that a child or young person may be at risk of suffering significant harm, they should always refer their concerns to CYPS Social Care Services or the police.

4.5 Whilst you should always seek to discuss any concerns with the child, young person and their family and, wherever possible seek their agreement to making such a referral, this should only be done when discussion and agreement-seeking will not place a child / young person at increased risk of significant harm or lead to interference with any potential investigation.

The child / young person's interests must be the overriding consideration in making any such decisions. Consent and information sharing decisions should always be recorded in case records. For further information refer to Section 3 of South Yorkshire Child Protection procedures 2007

When to not seek consent

4.6 There will be some circumstances where you should not seek consent, for example where to do so would:

- place a child / young person at increased risk if significant harm
- place an adult at risk of serious harm
- prejudice the prevention or detection of serious crime
- lead to unjustified delay in making enquiries about allegations of significant harm
- there is a statutory duty or court order to share information
- the public interest justifies disclosing confidential information without consent

4.7 Advice should be sought from your line manager, or your organisation's safeguarding lead officer, when a decision to share information without consent is being considered.

Whose consent should be sought?

4.8 A young person aged 16 and 17, or a child under 16 who has the capacity to understand and make their own decisions, may give (or refuse) consent to information about them being shared.

4.9 In most circumstances, a young person aged 12 or over will be able to give consent without referral to their parents or carers, if they are competent to do so. Those under 16 should always be encouraged to involve their parent or carer, unless to do so would place them at risk of harm. Careful consideration should be given to seeking the consent of children / young people with disabilities and assumptions that they cannot give consent should not be made.

4.10 Agencies and staff promoting children / young people's well being and safeguarding them from harm depend crucially upon effective information sharing, collaboration and understanding between agencies. Systems for effective multi-agency working are supported by procedural guidance, training and liaison. (See Rotherham Safeguarding Children Board's website for further information www.rscb.org.uk.)

4.11 Additional guidance and protocols on confidentiality, consent and information sharing, and the legal and statutory duties are available to support

and facilitate appropriate information sharing for all agencies that provide services to children, young people and their families in Rotherham. For further information see Overarching Information Sharing Protocol (December 2009)

5.0 THE EVERY CHILD MATTERS CONTINUUM, LEVELS OF NEED AND THRESHOLDS

5.1 From birth, all children become involved with a variety of different voluntary and statutory agencies in the community, particularly in relation to their health, day care and educational development. A range of workers in such universal services include midwives, health visitors, general practitioners, nursery staff, teachers and voluntary sector workers, who all have a role in safeguarding and promoting their welfare. Universal services are available to all children and families and can be accessed without the need for referral. Most children / young people will make progress through contact with these universal services, without requiring additional support.

5.2 Some children / young people, however, will have additional or complex needs, and these are most likely to be identified by workers in universal services. If you identify such a child / young person, you have a responsibility to assess which level of intervention / service is required and to liaise with other services as appropriate, in order to improve the outcomes for that child / young person.

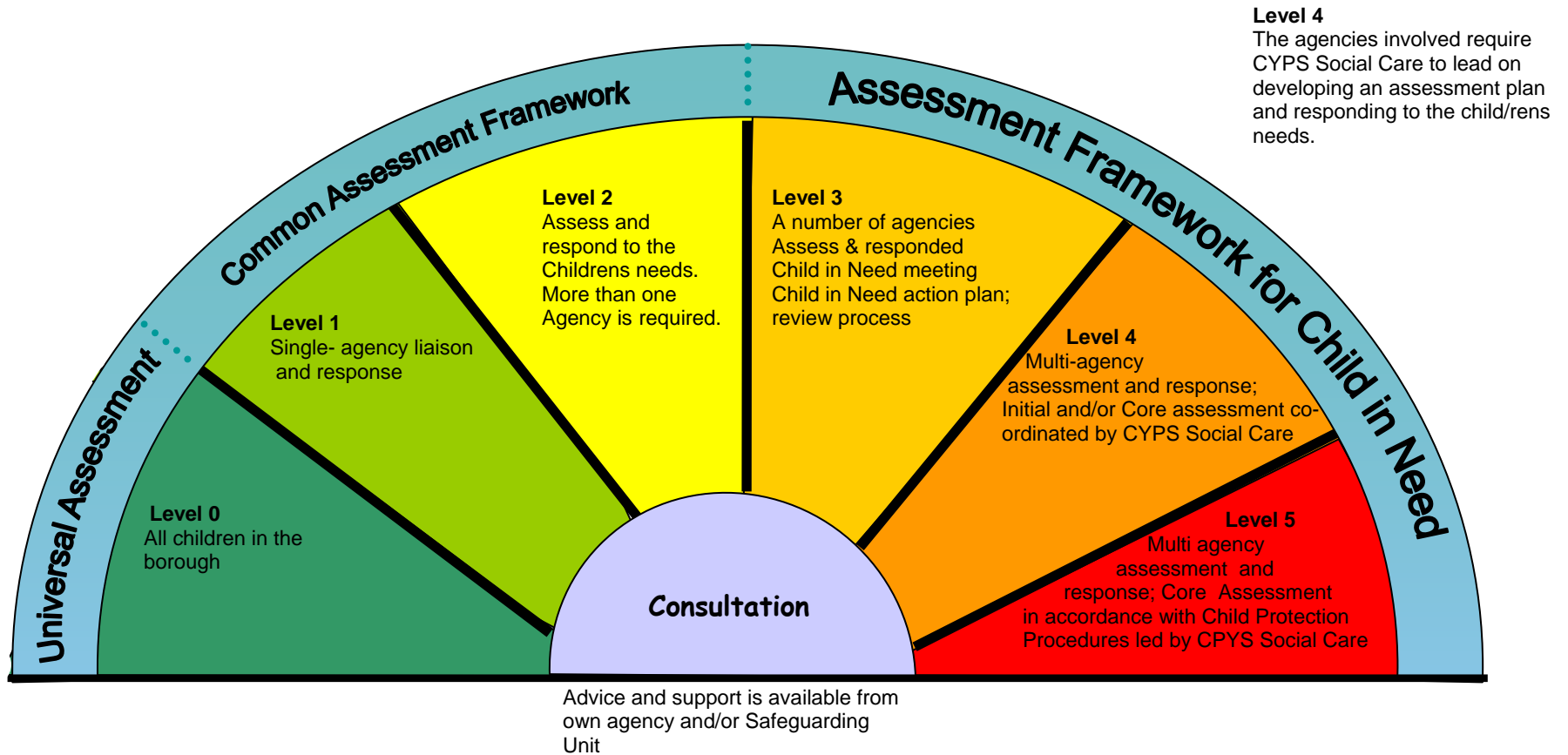
5.3 Table 1 provides information about threshold levels, with corresponding actions that should be taken in relation to children and young people with additional needs and children in need. It is a useful guide to assist in determining where a child / young person may be in the Every Child Matters Continuum (Diagram 1, page 16). Together, the table and diagram outline the different levels of need, the required response and the appropriate form of meeting to promote multi-agency working. The table also portrays the circumstances where a lead worker may be chosen from a range of agencies involved, and those in which CYPS Social Care will lead the process.

