



# EALING INTEGRATED WORKING AND MULTI-AGENCY THRESHOLDS OF NEED GUIDE

# Foreword

Welcome to Ealing's updated Integrated Working and Multi-Agency Thresholds of Need Guide, which has been developed to establish a consistent approach to integrated working in Ealing and to provide guidance to support this work.

Integrated working is central to the implementation of the Children Act, and the national "Every Child Matters" agenda to improve outcomes for children and young people. It involves working together across organisational boundaries to ensure our children and young people get the most appropriate services, when and where they need them.

For everyone working with children, young people and families, this means continuing to make changes in how we deliver our services through closer co-operation, better co-ordination and reducing duplication of systems and processes. It also means further developing new skills in partnership working, using a common language and gaining a better understanding of each other's roles.

Integrated working is both exciting and challenging as we continue to work closely across traditional boundaries, while maintaining safe and professional services during a time of significant change.

This guide has been written as a resource to support practitioners across Ealing in using integrated processes, such as the Common Assessment Framework, Lead Professional and Information Sharing, which will support integrated working.

It also clearly sets out the four universal thresholds of need that should be used in Ealing to identify areas of concern and help practitioners work together to provide the appropriate level of support.

It has been developed and expanded in the light of early experiences of integrated working in Ealing.

Thank you for your continued hard work in helping us to make Ealing a great place for every child and young person to grow up.



David Archibald  
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## 1.0 Introduction

Improving outcomes for children and young people, so that every child achieves their potential, requires changes to culture and practice across the whole children's workforce. Integrated working arrangements, including applying the Common Assessment Framework, Lead Professional functions and information sharing developments are central to the strategy outlined in **Every Child Matters** and **Youth Matters**. These new ways of working shift the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place and promoting the five priority outcomes.

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being.

They will also help local services achieve many of the standards set out in the **National Service Framework for Children, Young People and Maternity Services (Children's NSF)**, particularly in relation to promoting health and well-being, delivering child-centred services, safeguarding and promoting welfare, supporting those who are disabled or who have complex health needs and promoting mental health and psychological well-being.

This guidance covers:

- 1. Ealing's Thresholds of Need** – Ealing has developed four levels of need and a set of indicators/descriptors for each level to assist practitioners using the Common Assessment Framework process, to identify need and the appropriate service response. These should be read alongside the Domestic Violence Risk Assessment Matrix in Appendix 5.
- 2. The Common Assessment Framework (CAF)** is a shared assessment tool for use across all children's services in England. It helps in the early identification of needs of children and young people and promotes a coordinated approach on how those needs should be met.
- 3. Information sharing** is a process for helping practitioners work together more effectively to meet children's needs through sharing information legally and professionally.
- 4. Multi-Agency Panels (MAP)** are regular meetings made up of practitioners from different organisations and agencies. The purpose of a MAP is to enable joint discussion around the needs of a child, to monitor the CAF process for individual children, and ensure accountability and review.
- 5. The Lead Professional (LP)** is someone who takes the lead to co-ordinate provision and be a single point of contact for a child/young person and their family, when a range of services are involved and an integrated response is required.

The forthcoming policy on the Lead Professional in Ealing provides detailed guidance of the role of the Lead Professional, Multi-Agency Panels, the process for allocating the Lead Professional in Ealing for children with needs assessed at levels 2, 3, and 4, the Lead Professional in schools, handover and exit arrangements and procedures for management, accountability and conflict resolution.

The information in this guidance is correct as of July 2009. Some of the content will go out of date as local and national guidance develops and will therefore be reviewed periodically. This guidance can be downloaded from Ealing's Change for Children website: [www.ealing.gov.uk/changeforchildren](http://www.ealing.gov.uk/changeforchildren).

## 2.0 Notes on terms used in the guidance

**Child/children:** for simplicity and ease of reading, the terms 'child' and 'children' are used throughout this document to refer to babies, children and young people aged 0-19.

**Parents:** is used throughout this document and includes mothers, fathers, carers and other adults with responsibility for caring for children.

