

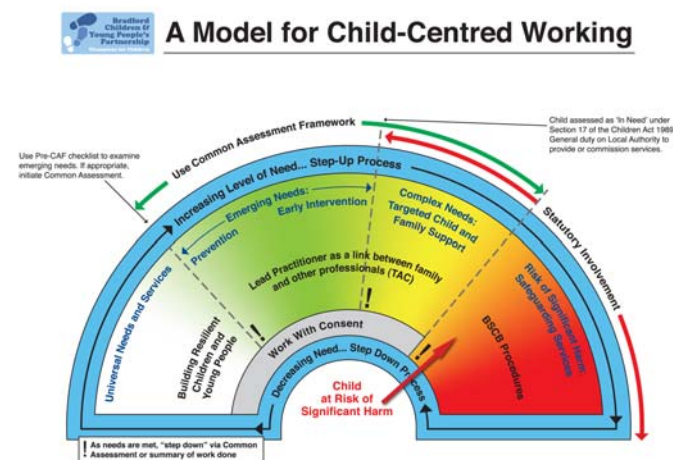
Meeting need... “A Model for Child-Centred Working”.

For managers and staff working with Children & Young People in the Bradford District

Summary: This practice tool replaces IWG 10 “Thresholds of Need for Intervention”. Its purpose is to support the development of integrated, child-centred working and improve outcomes for children, young people and their families in Bradford, by assisting the early identification of need and appropriate intervention.

The tool incorporates and replaces previous related guidance. It reflects the delivery of services in the context of the Children’s Trust, Area / Locality based service delivery and the need to promote **both** preventative and ‘protective’ services.

Throughout, the emphasis is on *achieving outcomes* for all children in line with the **“Every Child Matters” (ECM) agenda**.



Where text appears in **blue**, the word or words used are further explained in the “Glossary” on the final pages.

Bradford Safeguarding Children Board Website: <http://www.proceduresonline.com/bradford/scb/>

For an overview of local services to children, young people and their families go to: http://www.bradford.gov.uk/health_well-being_and_care/child_care/family_services_directory/

For CAF Forms and Integrated Working Guidance, go to: <http://www.bradford.gov.uk/integratedworking>

CAF Administration Team: 01274 437902 or 437685, email: cafhelppdesk.bradford.gov.uk

Foreword:

The purpose of this practice tool is to support the development of *integrated working* and *child-centred working* and so improve services to *children, young people* and their families. It replaces previous guidance, reflecting the context of the *Children's Trust, Area / Locality based service delivery*.

The tool assists the early identification of need and appropriate intervention. It puts **both** prevention and protection into a shared context. It is designed to **inform** inter-agency discussions centred around the child or young person and does **not** provide hard and fast definitions of need and service response.

It is a reference tool to help further develop a shared understanding of the roles of different agencies and organisations within children's services:

Universal services: Building resilient children and young people.

Prevention and Early intervention services: Providing support for children with emerging or additional needs.

Targeted Child and Family Support services: Supporting “children in need” under Section 17 of the Children Act 1989.

Statutory and Safeguarding services: For children looked after or at *risk of significant harm*

Where **more than one** agency or organisation is involved it emphasises the need for:

- A “*Step-up, Step down*” approach to ensure that all needs are met at all stages in service provision; a “*Team Around the Child*” to work with the child / young person and a “*Lead Practitioner*” to coordinate services and act as a single point of information / contact for both colleagues and families.