5.4 The levels are accessed according to need, and not necessarily sequential. If there is considered to be any risk to the life of the child / young person or a likelihood of serious immediate harm, a referral should be made directly to CYPS Social Care.

Table 1: Levels of need: risk, action and agencies involved

No.	Level of Need	Risk	Action required	Agencies involved
0	Universal services	Child / young person making good progress in family and in receipt of universal services	Continue with universal services	Universal services
1	Child / young person with additional needs	Has additional needs, requires short term assistance from single agency who identifies need	Undertake a CAF with the child / young person and family. If possible, meet the need from within own agency or access service from appropriate agency	Involves multi-agency liaison but may be a single agency response
2	Child / young person with additional needs	Needs not met / concerns persist. Therefore requires multi-agency common assessment and plan for services coordinated by lead worker	If CAF shows multiple needs and the family would benefit from assistance from a number of agencies in addition to your own to meet these needs - identify appropriate agency, seek consultation and / or request the involvement or services from other agency / organisation	Multi-agency response
3	Child / young person in need of protective or alternative care – complex needs	Has complex needs requiring multi-agency plan coordinated by statutory services	If CAF indicates the need for a multi-agency agency response, call a Child in Need Meeting, from which an Action Plan to meet the needs of the child / young person will be drawn up, and a review process established	Multi-agency response co-ordinated by CYPS Social Care, but lead worker may be from other agency
4	Child / young person) in need – at risk of significant harm or family breakdown	Potentially at risk of significant harm or family breakdown	Children / young people whose health or development is being impaired or with high risk of impairment AND who do not have access to appropriate services, OR are not benefiting from help being provided, refer to CYPS Social Care who will co-ordinate an Initial and / or Core Assessment	Multi-agency response, led by CYPS Social Care
5	Child / young person in need of protection or arrangements for care	In need of statutory involvement due to significant harm and / or family breakdown	Contact CYPS Social Care who will undertake an Initial and/ or Core Assessment and Section 47 Child Protection enquiry to assess the level of need for protection	Multi-agency response, led by CYPS Social Care via Child Protection or Looked After Procedures

Diagram 1: Rotherham's Every Child Matters Continuum



Reference: Safe and Well Practice Guidance Rotherham Children and Young People's Board

- Offer services in parallel with assessment of need.
- Ensure fast track referral to CYPs Social Care when serious injury / allegation or high level of concern from any agency (see South Yorkshire Child Protection Procedures 2007 RSCB)

These threshold levels are for guidance only. It should be noted that 'Thresholds have no statutory basis and are not part of the *Framework for the Assessment of Children in Need and their Families.*' (Laming, 2009)

Indicators of Resilience, Need and Risk

5.5 Appendix 1 provides information about different sources of resilience for children / young people and their families at level 0 (those only requiring universal services).

5.6 Appendix 2 provides information about levels of need (1 - 5) and risk, and is based on the domains used in the Common Assessment Framework⁹. It is a tool that should be used by all workers in Rotherham, to assist in deciding whether a child / young person is in need of additional support, or in need of protection, and to identify an appropriate level of response to additional needs and / or concerns identified. The levels indicated are **not** absolute thresholds. They are a guide to assist discussion, assessment and appropriate intervention (see Diagram 2: The Every Child Matters Continuum).

5.7 For children / young people at Level 1, if it is clear what that need is, the **Rotherham Service Directory** should be accessed to find an appropriate service to meet the need <http://rotherham.childrensservicedirectory.org.uk/>.

5.8 When the initiating agency identifies multiple needs beyond those of Level 1, it will:

- consult with, or seek services from, another agency
- consider initiating a **Common Assessment Meeting**, and forming a **Team around the Child (TAC)**
- chair, minute and review the outcomes of the meeting
- ensure all involved agencies, and the family, receive copies of the meeting record, including any **agreed multi-agency action plan**.

5.9 The worker who identifies the concerns and undertakes the CAF will coordinate the first Common Assessment Meeting. At that meeting the decision will be taken as to who will be the **lead professional / worker**.

5.10 Children / young people identified at levels 3, 4 and 5 meet the threshold for CYPS Social Care Service involvement. **Any professional identifying risk factors at these levels must refer directly and immediately to the CYPS Social Care Service**. The outcome may be an Initial Assessment, a Core Assessment, provisional services or a child protection investigation under Section 47 of the Children Act 1989.

5.11 CYPS Social Care Service will work in partnership with voluntary and other statutory agencies to produce Initial and Core Assessments, for the smaller numbers of

⁹ *The Common Assessment Framework for children and young people: A guide for practitioners*, CWDC, 2009

children / young people who need to be safeguarded because they have complex needs, are at risk of significant harm or family breakdown.

6.0 UNDERTAKING ASSESSMENTS

A common framework for responding to needs

6.1 Children and young people who require additional services to fulfil their potential, or who are Children in Need (Children Act 1989) are the concern and responsibility of all agencies and workers in Rotherham who work with children, young people and their families. Early identification of difficulties and real improvements in outcomes for these children / young people will be facilitated by close collaboration between all individual workers and agencies, both at a strategic and practice level. Each agency delivers different elements of service to meet a wide variety of needs.

6.2 There are two different but similar frameworks used by professionals for assessing children and young people with additional needs. These are the Assessment Framework for Children in Need and their Families (see section 6.9) and the Common Assessment Framework (see section 10).

6.3 When workers identify a child who may have additional needs, they should consider undertaking a CAF and meet the need(s) within their service, and / or consult and liaise with other appropriate agencies. When workers identify a child who is in need of statutory involvement due to being at risk of serious harm, they should consult and / or make a request to CYPS Social Care Services for intervention¹⁰.