**Children's Social Care:** is used to refer to Children's Social Services.

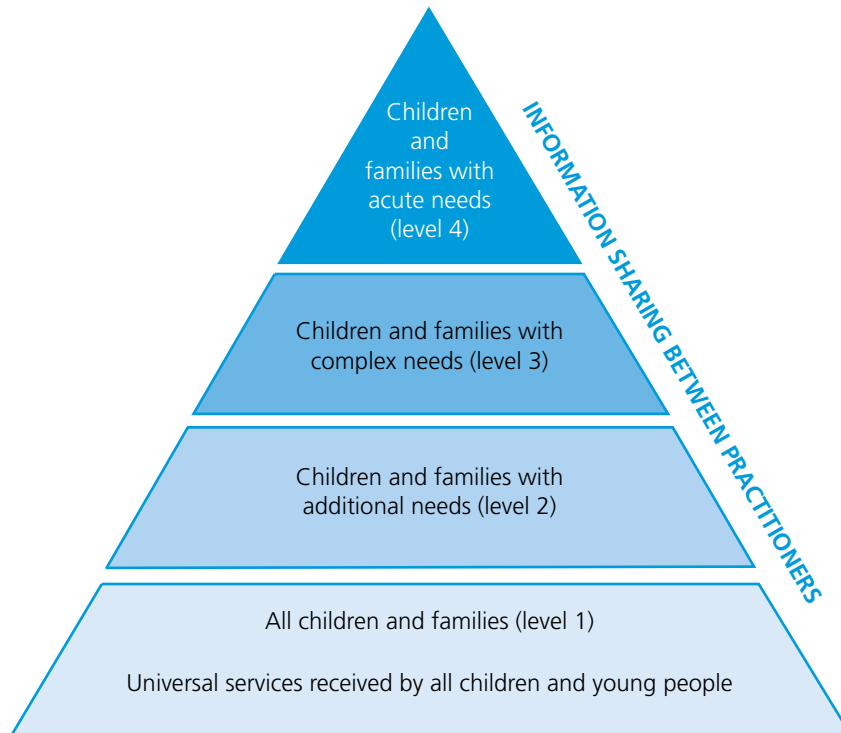
**Practitioner:** is used to refer to anyone who works with children and young people.

A glossary of abbreviations is also available at the back of this document to provide further clarity.

### 3.0 Thresholds of need - a joint approach to meeting children's needs

Ealing has developed four levels of need and a set of indicators/descriptors for each level to assist practitioners using the CAF process, identify need and appropriate service response. These levels are illustrated below. Ealing's model is based on the London Continuum model which aims to establish a consistent approach to integrated working and the use of CAF across London Local Authorities which also helps to remove barriers to cross-authority integrated service delivery.

**Figure 1 Levels of intervention and need in Ealing**



**Level 1: Universal**

No identified additional needs. Response services are universal services.

**Level 2: Children with additional needs - low risk to vulnerable**

Child's needs are not clear, not known or not being met. This is the threshold for beginning a Common Assessment. Response services are universal support services and/or targeted services.

**Level 3: Complex**

Complex needs likely to require longer-term intervention from statutory and/or specialist services. High level additional unmet needs – this will usually require a targeted integrated response, which will usually include a specialist or statutory service. This is also the threshold for a child in need, which will require Children's Social Care intervention.

**Level 4: Acute**

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

The four levels of vulnerability and need are supported by a list of possible descriptors and indicators. These can be found in Ealing's Continuum Charts in Appendix 1. Details are also given there of the agencies that are likely to be involved with the child and their family at each level. Practitioners should also refer to the Domestic Violence Risk Assessment Matrix in Appendix 5 in relation to concerns about domestic violence to help them determine the appropriate service response.

Ealing has also adopted the London Continuum descriptors and indicators in relation to teenage pregnancy, substance misuse and youth offending in order to help determine appropriate service response in these areas. These are also detailed in the back of this guidance in Appendices 2-4.

These indicators/descriptors are designed to assist practitioners in thinking about the needs of children in a holistic and common way. They are a guide to be determined by assessment and should be used to inform professional judgment.

Children's needs rarely fit into neat categories and they will also move between these levels according to their particular circumstances. The age of the child and protective factors that may enhance resilience also need to be taken into account. It is essential that service response is flexible and able to address these changing needs. The aim of early identification, referral and service provision (i.e. through the use of this model) is to ensure that children are prevented from moving towards the higher levels of needs and wherever possible concerns reduced so that their levels of needs reduce.

## 4.0 The Common Assessment Framework

### What is the Common Assessment Framework (CAF)?

The CAF was introduced nationally as a shared assessment tool for all practitioners that work with children and families in England. The Common Assessment has been specifically designed to reduce duplicate assessments and provide a common holistic framework for assessing need and facilitating integrated support and joint planning at an earlier stage.

It is a framework to help practitioners

- Assess children's additional needs and services earlier and more effectively
- Develop a common understanding of those needs
- Agree a process for working together to meet those needs.

It also provides a way of sharing information with consent and ensuring accountability and review.

### Who is the Common Assessment Framework for?

The Common Assessment Framework is for children and young people up to the age of 19 with additional needs that require a multi-agency response.

For some young people with disabilities up to the age of 25, the CAF may be used to ease transition into adult services.

### How is a decision to use the Common Assessment Framework made?

The CAF should be used at any time that a practitioner believes that a child or young person might have difficulties or struggle to overcome challenges in making progress towards the five every child priority outcomes: Stay Safe, Be Healthy, Enjoy and Achieve, Make a Positive Contribution and Achieve Economic Well-being.

It would be used:

- For children with level 2 needs
- Children on the lower end of level 3 needs
- When parents or a child raises concerns and are asking for help, support or guidance
- When a multi-agency response would benefit the child or young person
- When the CAF would help identify needs and/or get others to meet them

It would not be completed:

- If the concern is a child protection issue
- If the child's progress is good
- The child's needs are clear and are being met by family agency
- The child/parents do not consent.