The tool should be used **alongside** the policies and procedures laid down by the Bradford Safeguarding Children Board (BSCB)

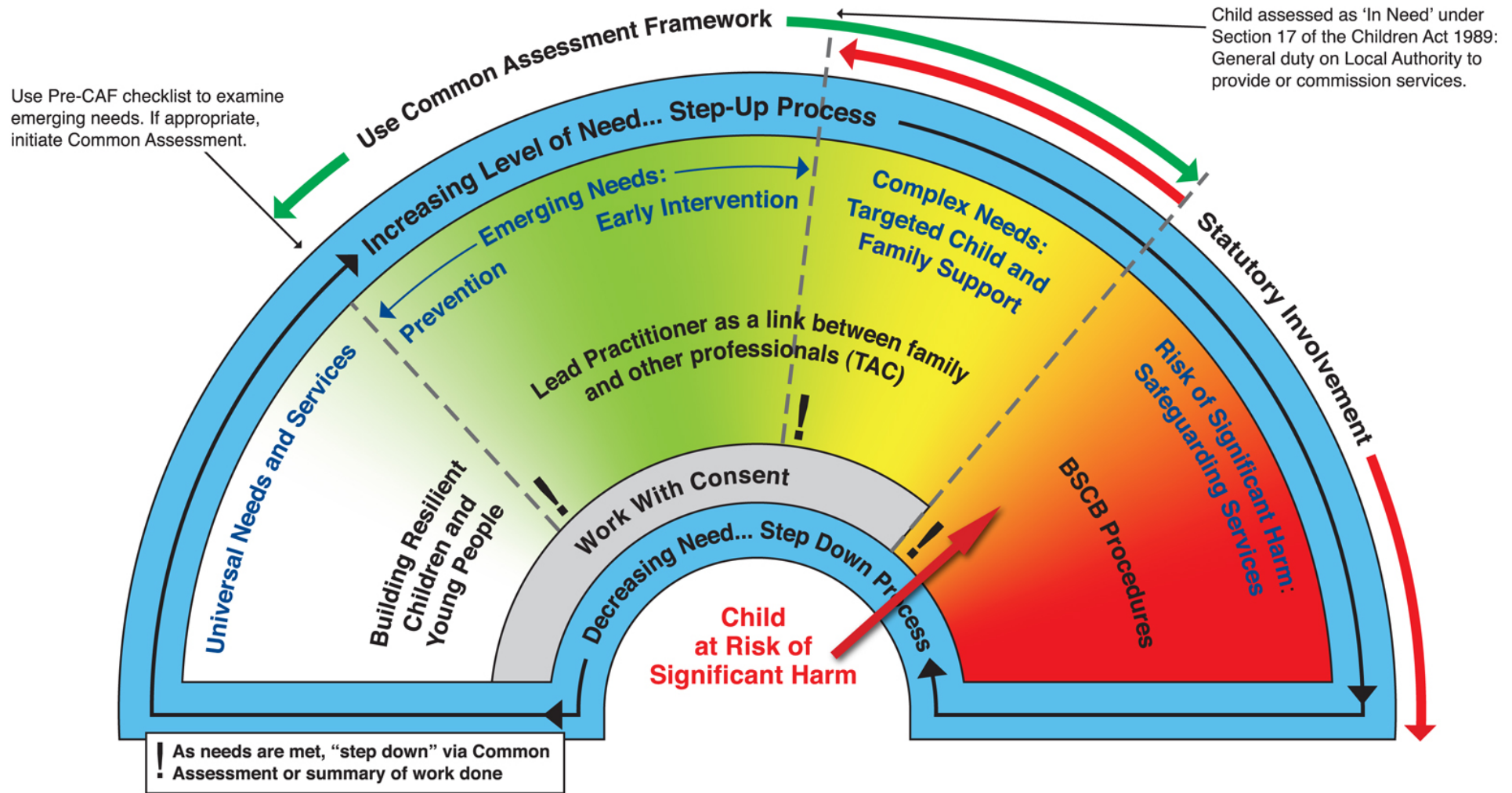
What to do if you think a child is being abused, or is at risk of significant harm or neglect:

You must not keep these concerns to yourself. Keeping children safe is everyone's responsibility. You need to ensure that you talk to your line manager, speak to the appropriate organisations who can listen to and record your concern, and then take appropriate action. In Bradford, these are the numbers that you can ring for advice and to make a referral:

- During office hours (8.30 - 5.00 Monday to Thursday, 4.30 on Friday) call Children's Social Services Initial Contact Point - **01274 437500**
- At all other times, Social Services Emergency Duty Team - **01274 431010**

- If you have reason to believe that a child is at **immediate risk of harm**, contact the police on **999**

A Model for Child-Centred Working



- An explanation of levels of need and service provision used on the diagram:

Universal Services:

Objective: *Building resilient children and young people.*

Locality based services.