Principles Underpinning Assessments

6.4 All assessments will be **child focused** and the views of the child / young person will be included.

6.5 The informed **consent** of a person with parental responsibility will be sought, unless to do so places a child / young person at risk of significant harm. The CAF is voluntary and cannot take place unless the child / young person and / or their parent / carer agree to it. Where refusal by a parent / carer to give consent places them at risk of significant harm, the case should be reported to CYPS Social Care Services and the fact of refusal should be recorded.

6.6 An assessment should identify a **lead worker / professional** as coordinator. In child protection cases, this will be the key worker from CYPS Social Care.

6.7 Appropriate services will be provided through, and following, the assessment.

6.8 Assessments will take clear account of the age, cultural, racial, religious and linguistic needs of the child / young person and their family. It will also consider any gender, identity or disability needs of the child / young person and their family.

¹⁰ South Yorkshire Child Protection Procedures, RSCB, 2007

If child protection issues are revealed during the assessment, the child must be immediately referred to CYPS Social Care Services. Parental consent should be obtained unless to do so would put the child at risk of significant harm.

The Assessment Framework for Children in Need and their Families

6.9 The Assessment Framework for Children in Need and their Families¹¹ introduced a systematic approach for gathering and analysing information about all children, young people and their families who may be in need, and can effectively distinguish between different levels of vulnerability.

6.10 The Assessment Framework is used by CYPS Social Care and also is the basis of the Common Assessment Framework (CAF). It is symbolised by the following triangle which sets out the dimensions of the 3 domains:



7.0 THE COMMON ASSESSMENT FRAMEWORK (CAF)

7.1 Multi-agency assessment requires an additional set of knowledge and skills to that required for working within a single agency or independently. It requires that all workers understand and appreciate the roles and responsibilities of others, working in contexts different to their own and also the specific areas of knowledge that different agencies may bring to a holistic assessment.

7.2 A CAF can be undertaken at any time you are worried about a child or young person's progress towards the five ECM priority outcomes without additional services (See section 7.0).

¹¹ The Assessment Framework for Children in Need and their Families, Department of Health, 2000

7.3 The CAF process has been designed to help practitioners assess needs at an early stage and then work with the child or young person, their family and other practitioners and agencies to meet them. As such, it is designed for use when:

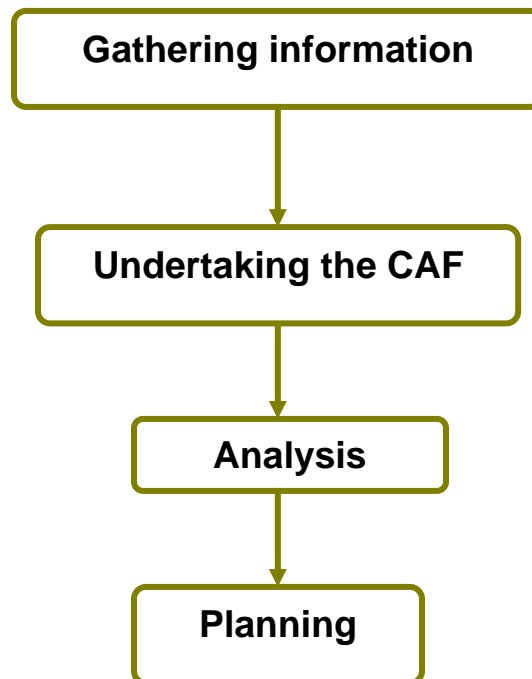
- you are worried about how well a child or young person is progressing
- a child or young person or their parent/ carer raises a concern with you
- the child or young person's needs are unclear, or broader than your service can address.

7.4 If you have concerns about more than one child or young person in the same family, you should undertake a common assessment for each one of them.

7.5 You should first check to see which other agencies are working with the child or young person and whether a CAF has already been done (contact Rotherham Safeguarding Children Operational Unit (01709 823 906).

The full agreement and involvement of children, young people and parents is an essential component of undertaking a CAF (see Section 7.0 for more information).

7.6 The worker identifying the child / young person may have additional needs is responsible for:



7.7 If the plan requires the involvement of other services, the person who undertook the CAF is responsible for coordinating the first multi-agency meeting, the Team around the Child (TAC).

The CAF process

7.8 If you are not sure whether or not a CAF is required, you can complete the Pre-CAF checklist (see Appendix 2). This helps you to focus on the five outcomes of the Every Child Matters agenda (see section 2.3). Using the Pre-CAF will enable you to consider whether the child or young person is:

- healthy
- safe from harm
- learning and developing
- having a positive impact on others, and is
- free from the negative impact of poverty (ibid).

7.9 If the answer to any of these is no and additional services may be required, then you should complete a full CAF.

7.10 The decision to undertake a CAF should be made with the parent / carer and the child or young person. A young person is aged 16 or over, or a child who is under 16 and has the capacity to understand and make their own decisions, may give or refuse consent for the assessment to take place.

7.11 Equalities issues should always be considered such as language, other communication needs, cultural and / or physical or learning disability factors prior to undertaking the assessment.

7.12 The CAF is a **four step** process:

- 1) **Identify needs early:** possibly through using a Pre-CAF (see Appendix 2)
- 2) **Assess those needs:** gather and analyse information on strengths and needs using the CAF
- 3) **Deliver integrated services:** determine, plan and deliver interventions to meet identified needs. Form a TAC and agree a lead professional
- 4) **Review progress:** review the action and delivery plan. Identify further actions where necessary and support child / young person's transitions.

Reviewing progress

7.13 The CAF and the CAF delivery plan should be monitored and reviewed regularly to identify any further actions that are needed to support the progress of the child or young person. This will be carried out by the TAC (see section 7.15).

7.14 At the review at **Step 4** there may be **three possible outcomes:**

- a) **Circumstances and needs change:** therefore you need to return to step 2 and re assess needs and strengths

- b) **Needs are not met:** you need to return to step 3 and deliver integrated services
- c) **Or needs are met:** you can close involvement. Child or young person's needs will now be met by universal services.

The team around the child (TAC) and the lead professional / worker

7.15 Where a multi-agency response is required, a TAC is formed to bring together workers from relevant agencies, which will work together to co-ordinate and deliver services to meet the needs identified during the CAF process. It is important that the child or young person and their parents / carers, are included as part of the TAC as appropriate.

7.15 The first TAC will agree who will be the **lead professional / worker**. This is not necessarily the person who undertook the CAF. The lead professional acts as the main point of contact for the child or young person and their family, and co-ordinates delivery of integrated services.

7.16 The Common Assessment and delivery plan should be regularly reviewed by the TAC to monitor progress toward agreed outcomes. The review should identify any unmet or additional needs for the child / young person and monitor transition between universal, targeted and specialist services. In the case of multi-agency responses, this will involve further multi-agency meetings and liaison between the members.