If a child or young person requires an urgent response from a service, make a referral to them in the normal way. **At any time you think a child is at risk of immediate/significant harm you must follow children's safeguarding procedures immediately.** These can be found on:

<http://www.londonscb.gov.uk/procedures/>

## What is the Pre-Assessment Checklist?

If it is unclear whether a CAF is needed, practitioners can use the Pre-Assessment Checklist. If after completing the Pre-Assessment Checklist you consider a CAF is not required, monitor and review the situation as appropriate. This form is available on Ealing's website at [www.ealing.gov.uk/changeforchildren](http://www.ealing.gov.uk/changeforchildren).

### How do I find out if there is already a completed Common Assessment?

Someone may already be working on the needs you are concerned about. You can find out by asking the child or parent. Alternatively you can contact your local Every Child Matters (ECM) Development Officer (see page 16 for contact details) who will be able to tell you or email [caf@ealing.gov.uk](mailto:caf@ealing.gov.uk) and provide child's name, date of birth, gender and address. Shortly, ContactPoint, the national directory will help you find this information quickly.

### How can I access an existing Common Assessment?

At present, the Common Assessment is not electronically enabled and this is being looked into. However, in the mean time, practitioners should use existing processes to send the Common Assessment to other organisations. The Common Assessment form should be stored on practitioner's own case management systems.

It will need to be agreed who has ownership of the assessment or the most current version. In most cases this would be the assessor or the practitioner who has agreed to take the lead.

## Who will do the Common Assessment?

Every organisation offering services to children, young people and their families (whether from statutory, community or voluntary sectors) should ensure at least some of their staff are equipped to complete Common Assessments. It is up to individual services to determine which practitioners should undertake Common Assessments.

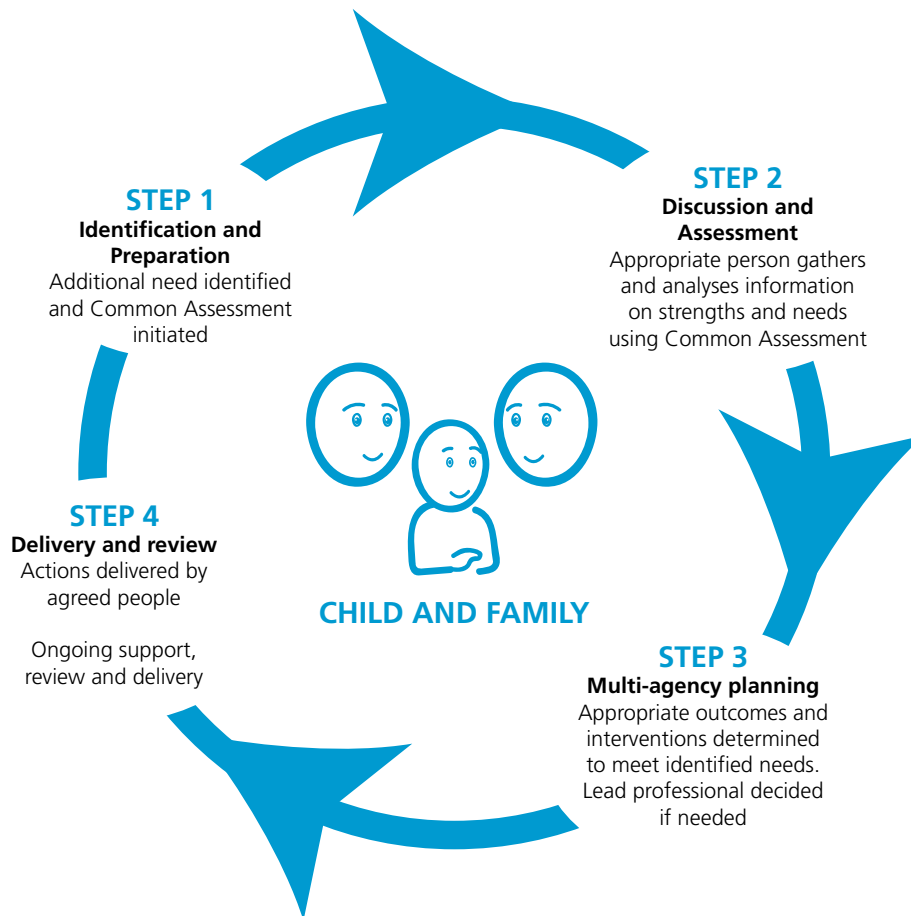
Practitioners who identify the need for a Common Assessment but are unable to do the assessment themselves should use the pre-assessment checklist. This can then be passed on to the appropriate person to do the full Common Assessment.

To help with the process, below is a list of types of practitioners who would be appropriate to do the Common Assessment. This is a suggested list and is by no means complete.