Education: Learning mentors; school nurses; parental involvement workers; extended services.

Children's Centres.

Health: Health visitors; school nurses; midwife; general practitioners

Voluntary Services: Toddler groups; playgroups; youth clubs; community organisations and/or faith groups

Police Services.

Youth Service Staff

Personal Advisors

Prevention and early intervention services:

Objective: *Early support for children with emerging or additional needs.*

Education: Targeted work by mentors, school nurses, family support clinics; education psychology.

Children's Centre: Targeted family support

Voluntary Services: Barnardos; NSPCC, community and faith groups

Youth Service Staff

Personal Advisors

Health: Specialist health needs; speech and language; dietician; complex health; paediatrics.

Localities: Early Years & Childcare; Early Support initiative

Preventative respite services for disabled children.

Targeted child and family support services:

Objective: *Supporting "children in need" under Section 17 of the Children Act 1989.*

Family Centres: Family support; children In need targeted work.
YOT.

Children Centres: Targeted family Support work,

Youth Service.

Education: Behaviour Improvement Panels and services; education support services; PRU; home tuition; educational social work.

CAMHS.

Health: Paediatric specialist services; school nurses; family support clinics.

All **Universal services** with additional services identified for the family.

All **Locality** based services supporting plans owned by statutory agencies.

Some **adult services** working in partnership with statutory children's services

Specialist voluntary organisations working with children and families e.g.

Barnardos, NSPCC, Turn Around, Hand in Hand

Statutory and voluntary services for disabled children and their families;

Early Support

Statutory and Safeguarding services:

Objective: *Provide services for children 'looked after' or at risk of "significant harm".*

Social Care.

All agencies: Working cooperatively with Looked After Children under Section 10 of the Children Act 2004.

All agencies: Working cooperatively to **BSCB Safeguarding procedures** under Section 11 of the Children Act 2004.

Inter-agency liaison and dialogue.

The guidance in this practice tool cannot and should not replace the requirement for discussion between individual practitioners around the needs of the individual child or young person. In doing this we should be mindful that:

- We understand and can confidently use the available guidance on **Consent** and **Information Sharing**.
- Each child and young person will have **individual** needs.
- No single practitioner or agency will have the full picture of a child's needs. In effect: *“We each have a piece of the jigsaw which we need to put together to enable us to understand what the needs of the child or young person are, and the actions we need to take to meet them.”*
- We need to ensure that we seek the views of the child or young person and their parents and that their views inform any formal Action Plan.
- Research and experience both tell us that: *“Involvement of Children, young people and families in assessing need and planning for change markedly increase the chance of positive outcomes.”*

Resolving differences:

It is inevitable that in the course of our work we may find there are differences of opinion between individual practitioners within and across partner agencies.

Any difference of opinion between practitioners or agencies should be quickly and effectively resolved with minimum impact on delivery of services to the child, young person or family.

- 1) Remember that the needs of the child or young person are the key issue.
- 2) Seek advice and guidance from your line manager,
- 3) Where possible arrange a **face to face** discussion aiming to:
 - Reach an agreement that one course of action is in the best interests of the child or young person.
 - Reach a compromise position based on the needs of the child or young person, or
 - Clearly identify and evidence the areas of disagreement.
- 4) Both parties Inform their line manager that differences cannot be resolved.
- 5) The respective line managers pursue the matter to a conclusion.