7.17 If the TAC identifies that the CAF delivery plan is not improving the outcomes for the child / young person or there are any other concerns regarding the level of need, or that they are at risk of significant harm.

8.0 REFERRING CONCERNS ABOUT A CHILD OR YOUNG PERSON

8.1 If you are concerned at any time that a child or young person is at risk of suffering significant harm, you should refer to the South Yorkshire Child Protection Procedures, 2007.

8.2 For all new cases workers from partner agencies should make a referral to CYPS Social Care Access and Assessment Team, within office hours (01709 823 987) or to the Out of Hours Service outside of office hours (01709 364 689).

8.3 If the child / young person is not currently an open case to the department, the CYPS Social Care Access and Assessment Team will initially determine whether CYPS Social Care is the right resource. If not, they will signpost the referrer to other services as appropriate.

8.4 For all cases that have already been referred to CYPS Social Care / allocated a Social Worker, and there is cause for further concern please contact the relevant area team (see below)

CYPS Social Care Teams:

Wentworth North	Swinton Brookfield, The Brookfield Centre, Lime Grove, Swinton, S64 8TQ	Tel: 01709 334 455 Fax: 01709 580 283
Wentworth Valley	Maltby Leisure & Services Centre, Braithwell Road, Maltby, S66 8LE	Tel: 01709 254 333 Fax: 01709 790 164
Wentworth South	St. Mary's Centre, New Street, Rawmarsh, S62 5AF	Tel: 01709 336 375 Fax: 01709 710 420
Rother Valley South	Macalloy Ltd, Caxton Way, Dinnington, S25 3QE	Tel: 01709 335 055 Fax: 01909 569 675
Rother Valley West	Macalloy Ltd, Caxton Way, Dinnington, S25 3QE	Tel: 01709 335 022 Fax: 01909 569 675
Rotherham South	The Place, Clifton Campus, Coleridge Road, S65 1LW	Tel: 01709 334905 Fax: 01709 821 598
Rotherham North	Psalters Lane Centre Kimberworth Road., S61 1HE	Tel: 01709 336 439 Fax: 01709 559 768

9.0 CONSULTATION

9.1 Workers and agencies should consult with each other when determining a course of action for children and young people with additional needs. Consultation is a sharing of information between professionals, following joint protocols / procedures on consent and information sharing, in order to gain the perspectives of another professional. **It is not a referral to another agency, unless that is explicitly agreed during the consultation.** Consultations would initially follow own agency line management procedures and then, where necessary, through to external agency liaison.

9.2 Consultation provides an opportunity for those working with a child / young person and family to access additional knowledge and expertise from suitably qualified and experienced staff from a range of agencies in order to explore a concern, and decide how best to respond to it. An awareness and appreciation of the roles of others is essential for effective collaboration.

Consultation Recording Practice

9.3 Consultation must be recorded when professional advice has been given about how to intervene with family members. This should be the responsibility of both the person requesting the consultation and the person providing the consultation, in line with own agency procedures and guidance. For informal advice/signposting, a brief note only on each agency's record is sufficient.

9.4 It is the responsibility of workers requesting consultation to inform families of the outcome and of any actions to follow, and to ensure that the record of the consultation recommendations is accurate, and there is no confusion about the actions agreed.

10.0 RESOLVING DIFFERENCES OF OPINION OR JUDGEMENT

10.1 Disagreements could arise in a number of areas of multi-agency working, but in assessment work are most likely to arise around:

- thresholds
- roles and responsibilities
- the need for action
- communication.

10.2 Problem resolution is an integral part of multi-agency cooperation and joint working to safeguard children / young people. While often a positive sign of developing thinking within a dynamic process, it can be reflected in a lack of clarity in procedures, approaches or progress.

10.3 Professional disagreement is only dysfunctional if it is not resolved in a constructive and timely fashion.

Principles of resolving professional differences

10.4 The following principles apply when resolving professional differences:

- The safety and well being of individual children / young people is the paramount considerations in any professional disagreement. Professional disputes obscuring focus on the child / young person must be avoided.
- Effective working together depends on an open approach and honest relationships between agencies.
- Effective working together depends on resolving disagreements to the satisfaction of workers and agencies; and a belief in genuine partnership.
- Professional disputes are reduced by clarity about roles and responsibilities, and airing and sharing problems
- The aim should be to resolve difficulties at practitioner/ fieldworker level between agencies as simply and quickly as possible.
- Attempts at problem resolution may leave one worker / agency believing that the child / young person remains at risk of significant harm. This person / agency has responsibility for communicating such concerns through line management and / or the Operational Safeguarding Manager, Rotherham Safeguarding Children Board.

Process of resolving professional differences

10.5 The following stages are likely to be involved:

- a) recognition that there is a disagreement over a significant issue which impacts on the safety and welfare of a child / young person
- b) identification of the problem, and
- c) clarification about the disagreement in light of what need to be achieved.

10.6 These three stages could involve consulting a colleague, to clarify thinking. The following should be considered when undergoing a process of resolving professional differences:

- initial attempts to resolve the problem should normally be between the people who disagree, unless the child / young person is at immediate risk
- it should be recognised that differences in status and / or experience may affect the confidence of some workers in pursuing this without support
- if unresolved, the problem will be referred to the worker's own line manager or advisor, who will discuss with their equivalent colleague in the other agency
- if the problem remains unresolved, the line manager will refer up the line management structure
- if the problem remains unresolved, consideration will be given to referring the matter to the Rotherham Safeguarding Manager who will offer mediation
- a clear record should be kept at all stages, by all parties. In particular, this must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued

Resolving different views about a referral

10.7 Every effort should be made for all agencies to work in the best interest of the child / young person. However, in situations where one worker does not agree to accept a particular request for involvement / service, the following process should take place:

- the receiving agency should give clear reason/s, in writing, why the request for a service will not be accepted
- the referring agency will write contemporaneous notes on the child / young person's file regarding the reason/s for refusal by the receiving agency.

10.8 If there is disagreement regarding the referral being accepted, then the referring agency will continue to hold the case and co-ordinate a CIN Meeting to agree a multi agency action plan and identify the most appropriate agency(ies) to which to refer the case.

10.9 However, if the case is of a Child Protection nature, then RSCB / South Yorkshire Child Protection Procedures (2007) will be followed.

10.10 When the matter is resolved, any general principles should be identified and referred to the agency's representative on Rotherham Safeguarding Children for consideration by the appropriate sub-committee, to inform future learning. Resolution should be promoted via amendment to protocol and procedures, where applicable.