- Personal advisors
- Sure start workers
- Health visitors
- Midwives
- Youth workers
- Family support workers
- Substance misuse workers
- Education welfare officers
- Housing support staff
- Voluntary sector workers
- 0-19 SAFE staff
- Educational psychologists
- Child and Adolescent Mental Health Service (CAMHS) workers
- Community project workers
- Community children's nurses
- School health advisors
- Nursery nurses
- Play workers
- School staff
- Learning mentors
- Social workers
- Therapists
- Connexions personal advisors

## Completing the Common Assessment

The Common Assessment Process can be broken down into four stages:



### Preparation

Before a Common Assessment is done, you should check if one has already been completed. You can do this by contacting your local ECM Development Officer (details on page 16).

### Seeking consent

The assessment process should take place in partnership with parents and when appropriate with the child. The Common Assessment is a voluntary assessment and should be completed with the family's consent.

In most circumstances you should only record and share CAF information with the informed consent of the child or parent. This should not be a significant barrier if you are working in partnership with them.

You should also provide copies of relevant documents to the child and parent as appropriate. For the Common Assessment, it is important that you:

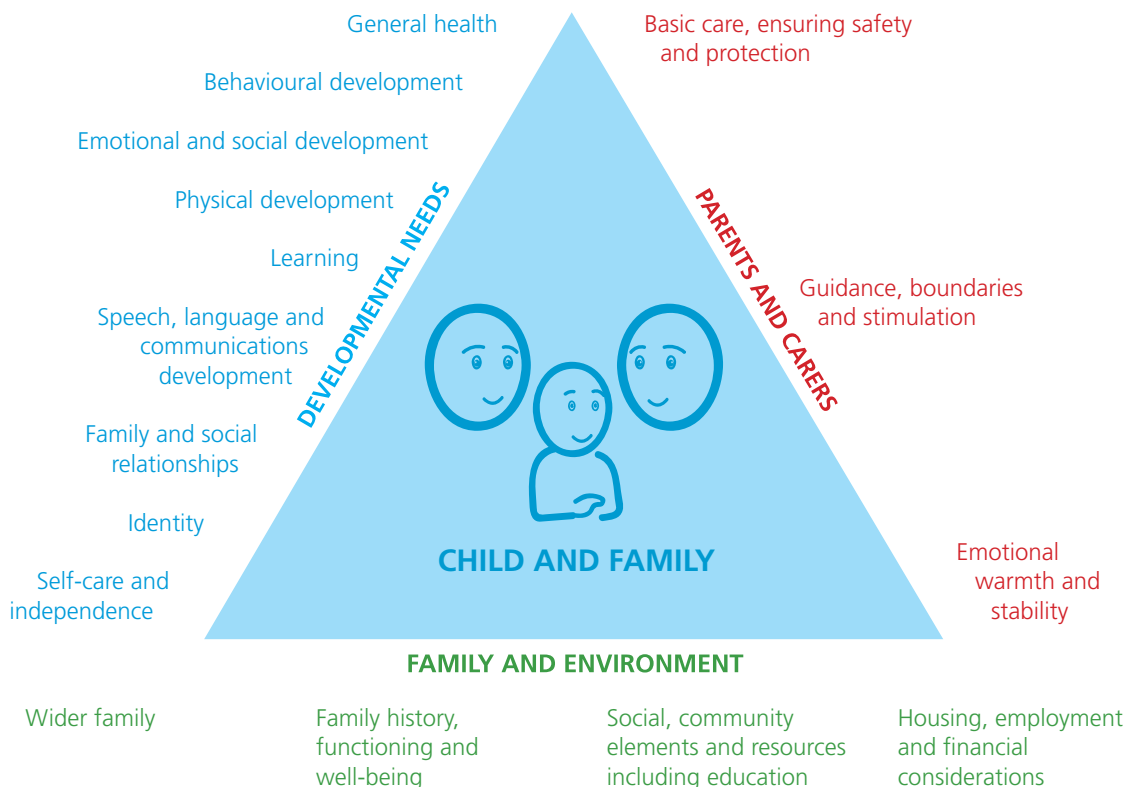
- Obtain informed consent
- Ensure that the information shared is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared with those people who need to see it, and shared securely
- Work with children and parents to agree how information is recorded, used and shared
- Where possible, obtain 'explicit' consent if the information held or shared is sensitive (explicit consent can be oral or written; written consent is preferable, e.g. through a signature on the CAF recording form) and, if you have ongoing contact, review this consent regularly.

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

## Assessment

You should record your assessment on the Common Assessment form which is available on Ealing's website at [www.ealing.gov.uk/changeforchildren](http://www.ealing.gov.uk/changeforchildren)

Practitioners completing the assessment would be expected to comment on all aspects of the framework detailed below, but particularly on the domains that are within their agency remit, drawing on their specific knowledge and expertise.



The Common Assessment form should be completed electronically in WORD format wherever possible. Print off a copy for your own record and sign, and send to agencies using existing systems.

When a Common Assessment has been completed, updated or the Lead Professional has changed, Ealing's central CAF register needs to be updated. You can do this by contacting your local ECM Development Officer.