In respect of differences of opinion regarding **Safeguarding** issues, there is a formal procedure which can be accessed via **Section 7.1.2** of the BSCB Procedures.

<http://www.proceduresonline.com/bradford/scb/>

The “Step-Up / Step-Down” process ...A Case Study.

16 year old female (Sally) who is 5 months pregnant.

Universal needs and services:

Sally has expressed concerns to Health staff about her parenting ability and what support she will get after the birth of her baby. The option of neo-natal support from a Children's centre has been raised with her.

Meanwhile, school have their own concerns in relation to deterioration in Sally's behaviour and potential drug misuse. Sally herself has been very tearful recently and discussed domestic abuse in the home between her parents whom she describes as “constantly arguing”

As a result of the situation and the likely need for inter-agency support the Head of Year at the school completes an agency specific tool, or the **Pre-CAF Checklist** and decides that a common assessment would be appropriate.

“Step-up” to:

Emerging Needs: Prevention and Early Intervention

School check with the **CAF Administration Team** and find that there is no current ongoing CAF assessment. They indicate their intention to initiate an assessment.

School approach Sally and her parents obtaining both **consent** and details of other involved practitioners. The school arrange a **Team Around the Child (TAC)** Meeting. Key agencies are invited to attend: Children Centre staff, teaching staff, the School Nurse, and Midwife. Also invited are the Piccadilly Project (re: support with drug use) and the Hope Project who support children/adolescents who are subject to Domestic Abuse. Sally and her mother attend the meeting. Each agency shares appropriate information to complete the assessment of need on the CAF Form.

The meeting identifies the **Lead Practitioner**. Having collated relevant information about the family, the meeting agrees outcomes and develops a **CAF Action Plan** with the consent of Sally and her parents. The meeting arranges a **review date**, to check on progress.

The Lead Practitioner sends a copy of the completed CAF form via **secure e-mail** to the CAF Administration Team.

Reviewing Progress:

Review of the CAF Action Plan:

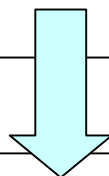
The Lead Practitioner organises a review meeting. This is attended by Sally and her mother. Also present are: Children's Centre staff, teaching staff, the School Nurse, and staff from the Piccadilly Project and the Hope Project.

Each individual summarises the work they have been doing with Sally and the progress made against the desired outcomes of the Action Plan. Sally and her mother are encouraged to engage in the conversation and respond to the views expressed by the individual practitioners.

The Lead Practitioner records the meeting on the CAF Review Form and verbally summarises its content to ensure that there is agreement and that any continuing disagreement is accurately recorded.

The Review meeting may have 3 general outcomes:

1. Amend the Action Plan and continue the appropriate work with Sally
2. Agree that the outcomes have been achieved and that a CAF is no longer necessary.
3. Identify that Sally is in need under CA '89 and requires targeted services which cannot be provided by the current practitioners.

"Step down" to:

1. The Lead Practitioner informs the CAF Administration Team of the review date, its outcome and the date for further review.

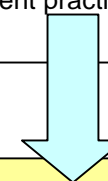
Each practitioner continues their work with Sally based on the outcomes and timescale identified in the revised Action Plan.

A future review is held and the situation re-assessed

2. The Lead Practitioner informs the CAF Administration Team of the review date and its outcome.

The CAF Administration Team 'closes' the CAF on the register.

Education and Health practitioners continue to offer 'universal services' to Sally

"Step up" to:

3. The Lead Practitioner informs the CAF Administration Team of the review date and its outcome.

The Lead Practitioner organises the necessary consultation and liaison, using the CAF Form and revised Action Plan to engage the appropriate services.

The CAF Administration Team 'steps up' the CAF on the register.

For Example:**Complex Needs: Targeted Child and family Support**

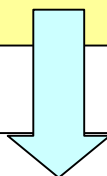
The CAF review meeting highlights that Sally's needs have increased and that she is **both**:

- **“In Need” under the Children Act 1989, and:**
- The services required **cannot** be provided by those practitioners who are currently part of the multi-agency team.