10.11 It may also be helpful for individuals to debrief following some disputes in order to promote continuing good working relationships.

11.0 EQUALITY AND DIVERSITY

11.1 As stated in the Guidance to The Children Act (Department of Health, 2000) 'since discrimination of all kinds is an everyday reality in many children's lives, every effort must be made to ensure that agencies responses do not reflect or reinforce that experience and, indeed, should counteract it.'

11.2 Different research findings have consistently found that disabled children / young people and families from minority ethnic groups receive a poorer service than those who do not come from these groups. Other diversity issues should also be considered for the child / young person and the parents / carers, including age, gender, lesbian / gay or transgender, and any other factors including single parenthood, low income, and homelessness etc.

11.3 Minority ethnic families, and families with disabled children may face personal and institutional discrimination. Such issues compound other problems of parenting.

Principles of equality and diversity

11.4 The following principles of equality and diversity should apply:

- a) All children / young people have a right to grow up safe from harm
- b) All children / young people can potentially be subject to abuse and neglect, regardless of their age, gender, race, culture, physical or learning disabilities, sexual identity or sexual orientation.
- c) The assessment process should maintain a focus on the needs of the individual child / young person.
- d) The presence of equalities issues, as outlined above neither explains nor condones acts of omission or commission which place a child / young person at risk of significant harm.
- e) Professionals should guard against myths and stereotypes – both positive and negative of children / young people and / or their families with equalities issues.
- f) Anxiety about being accused of racist, or other discriminatory practice should not prevent the necessary action being taken to safeguard a child / young person.
- g) Abuse to a child / young person may be disguised by a disability. Therefore workers need to be aware of issues related to disabilities when undertaking assessments (see Safeguarding Disabled Children, RSCB, 2008).
- h) Workers should be sensitive to differing family patterns and lifestyles, and to child rearing patterns that vary across different groups.
- i) Workers should be aware of social factors that serve to discriminate against different groups of families.
- j) Working in a diverse society requires workers and organisations to be committed to equality in meeting the needs of all children / young people and families.
- k) Workers need to understand the effects of harassment, discrimination and institutional discrimination, as well as cultural misunderstanding or misinterpretations.

12.0 TRAINING

Given the cross-cutting nature of this guidance, training will be delivered via a range of methods. If you have any initial queries or concerns about a learning or training need, you should contact your employing organisation's Learning & Development Department. However, structures are already in place to provide training to the One Children's Workforce in Rotherham to support this guidance, in the following ways:

- An introduction to the Safe and Well Practice Guidance will be included in the Children & Young People's Partnership Welcome Day, which is open to any and all members of the one children's workforce in Rotherham.
- Rotherham's Safeguarding Children's Board employs a multi-agency trainer who delivers training across the partnership, and this will be inherently linked to this Safe & Well Guidance.
- A CAF Refresh Strategy is being implemented across the partnership, with proposed general awareness training and specific Lead Professional Training, both of which will be underpinned by this guidance.

For more information about the initiatives mentioned above, please contact the CYPS Workforce Strategy, Planning & Development Manager Warren Carratt on 01709 823795 or warren.carratt@rotherham.gov.uk.

Appendix 1: Protective and Risk Factors

Sources of Strength / Protective Factors for Children, Young People & their Families which build up resilience (Level 0 – universal services)

Child's Developmental needs	Parenting Capacity	Family & Environmental Factors
<p>Education / Identity</p> <ul style="list-style-type: none"> • Experiences of success/ achievement • Progressing cognitive development • Access to books/toys/stimulation as appropriate • Acquired a range of skills/ interests • Good attendance at school • Enjoys & participates in learning experiences • Planned progression beyond statutory education • Positive sense of self • Demonstrates feelings of belonging & acceptance <p>Health</p> <ul style="list-style-type: none"> • Registered with a GP & dentist • Physically healthy • Developmental checks/ immunisations up to date • Adequate & nutritious diet • Regular dental & optical care • Developmental milestones met – physical, cognitive & emotional • Speech & language development met • Appropriate heights & weights • Access to appropriate advice & information 	<p>Basic Care</p> <ul style="list-style-type: none"> • Provide for child's physical needs e.g. food, drink, appropriate clothing, medical & dental care • Appropriate links with nursery/ school provision <p>Ensuring Safety</p> <ul style="list-style-type: none"> • Protection from danger or significant harm in the home or elsewhere <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Shows warm regard, praise & encouragement <p>Stability</p> <ul style="list-style-type: none"> • Ensures that secure attachments are not disrupted <p>Stimulation</p> <ul style="list-style-type: none"> • Facilitates cognitive development through interaction & play • Enables child to experience success 	<p>Family history & Functioning</p> <ul style="list-style-type: none"> • Good relationships within family, including when parents are separated • Few significant changes in composition <p>Wider Family</p> <ul style="list-style-type: none"> • Sense of a larger familial network & good friendships outside of the family unit <p>Family's Social integration</p> <ul style="list-style-type: none"> • Family feels integrated into the community • Good social & friendship networks exist <p>Employment</p> <ul style="list-style-type: none"> • Parents are able to manage the working or unemployment arrangements & do not perceive them as unduly stressful <p>Income</p> <ul style="list-style-type: none"> • Reasonable income over time, with resources used appropriately to meet individual needs <p>Housing</p> <ul style="list-style-type: none"> • Accommodation has the basic amenities and appropriate facilities

<ul style="list-style-type: none">• Good state of mental health• No substance misuse <p>Emotional & Behavioural Development</p> <ul style="list-style-type: none">• Good quality early attachments• Able to express empathy• Able to adapt to change• Demonstrate appropriate responses in feelings & actions <p>Family & Social Relationships</p> <ul style="list-style-type: none">• Stable & affectionate relationships with caregivers• Good relationships with siblings• Positive relationships with peers <p>Identity</p> <ul style="list-style-type: none">• Positive sense of self & abilities• Demonstrate feelings of belongingness & acceptance• Ability to express needs <p>Self-care skills</p> <ul style="list-style-type: none">• Growing levels of competencies in practical & emotional skills, such as feeding, dressing & independent living skills <p>Social presentation</p> <ul style="list-style-type: none">• Appropriate dress for different settings• Good level of personal hygiene• Confident in social situations & discriminating between 'safe' & 'unsafe' contacts	<p>Guidance & Boundaries</p> <ul style="list-style-type: none">• Provides guidance so that child can develop an appropriate internal model of values & conscience	<p>Community resources</p> <ul style="list-style-type: none">• Good universal services in neighbourhood
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Indicators of Risk (Levels 1-5. for further information please see Table 1, page 15