If you wish to update information on a Common Assessment, contact the originator of the Common Assessment and agree who will update the assessment and who will own it. Make sure that each version is clearly marked and only one version of the form is being used at any one time.

## Multi-agency planning and reviews

When you've completed the Common Assessment, you have choices about how to take it forward. You may decide to refer the family to a multi-agency panel, which will agree a CAF plan and identify a Lead Professional and Team Around the Child or you may agree a CAF plan with the family and co-ordinate a multi-agency response yourself with support, if required from the local ECM Development Officer. In both circumstances a date would be agreed with the family for reviewing the plan.

A flowchart of the CAF process can be found in Appendix 7.

## Reviews of the CAF

Upon completion of the CAF with child and family, it is intended that the CAF action plan is reviewed monthly by the Lead Professional, and closed as soon as child and families' outcomes are met. To aid this process and to ensure that the original CAF is not amended once it has been signed by child and family and practitioner, a review sheet has been developed which enables the practitioner, child and family to make changes to the original action plan detailed on the CAF. The review sheet can be found at: [www.ealing.gov.uk/changeforchildren](http://www.ealing.gov.uk/changeforchildren)

## CAF interface with other assessments

Guidance is given in Appendix 6 around the interface between the Common Assessment Framework and other key assessment/referral tools and key interventions. This has been adopted from the London Integrated Working Without Boundaries protocol.

### 5.0 Multi-Agency Panel

Multi-Agency Panels (MAP) are regular meetings made up of practitioners from different organisations and agencies. The purpose of a MAP is to enable joint discussion around the needs of a child, to monitor the CAF process for individual children, and ensure accountability and review.

Cases can be referred to a MAP or practitioners can co-ordinate a multi-agency response without referring to a panel.

Multi-Agency Panels have been set up in each of Ealing's High Schools for children aged 11-19. The Supportive Action for Families in Ealing (SAFE) service will also be responsible for convening panels. Ealing will continue to develop the convening of these panels by other partner agencies to help ensure multi-agency involvement in the delivery of the Common Assessment.

Details of agencies convening Multi-Agency Panels and the dates of panels are available from your local ECM Development Officer.

#### What will the Multi-Agency Panel do?

The Multi-Agency Panel will agree the plan of action, who will do what, and by when, in light of the needs identified in Common Assessment form and desired outcomes.

Multi-Agency Panels will agree if it is necessary for someone to take the lead and agree the person who will perform this role.

MAPs will also monitor and review and follow-up delivery of individual children's action plan and recommend a reassessment if necessary.

Common Assessments will normally be done before they are taken to a Multi-Agency Panel. When it is not possible to do a Common Assessment prior to a panel meeting, the relevant practitioner can present cases to a panel, who will be able to recommend if a Common Assessment is needed and who will do it. Common Assessments will be done outside of a MAP.

The Common Assessment Framework is part of an ongoing planned package of care for a child or young person and action is not usually urgent, but if immediate intervention is needed, practitioners should not wait for the next Multi-Agency Panel.

#### Who will sit on the Multi-Agency Panel?

Children and their families will be invited to attend the Multi-Agency Panel and it will be their decision whether or not they go. As they will be part of the assessment process, they may feel that a practitioner will be able to represent them at the panel.

A core set of people will sit on the Multi-Agency Panel and the panel coordinators or Chair will invite others as appropriate. The size of the panels will be proportionate to the needs of the children or young people being discussed.

For details on who sits on individual MAPs, please contact your local ECM Development Officer.

Suggested core members of a Multi-Agency Panel are listed below. Some of these are age specific:

- Education welfare officers
- 0-19 SAFE staff
- School health advisors
- Education psychologists
- School SEN coordinators and support staff
- Family support workers
- Children's centre staff
- Sure start workers
- Health visitors
- Nursery nurses
- Education welfare officers
- Teachers
- Connexions personal advisors
- Youth workers
- Police
- Play workers

The MAP may also consider inviting:

- CAMHS workers
- Substance misuse workers
- Social workers
- Occupational therapists
- Housing support staff
- Midwives
- Learning mentors
- Voluntary sector workers

### **Team Around the Child (TAC)**

Similar to a MAP, the Team Around the Child is a meeting held with professionals from a number of agencies, to help action plan the CAF. TACs can be organised as and when required by practitioners from any agency after completing a CAF assessment.

As part of the TAC, members will also identify the Lead Professional if the practitioner who wrote the CAF is not the most appropriate to perform the Lead Professional role.

It is imperative that the child and family are fully involved in all the decisions of the TAC and are treated as equal members.

For more details or support in organising a TAC meeting please contact your local Every Child Matters Development Officers.

## **6.0 The Lead Professional**

### **What is the Lead Professional?**

The concept of the Lead Professional has been developed nationally, and the following is based on national guidance.

A Lead Professional is someone who takes the lead to coordinate provision for a child and their family, when a range of services are involved with that child or family and an integrated response is required.