With Sally's consent, the Lead Practitioner organises the necessary liaison with the appropriate agencies and organisations providing targeted Child and Family support: (See above)

The CAF Form, most recent CAF Review, and the latest Action Plan are shared with appropriate agencies with any additional verbal information which is required. (**nb**: The CAF documentation should clearly **evidence** the need for the service and the reasons why it cannot be provided within the current multi-agency team)

The individual agencies / organisations respond either by offering services, by providing advice about how the existing TAC could continue its work, or by signposting to alternative sources of support. This may be done verbally, by face to face discussion, or by attendance at an appropriate meeting.

Reviewing Progress:**Review of the Targeted Child and Family Support Work:**

Once the targeted work is completed the relevant practitioner completes a summary of their work (Using an agency specific document, an updated holistic assessment or a bespoke report.) This covers what has been done, the outcomes and an overview of any remaining unmet needs. This is shared first with Sally, and then with the Lead Practitioner.

A Review / TAC Meeting is held (As above) The 2 possible outcomes are:

1. Amend the Action Plan and **continue work** with Sally in relation to unmet needs.
2. **“Step down”**: Agree that the outcomes have been achieved and that a CAF is no longer necessary. Education and Health practitioners continue to offer 'universal services' to Sally

The Lead Practitioner informs the CAF administration team who update the register in response to the outcome of the meeting

Glossary and explanation of terms used within the model.

Address Consent Issues / Consent / Information Sharing: The majority of the work we do with children, young people and their families is done with their agreement. At the start of our involvement, we seek the “consent” of the parent or young person to share information with colleagues in other agencies. Whether we seek the consent of the parent, or the young person or, in certain circumstances, act without their consent are all issues covered by information available from:

http://www.bradford.gov.uk/health_well-being_and_care/child_care/Integrated_Working/Information+Sharing+Guidance+-+Bradford+Practitioners+Toolkit.htm

The “Common Assessment Framework” (CAF): Is a government initiative being implemented throughout England. It is designed to increase information sharing, promote early identification of need and support early intervention. It combines guidance on good working practices with a specific document to record an inter-agency assessment and action plan to meet the needs of children and young people. An overview of the CAF process is available at:

<http://www.bradford.gov.uk/NR/ronlyres/93B6A214-C40B-48FD-8E6E-04B3731E9F26/0/CAFQuickComprehensiveGuiderev.pdf>

CAF Action Plan: The purpose of assessment process is to agree an “Action Plan” involving the Team Around the Child and the child / young person and their family. The Action plan records: “**What** needs to change”, “**who** will do it”, “**by when**” and “**how** will you know when things have improved?” The Action Plan should also indicate when a review meeting will take place.

The CAF Administration Team: Keep and maintain an electronic register of all the common assessments undertaken in Bradford. They can be contacted by telephone on [01274 437902](tel:01274437902) or [437685](tel:01274437685), or by e-mail: cafhelppdesk@bradford.gov.uk

Child-centred working: Ensuring that children and young people are consulted and involved in the work we do with them. Ensuring that their needs remain at the centre of all we do. Ensuring that the strengths of the child young person and their family are identified as a contributing factor to supporting the Action Plan.

Children's Trust, Area / Locality based service delivery: The overall responsibility for all services to children and young people in Bradford rests with the “Children's Trust”. The trust ensures that services are planned coordinated and delivered within each of the 5 “Constituency Areas”: Keighley; Shipley; Bradford North; Bradford West and Bradford South. To ensure that services are responsive to local needs, Bradford is also sub-divided into 14 “Localities” which inform the delivery of services within the community.