Level 1: Child with Additional Needs - Single agency response, multi-agency liaison

Child's Developmental needs	Parenting Capacity	Family & Environmental Factors
<p>Education / Identity</p> <ul style="list-style-type: none"> • Little evidence of play stimulation • Lack of awareness of, and access to, safe play • Occasional unauthorised absence • Poor punctuality – parents often late to collect. • Some insecurities around identity expressed – low self-esteem; thought not to be reaching his/her potential • Not always engaging with learning • Lacks confidence. • Poor concentration. • Low motivation. • Requires additional support at school. <p>Health / Self-care skills</p> <ul style="list-style-type: none"> • Baby in special care for over 48 hours after birth • Low birth weight / pre-term • Baby cries constantly • Multiple birth • Short term illness or hospitalisation • Susceptible to minor health problems • Impaired self-care skills e.g. poor self hygiene • Disability limits self-care 	<p>Basic Care / Stability / Ensuring Safety</p> <ul style="list-style-type: none"> • Inappropriate anxiety regarding child/young person's health • No ante-natal care • Concealing pregnancy • Difficulties in pregnancy and/or labour • Taking prescribed medication for medical condition(s) that could impair parenting ability • Unsupported parent • Parent less than 19 years old • Previous child death • Other recent death or bereavement • Poor home / school links <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Parents show lack of warmth • Inconsistent responses to child / young person by parent(s) <p>Guidance & Boundaries/ Stimulation</p> <ul style="list-style-type: none"> • Child / young person not often exposed to new experiences; spends considerable time alone 	<p>Family history & Functioning / Wider Family</p> <ul style="list-style-type: none"> • Parent, sibling or family involved in criminal activity • Family crisis where family not coping • Sibling with disability or significant health problem <p>Housing/ Income / Employment</p> <ul style="list-style-type: none"> • Low income / poor budgeting limiting a child/ young person's life chances • Home insufficiently heated in winter <p>Family's Social integration / Community resources</p> <ul style="list-style-type: none"> • Adequate universal resources but family may have access issues

<ul style="list-style-type: none">• Child often hungry <p>Emotional & Behavioural Development / Family & Social Relationships / Social presentation</p> <ul style="list-style-type: none">• Living in family with relationship difficulties• Play or social interaction is impaired• Poor concentration• Difficulties with peer relationships• Can be overfriendly or withdrawn with strangers• Difficulty managing change in routine• Some evidence of inappropriate responses or action• Suffers or perpetrates bullying, discrimination or harassment• Disruptive behaviour• Early sexual experience• Teenage pregnancy (16-18) where family support uncertain• Occasional experimenting with drugs / substances• Privately fostered (following clearance checks & requiring welfare visits only)• Subject of separation/ contact disputes	<p>e.g. watching television</p> <ul style="list-style-type: none">• Lack of consistent boundaries & guidance	
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Level 2: Child with additional needs - Multi-Agency Response

Child's Developmental needs	Parenting Capacity	Family & Environmental Factors
<p>Education / Identity</p> <ul style="list-style-type: none"> • Underachieving, learning difficulties • Low self esteem • Not achieving potential • Requires additional support for learning in more than one aspect e.g. language / behaviour / emotional learning • Fixed term exclusion • History of long term poor attendance at school • Special educational needs at School Action plus or early years Action plus • Child / young person with Education Supervision Order • Not in education, employment or training (16-18) • Limited leisure or social activities • Absence which requires Education Welfare Service intervention • Unsettled placement post 16 • Limited leisure or social activities. • Lack of parental involvement in play / leisure <p>Health/ Self-care skills</p> <ul style="list-style-type: none"> • Chronic or serious illness • Onset of enuresis (bed-wetting)/ encopresis (soiling) • Frequent accidents 	<p>Basic Care / Ensuring Safety</p> <ul style="list-style-type: none"> • Delay in seeking health care for child / young person • Post-natal depression • Significant language/ communication difficulties • Failure to sign on with GP • Failure to make application for school place • Failure to attend health appointments • Difficulties with managing child's sleeping, feeding or crying • Basic care not adequately addressed <p>Stability / Emotional Warmth</p> <ul style="list-style-type: none"> • Marital / relationship difficulties that impinge on the child/young person (including contact disputes) • Anxiety / low self-esteem • Sense of helplessness <p>Guidance & Boundaries/ Stimulation</p> <ul style="list-style-type: none"> • Condoned absence from school • Learning not encouraged / supported 	<p>Family history & Functioning / Wider Family</p> <ul style="list-style-type: none"> • Family history of parenting difficulties • Stress / conflict in family relationships • Acrimonious divorce / separation • Criminal activity or offending behaviour in family affecting child / young person's welfare <p>Housing/ Income/ Employment</p> <ul style="list-style-type: none"> • Housing problems – frequent moves – temporary accommodation • Living on benefits • Parents find it difficult to obtain employment due to poor basic skills • Financial difficulties • Overcrowded home causing family stress <p>Family's Social integration / Community resources</p> <ul style="list-style-type: none"> • Poor family or community support systems • Persistent harassment from neighbours • Poor social contacts • Seeking asylum • Deprived neighbourhood – resources such as schools, clinics & play areas inaccessible • Lured into truanting with peers

<ul style="list-style-type: none">• Frequent illnesses• Frequent experimentation with drugs / substances• Mild level of disability• Developmental delay – slow in reaching milestones• Poor diet• Poor growth• Significantly over / underweight• Eating problems• Poor hygiene / cleanliness• Inadequate dental care• Child & Adolescent Mental Health issues – conduct disorder, ADHD, autism• Vulnerable to mental health problems – parent has illness• Early sexual activity <p>Emotional & Behavioural Development / Family & Social Relationships / Social Presentation</p> <ul style="list-style-type: none">• Failed or violent parental relationship• Caring responsibilities that may affect own development / young carer• Privately fostered (not known to C&YPS)• Sexualised behaviour• Bereavement or other significant loss, where child is being affected• Child finds change very difficult• Hostile, aggressive• Anxious, insecure• Unresponsive, withdrawn		
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<ul style="list-style-type: none">• Disruptive or victimised behaviour continues or worsens• Behavioural problems / emotional difficulties may affect development e.g. minor offending, low level substance misuse, disruptive behaviour, challenging boundaries above the norm, lacking self control.• Bullying• Lack of positive role models• Peers involved in challenging behaviours• Offending behaviour resulting in court appearance or ASBOs		
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Level 3 Child in Need - Complex needs identified - Multi-agency response – co-ordinated by CYPS Social Care