The Lead Professional is not a job title or new role but a set of functions to be carried out as part of the delivery of effective integrated support. These functions are to:

- Act as a point of contact for the child or family, who they can trust and who can engage them in making choices, navigating their way through the system and effecting change.
- Coordinate the delivery of the actions agreed by the practitioners involved, to ensure that children and families receive an effective service, which is regularly reviewed. These actions will be based on the outcome of the assessment and recorded in a plan.
- Reduce overlap and inconsistency in the services received.

Many practitioners, working with children and young people, involved in early support and intervention in Ealing can, potentially, depending on the primary need of the child, assume the Lead Professional role, as the skills, competencies and knowledge required to carry it out are similar regardless of professional background or role. The role is defined by the functions and skills, as outlined above, rather than by particular professional or practitioner groupings.

In its broadest sense, the role involves acting as a single point of contact for other services or practitioners involved, and ensuring that any response to identified needs either from within their own agency / service or across a number of agencies is rationalised, coordinated and achieves intended outcomes. Delivered in the context of multi-agency assessments and planning, underpinned by CAF or relevant specialist assessments, it ensures that professional involvement is streamlined, coordinated and communicated effectively.

The Lead Professional will not replace the ongoing practitioner work with a child and family. Agreeing a plan of action outlining the services required for a child and their family places responsibility and expectations not only on the person designated to carry out the Lead Professional role but on every practitioner involved in supporting the child or family.

### **Identifying the need for a Lead Professional**

A Lead Professional should be identified when a child has additional needs that require a multi-agency response. A relevant practitioner from among those currently supporting the child should be identified to carry out the functions of the Lead Professional. This is not necessarily the practitioner who first becomes involved with the child or family or who carries out the CAF.

Where a child and their family are receiving a range of assistance from within one agency then a Lead Professional will not be required.

### **Who can be the Lead Professional?**

Practitioners from many different backgrounds may be a Lead Professional at certain times, depending on the primary need of the child or young person. It is important that there is a flexible approach, which means that the practitioner who is most relevant to the child or young person's action plan and who has the skills to carry out key functions is chosen as the appropriate Lead Professional.

The Lead Professional must be identified from among the existing group of practitioners working with the child, young person or family, and will be the practitioner who is most relevant to the child or young person's support plan and who has the skills to carry out this role.

### **Selecting the Lead Professional as part of the CAF process**

The Lead Professional may be identified at a Multi-Agency Panel, a multi-agency meeting or by the professional who has completed the CAF in consultation with relevant agencies and the family.

A provisional decision may be agreed between all the practitioners involved, however the proposed lead practitioner's manager must also agree it. The Lead Professional will then contact the child and or family to get their agreement.

If the line manager has any concerns about the decision, they will find out who else is involved with the case and contact the relevant line managers to discuss who is best placed to take on the lead role.

### **Changing or ending the role of Lead Professional**

For any practitioner their role as the Lead Professional ends when:

1. The case is closed
2. The role is accepted by another agency or service (e.g. there is a change of focus or a different set of needs are prioritised)
3. The practitioner currently in the Lead Professional role is unable to continue (for example is no longer in post)
4. They move from one school to another

Normally the Lead Professional will be decided at the relevant multi-agency assessment and review meeting or at a MAP and may change from one professional or agency to another at such a meeting. Care needs to be taken to ensure that the two practitioners arrange an appropriate handover, including providing any relevant documentation.

In the case of a Lead Professional being unable to continue with their duties, the meeting/panel would need to decide whether it was appropriate for a new Lead Professional to be appointed from the same agency or from a different agency. The views of the child and their family need to be considered.

### Case study

Nicole has just given birth to her third child, Jerome. She has two older children: Tyrus aged three years and Taleisha aged six. Following an episode of domestic violence Jerome's father has left the family home, though Nicole is concerned that the father may return. Nicole's key sources of support are her mother and sister, although the relationship with them has been difficult at times.

The midwife is due to hand over the care of Nicole and Jerome to the health visitor but has raised some concerns about Nicole's isolation from her family and some apparent difficulties with bonding with Jerome.

In addition, the midwife has noted that Tyrus is exhibiting some challenging behaviour and that Nicole is having difficulties in ensuring Taleisha gets to school on time. The school have asked the education welfare officer (EWO) to become involved.

At the new birth visit, the health visitor, who has had previous contact with the family, identifies a range of needs within the family and is keen to work with Nicole to ensure that these are met in a timely and proactive manner. She carries out an assessment for each of the children using the CAF. This provides the basis for engaging the support of a range of practitioners – including housing, education welfare, educational psychology and family support – who come together to review how they can best support the family.

A planning meeting is held which Nicole attends. The practitioners identify the contribution each can make and the timescales they will work to. With Nicole's input, they agree that the health visitor should be the Lead Professional as she has the closest relationship with the family. The health visitor is able to write up a co-ordinated plan for Nicole and her children, setting out the actions agreed at the multi-agency panel meeting. Within this plan, the separate needs of each child and planned interventions for them and for Nicole have been made clear. As Lead Professional, the health visitor is the single conduit between Nicole and the other service providers to ensure that the support is effectively delivered to the whole family.