“children, young people”: Unborn children (from **24 weeks of gestation**) up to and including young people of **17** years of age. However:

- If a child or young person has been **looked after**, that age range is **up to and including** young people of **20** years of age.
- If the young person has a **learning difficulty or disability**, the age range is **up to and including** young people of **24** years of age.
- In some agencies where services are appropriate to enable the young person to have a smooth **transition to adult services**, the age range is **up to and including** young people of **24** years of age.

"Every Child Matters" (ECM) agenda: National agenda underpinned by the "Children Act 2004". States that all work with children and young people should aim to achieve 5 outcomes: Be Healthy; Stay Safe; Enjoy and Achieve; Make a Positive Contribution & Achieve Economic Well-being.

<http://www.dcsf.gov.uk/everychildmatters/>

"In Need" under the Children Act 1989: The Children Act 1989 identifies a level of need where:

- A child or young person is "disabled", or
- Their health or development would be "impaired" or they would not achieve a "reasonable" standard without services provided by, or on behalf of, the Local Authority.

nb: The terms "Disabled", "impaired" and "reasonable" used in law require the making of a judgment which should be taken forward by discussions between the CAF "Team Around the Child" and the relevant Local Authority service.

Integrated Working: Practitioners working with children and young people in any capacity sharing information and working together to:

- Assess need.
- Create an Action Plan to meet that need.
- Deliver the support required to meet the desired outcomes for the child.

<http://www.dcsf.gov.uk/everychildmatters/>

"Lead Practitioner": A key element of the "Common Assessment Framework" (CAF). One identified individual who acts as a contact point and source of information for the child / young person and other involved practitioners. They take responsibility for coordinating (by liaison or by inter-agency meeting) all the services being offered to the child, and ensure that the assessment and "action plan" is shared, reviewed and kept up to date.

The Pre-CAF Checklist: This document allows you to decide whether it is appropriate to initiate an inter-agency "Common Assessment". Generally, you would consider this if your own agency or organisation is unable to meet the needs of the child or young person and you believe that the help and support of another agency is required. The document can be found at:

<http://www.bradford.gov.uk/NR/rdonlyres/F6A4FC97-F100-4157-95A3-1954F2B193CA/0/CAFPreassessmentChecklist.doc>

The assessment document itself is available at:

<http://www.bradford.gov.uk/NR/rdonlyres/0A2B1711-0BCA-46B2-BF63-A188C0109650/0/CAFForm.doc>

Risk of significant harm: Section 47 of the Children Act 1989 places a duty on local authorities to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child who lives, or is found in their area is suffering, or is likely to suffer significant harm

‘**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 that are not physical.

There are no absolute criteria on which to rely when judging what constitutes **significant** harm and advice should be sought from:

- During office hours (8.30 - 5.00 Monday to Thursday, 4.30 on Friday) call Children's Social Services Initial Contact Point - **01274 437500**
- At all other times, Social Services Emergency Duty Team - **01274 431010**
- If you have reason to believe that a child is at **immediate** risk of harm, contact the police on **999** <http://www.proceduresonline.com/bradford/scb/>

Secure e-Mail: This can be used by any practitioner as long as they have completed a successful “Enhanced Criminal Records Bureau” (ECRB) Check. Once you have initiated the Common Assessment by providing details to the CAF Administration Team, you will be provided with details of this system which will allow you to share CAF information electronically with other involved practitioners. If other practitioners then become involved in the assessment they can also request this secure e-mail facility.

“Step-up, Step down”: A key element of the “Common Assessment Framework” (CAF). Different services are engaged as needs increase. No agency disengages without ensuring that colleagues in other agencies are sufficiently informed to continue working with the child or young person. At the point where an agency disengages from the CAF process as needs decrease or their work is finished, they update the TAC and Lead Practitioner with the work they have done. This is achieved by sharing an updated CAF or equivalent (agency specific) summary of work done.

“Team Around the Child” (TAC): A key element of the “Common Assessment Framework” (CAF). As needs increase services are engaged from other agencies. Individuals from those agencies join the team and remain part of it until it is agreed their role is no longer necessary.