Child’s Developmental needs	Parenting Capacity	Family & Environmental Factors
<p>Education / Identity</p> <ul style="list-style-type: none"> • Poor attendance requiring enforcement action • Profound & multiple learning difficulties • Special educational needs Assessment considered • 5 or more fixed term exclusions in a year • Few leisure or social activities • Low self esteem impacting on aspects of school life • Regular support required in school. • Poor parental relationships • Poor home school relationships • Few leisure activities • Local Parenting Contracts applicable, parenting course suggested <p>Health / Self Care Skills</p> <ul style="list-style-type: none"> • Terminal illness • Significant physical/learning disabilities – reliant on others • Inadequate diet • Occasional self harm • Substance misuse potentially damaging to health & development • Multiple A&E attendances causing concern • Severe development delay • Weight gain of infant a cause for concern - below 25th centile 	<p>Basic Care / Ensuring Safety</p> <ul style="list-style-type: none"> • Substance & / or alcohol misuse affecting parenting • Supported in the community by substance misuse team • Criminal or anti-social behaviour affecting parenting • Unable to meet special needs without support services • Physically sick or disabled, affecting parenting • Expects child / young person to take over caring responsibilities (for self / siblings) • Recent experience of serious loss or trauma affecting parenting ability • Mental illness affecting parenting • Clothing often dirty or ill-fitting <p>Stability / Emotional Warmth</p> <ul style="list-style-type: none"> • Concerns about parenting of a child / young person who is, or has been, looked after or is at risk of becoming looked after • Requesting young person be accommodated • Significant parenting difficulties with stability & emotional warmth • Leaving child inconsistently with 	<p>Family history & Functioning / Wider Family</p> <ul style="list-style-type: none"> • Instances of domestic violence <p>Family’s Social integration/ Community resources</p> <ul style="list-style-type: none"> • Concern expressed by others <p>Housing/ Income/ Employment</p> <ul style="list-style-type: none"> • Unhygienic housing • Disconnection of utilities • Broken windows unattended to • House visibly damp • Homeless / accommodation at risk • Family constantly moving – while concerns need attention / monitoring • Chronic debt problems due to mismanagement of own income • Parents experience stress due to unemployment or ‘overworking’ • Chronic unemployment that has severely affected parents’ own identities

<ul style="list-style-type: none"> • Older child takes little responsibility for self care <p>Emotional & Behavioural Development / Family & Social Relationships / Social Presentation</p> <ul style="list-style-type: none"> • Poor attachment to main carer • Readily attaches self to strangers • Limited understanding of how actions impact on others • Sexually activity (aged over 14) • Early teenage pregnancy (under 16) or fathering of a child • Involved in criminal activities • Warned for offending behaviour • Socially isolated • Experiences persistent discrimination • Behaviour becoming challenging • Young person living independently & not coping • Young person not entitled to benefits with no means of support • Removed from List of Children with a Child Protection Plan within last 12mths • In care with stable placement: needs monitoring • Returned home after period of accommodation (within last 6 mths) 	<p>multiple carers</p> <p>Guidance & Boundaries / Stimulation</p> <ul style="list-style-type: none"> • Chaotic, inconsistent, insecure parenting • Indifferent, intolerant, critical, rejecting • Significant parenting difficulties with stimulation, boundaries • Physical care or supervision of the child / young person inadequate or erratic • No constructive leisure time or guided play • Lack of response to child / young person's underachievement at school • Child / young person deliberately kept out of school 	
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Level 4: Child in Need - potentially at risk of significant harm / family breakdown - multi-agency response – led by CYPS Social Care

Child’s Developmental Needs	Parenting Capacity	Family & Environmental Factors
<p>Education / Identity</p> <ul style="list-style-type: none"> • Poor attendance - totally disengaged • Education Supervision Order • Risk of permanent exclusion • Child / young person with statement of special educational needs not attending school • Experiencing persistent, damaging discrimination • Low self-esteem in range of situations • Exhibiting behaviour which causes distress to self and or others • May require alternative curriculum / personalised learning • Requires increased levels of intervention to achieve • Acceptable Behaviour Contract applicable <p>Health/ Self-Care Skills</p> <ul style="list-style-type: none"> • Physical and /or learning disability requiring constant supervision • Suspicious non-accidental injury – especially for non-mobile child / young person • Persistent self-harm • Persistent substance abuse 	<p>Basic Care / Ensuring Safety</p> <ul style="list-style-type: none"> • Parent not engaging with professionals • Failure to seek appropriate health care affecting child / young person’s development • Allegation of serious suspicion of serious injury, abuse or neglect • Inability to manage severe challenging behaviour without support – resulting in high risk of family breakdown • Suspected fabricated or induced illness • Instability & violence in the home • Previous child removed into care • Unable to restrict access to child of a person posing a risk to children <p>Stability/ Emotional Warmth</p> <ul style="list-style-type: none"> • Child / young person beyond parental control • Child / young person threatened with rejection from home • Parents inconsistent, highly critical or apathetic towards child / 	<p>Family history & Functioning / Wider Family</p> <ul style="list-style-type: none"> • Child / young person has been identified as child / young person in need but parent/ carer has refused support • Significant parental discord & persistent domestic violence • Destructive or unhelpful involvement from extended family • Family involved in criminal activity; parent or sibling has received custodial sentence <p>Family’s Social integration/ Community resources</p> <ul style="list-style-type: none"> • Poor quality services with long-term difficulties in accessing target populations <p>Housing/ Income/ Employment</p> <ul style="list-style-type: none"> • Homeless & not eligible for temporary housing • Family not entitled to benefits with no means of support • Hygiene of home environment places child / young person at risk

<ul style="list-style-type: none">• Non-organic failure to thrive• At risk of female genital mutilation• At risk of sexual exploitation• Frequent illness with no medical explanation• Frequent attendance at A& E/ GP with injuries• Refusal of recommended medical treatment• Refusal of treatment leading to significant harm• Child has internalised discrimination and behaviour reflects poor self-image• No self--confidence <p>Emotional & Behavioural Development / Family & Social Relationships/ Social Presentation</p> <ul style="list-style-type: none">• Missing from home on a regular basis• Poor peer relationships• In care with placement breakdown• Severe challenging behaviour• Sexually active (under 14)• Suffers from periods of depression• Professional concerns – but difficulty in accessing child / young person• Unaccompanied refugee / asylum seeker• Additional significant caring responsibilities affecting development• Isolated from peers• Evident fear of others• Persistent offending• At risk of forced marriage	<p>young person</p> <ul style="list-style-type: none">• Requests young child be accommodated <p>Guidance & Boundaries / Stimulation</p> <ul style="list-style-type: none">• Child left at home alone or with young carers	
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Level 5: Child in Need of Protection or Arrangements for Care - Multi-agency response led by CYPS Social Care