## 7.0 Information sharing

### Why sharing information is important

The 2004 Children Act sets out clearly the statutory duty on key agencies, including all schools, to share information about children and young people. Information sharing is vital to safeguarding and promoting the welfare of children and young people. A key factor in many serious case reviews has been a failure to record information, to share it, to understand the significance of the information shared, and to take appropriate action in relation to known or suspected abuse or neglect.

Sharing information is also vital for early intervention to ensure that children and young people with additional needs get the service they require. These services could include additional help with learning, specialist health services, help and support to move away from criminal or anti-social behaviour, or support for parents in developing parenting skills.

It is important that practitioners understand when, why and how they should share information so that they can do so confidently and appropriately as part of their day-to day practice. This includes:

- Understanding what information is and is not confidential, and the need in some circumstances to make a judgement about whether confidential information can be shared, in the public interest, without consent
- Understanding and apply good practice in sharing information at an early stage as part of preventative work
- Being clear that information can normally be shared where you judge that a child or young person is at risk of significant harm or that an adult is at risk of serious harm.

To provide greater clarity about information sharing, Ealing has developed a protocol for statutory agencies and practitioners to share information. Signatories to the Information Sharing Protocol include:

- Ealing Council
- Ealing Primary Care Trust
- Ealing Hospital's Trust
- West London Mental Health NHS Trust
- Ealing Police
- Ealing Probation Service
- Ealing Fire Service
- Ealing Homes
- The Learning and Skills Council.

The Information Sharing Protocol is available to download at:

[www.ealing.gov.uk/services/council/data\\_protection/ealings\\_trust\\_charter/index.html](http://www.ealing.gov.uk/services/council/data_protection/ealings_trust_charter/index.html)

### **How to share information**

You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their consent. Children, young people and their families need to feel reassured that their confidentiality is respected.

Confidence is only breached when the sharing of confidential information is not authorised by the person who provided it or to whom it relates. If the information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, then sharing in accordance with that understanding will not be a breach of confidence.

Even when consent to share information is not given, you may lawfully share it if this can be justified in the public interest. When you have a concern, you should not regard refusal of consent as necessarily precluding the sharing of confidential information.

Where consent cannot be obtained, or is refused, or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is sufficient public interest must be judged on the facts of each case.

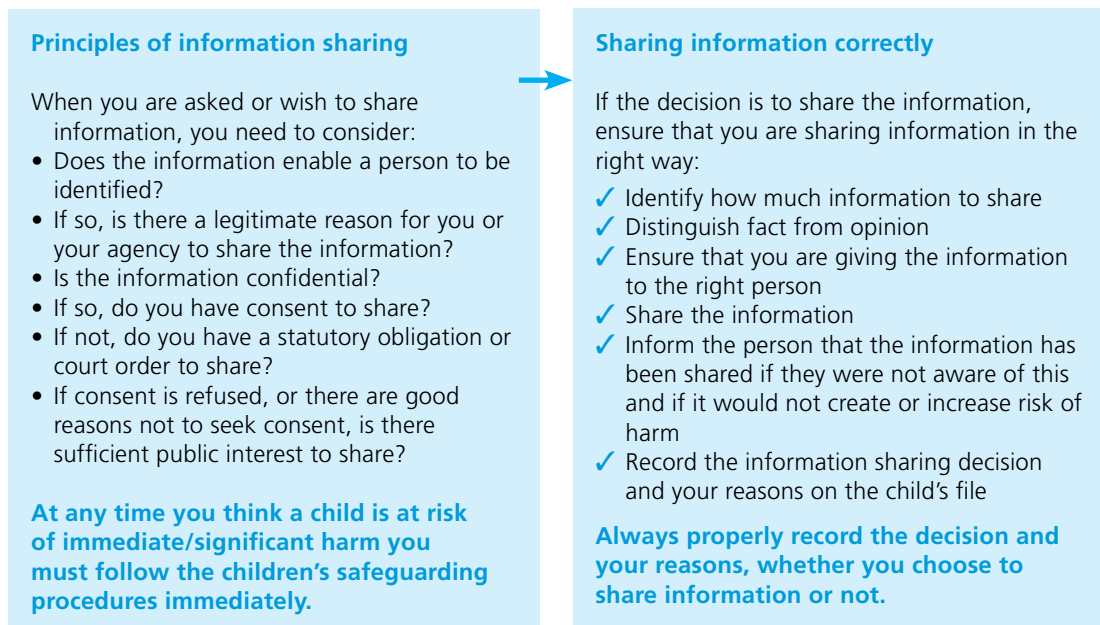
You should seek advice where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.

#### **Six key points of information sharing:**

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

Government guidance has been developed that goes into these issues in more detail. This can be downloaded at: [www.everychildmatters.gov.uk/deliveringservices/informationsharing](http://www.everychildmatters.gov.uk/deliveringservices/informationsharing)

The flowchart below will help you make your decision to share or not share information.