Child's Developmental needs	Parenting Capacity	Family & Environmental Factors
<p>Education / Identity</p> <ul style="list-style-type: none"> • Child not registered at school – has School Attendance Order • High risk of or actual permanent exclusion • Institute legal proceedings for non-school attendance • Exhibiting behaviour which cause harm to self and or others • Child requires small group or individual tuition to progress learning • Extremely limited achievement • No engagement with Not in Education, Employment or Training (NEET) service • Anti Social Behaviour Act Parenting Order applicable <p>Health / Self-care skills</p> <ul style="list-style-type: none"> • Evidence of significant harm or neglect • Injuries not consistent with explanation • Life threatening self-harm or attempted suicide • Disclosure of abuse from child / young person • No contact with health or dental services • Involve in sexual exploitation / trafficking • Extreme risk taking behaviour • Child's appearance reflects neglect • Child's appearance impaired by substance misuse &/or other high risk behaviours 	<p>Basic Care / Ensuring Safety</p> <ul style="list-style-type: none"> • Basic care is frequently inconsistent / supervision is inadequate • Severe substance misuse involvement affecting ability to function on daily basis • Unable to meet child / young person's physical or emotional needs • Disclosure from parent of abuse to child / young person • Significantly harms child / young person • Child / young person rejected from home • Escalating or serious domestic violence • Evidence of fabricated or induced illness • Child / young person subject of parental delusions which imply risk • Does not provide food or adequate diet, warmth or other basics • Level of supervision inadequate <p>Stability / Emotional Warmth</p> <ul style="list-style-type: none"> • Unable to protect child / young person from harm 	<p>Family History & Functioning / Wider Family</p> <ul style="list-style-type: none"> • Person who presents a risk to children in, or known to, household • (High risk of) family breakdown and risk of young person being removed / remaining outside the family • Unsafe home environment • Family home used for drug taking, prostitution, illegal activities • Family characterised by conflict <p>Family's Social integration</p> <ul style="list-style-type: none"> • Family chronically socially excluded • High levels of conflict with neighbours <p>Housing / Income / Employment</p> <ul style="list-style-type: none"> • Extreme poverty / deprivation • Accommodation dangerous or seriously impairing health • Homelessness • Drugs or drugs equipment left within reach of child • Lack of adequate food, warmth or clothing <p>Community resources</p> <ul style="list-style-type: none"> • Isolated from, or unwilling to accept community services

<p>Emotional & Behavioural Development / Family & Social Relationships / Social Presentation</p> <ul style="list-style-type: none">• Cannot maintain relationships with peers• Abusing other children• Young sex offender• Serious or persistent offending behaviour likely to lead to custody / remand in secure unit / prison• Missing from home for long periods• Has Child Protection Plan• Unable to connect cause or effect of own actions• Child abandoned / rejected by parents• Child left in the care of people who may or do present a significant risk to the child	<ul style="list-style-type: none">• Severe emotional abuse of child / young person (rejection/ verbal abuse) causing severe distress to child / young person• Parent's emotional experiences negatively impact on their ability to meet child's needs <p>Guidance & Boundaries / Stimulation</p> <ul style="list-style-type: none">• Inability to judge dangerous or risky situations	
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Appendix 2: Pre-CAF checklist

Every Child Matters Change for Children	Common Assessment Framework for children and young people
Pre-assessment checklist	
Identifying details (for unborn baby, infant, child or young person; include contact name for parent / carer)	
Name:	Contact name:
Date of birth or expected date of delivery:	Contact tel. no:
Address:	
Checklist (record evidence and comments below, where appropriate)	
Does the unborn baby, infant, child or young person appear to be:	
<u>Healthy?</u>	Yes / No / Not sure
Comment:	
Safe from harm?	Yes / No / Not sure
Comment:	
Learning and developing?	Yes / No / Not sure
Comment:	

Having a positive impact on others?	Yes / No / Not sure
Comment:	
Free from the negative impact of poverty?	Yes / No / Not sure
Comment:	
If you answered 'No' to any of the previous questions: what additional services are needed for the unborn baby, infant, child or young person or their parent(s), carer(s) or families?	
Can you provide the additional services needed?	Yes / No
If you answered 'no' or 'not sure' to any of the previous questions or it is not clear what support is needed, would an assessment under the Common Assessment Framework help?	
Yes / No	
If you answered 'yes' to the previous question, who will do this assessment?	
I will []	Another practitioner will []
Name of practitioner / agency	Date form completed
Signed:	

Appendix 3: Legislation and Guidance

The following are relevant legislation and publications in relation to integrated working with children and young people and their families.

National Guidance, Legislation, Policy

- The Children Act 1989
- The Children Act 2004
- Education Act 1996
- Criminal Justice and Court Services Act 2000
- Crime and Disorder Act 1998 (Section 115)
- Mental Health Act 1983
- Learning and Skills Act 2000
- Human Rights Act 1998
- Freedom of Information Act 2000
- Data Protection Act 1998
- Computer Misuse Act 1990
- Race Relations Act 1976
- Race Relations (Amendment) Act 2000
- Access to Health Records Act 1990
- Sex Discrimination Act 1975
- Disability Discrimination Act 1995/2004
- Special Education Needs and Disability Act 2001
- EU Directives on Race 2000(2000/43/EC)
- Working Together to Safeguard Children 1999
- The Laming Enquiry 2002-03
- Every Child Matters: Next Steps
- Framework for the Assessment of Children in Need and their Families, Department of Health, 2000
- Common Law Duty of Confidentiality
- Support from the Start 2004
- (National Service Framework for Children, Young People and Maternity Services - October 2004 - DfES/DOH)
- The UN Convention on the Rights of the Child
- Special Education Needs (SEN) Code of Practice
- What to do if you are Worried A Child is Being Abused
- The Common Assessment Guidance for Managers / Practitioners (CWDC, 2009)

Local Guidance and Procedures

- Rotherham Common Assessment Framework; Practitioners Toolkit
- South Yorks./ RSCB Child Protection Procedures 2007
- Rotherham's Overarching Information Sharing Protocol Children & Young People's 2009