**Always seek advice from your manager, supervisor, child protection advisor or Caldecott Guardian if you are not sure what to do at any stage, and ensure that the outcome of the discussion is recorded.**

## 8.0 ContactPoint

### What is ContactPoint?

ContactPoint is a national directory of children and young people. It is a practical tool that can be used to identify and contact other people working with the child you are involved with.

It aims to improve services for children by helping professionals share information and deliver more co-ordinated and responsive support.

### What information will be kept on ContactPoint?

ContactPoint will hold the following information:

- Name, address, gender, date of birth and a unique identifying number for all children in England (up to 18 years of age)
- Name and contact details for a child's parents or carers
- Contact details for services working with a child: as a minimum, educational setting and GP practice, but also other services where appropriate (e.g. health visitor or social worker)
- A means to identify whether a practitioner is a Lead Professional and if they have undertaken an assessment under the Common Assessment Framework.

ContactPoint will not hold assessment or case information, or subjective observations about a child or their parent. It will not contain any details such as birth weight, exam results, medical records, diet or any other detailed personal information about a child or their family.

### How will ContactPoint be used?

Authorised professionals will use ContactPoint to quickly establish whether other services are in contact with a particular child. This will help professionals share information and deliver more effective, co-ordinated support.

### **Who will have access to ContactPoint?**

Access will be restricted to authorised users who need to use ContactPoint as part of their work. This will include those working in education, health, social care, youth offending and some voluntary organisations. All users will have to pass appropriate security checks, including enhanced Criminal Records Bureau checks.

Users will be trained in the safe and secure use of ContactPoint, information sharing practice and the importance of compliance with the Data Protection Act and Human Rights Act.

### **How will the system be protected?**

Robust procedures and mechanisms will be in place to guard against unauthorised or inappropriate use of ContactPoint.

A username, PIN, security token and password will be needed to access the system and security settings will be tested regularly.

The use of ContactPoint will be monitored and audited, with a record kept each time ContactPoint is accessed.

### **Can contact details be hidden in special circumstances?**

People at risk of significant harm, such as victims of domestic violence, may have some of their details hidden on ContactPoint to prevent their location being identified. This is called shielding.

Shielding does not remove a child or young person's name from the system but blocks certain details to protect the child or their family. Requests to shield a record on ContactPoint are assessed on a case-by-case basis.

### **ContactPoint in Ealing**

Ealing is expected to gain full access to ContactPoint in Summer 2009.

At present, council access is restricted to two authorised users who are currently engaged in the shielding process.

On Ealing's allocated "go-live" date, late in 2009, the council will initially nominate up to 40 people to access the ContactPoint system. These users will be drawn from both the council and other partnership organisations, including the police, PCT and Connexions. All users will be trained and vetted.

Further information about ContactPoint is available at the Department for Children, Schools and Family website: <http://www.dcsf.gov.uk/everychildmatters/strategy/delivering-services-1/contactpoint/contactpoint/> or by contacting [contactpoint@ealing.gov.uk](mailto:contactpoint@ealing.gov.uk)

## **9.0 Further resources**

Please contact the following people for further information:

- Fiona Atkinson, ECM Development Officer (Southall, Northolt and Greenford)  
Email: [Atkinsonf@ealing.gov.uk](mailto:Atkinsonf@ealing.gov.uk)  
Telephone: 020 8825 6818
- Alda Counago, ECM Development Officer (Acton, Ealing and Hanwell)  
Email: [counagoa@ealing.gov.uk](mailto:counagoa@ealing.gov.uk)  
Telephone: 020 8825 6047

This document will be reviewed and updated when needed. Please check Ealing's Change for Children website ([www.ealing.gov.uk/changeforchildren](http://www.ealing.gov.uk/changeforchildren)) for the latest versions.

The national government website <http://www.dcsf.gov.uk/everychildmatters/> contains information and publications relating to all aspects of the Every Child Matters: Change for Children programme, including the Common Assessment Framework and Information Sharing.

## Glossary of abbreviations and terms

ASSET	Youth Offending Team Structured Assessment Tool
BMER	Black, Minority Ethnic and Refugee
CAMHS	Child and Adolescent Mental Health Services
CAF	Common Assessment Framework
CP	Child Protection
CPR	Child Protection Register
DV	Domestic Violence
ECM	Every Child Matters
ECVS	Ealing Community and Voluntary Service
EET	Education, Employment or Training
FM	Forced Marriage
GP	General Practitioner
HBV	'Honour' Based Violence
MAP	Multi-Agency Panel
MARAC	Multi-Agency Risk Assessment Conferencing Process
NEET	Not in Education, Employment or Training
ONSET	Youth Justice Board Referral and Assessment Framework
OT	Occupational Therapy
PA	Personal Adviser
PRU	Pupil Referral Unit
S.17	Section 17 of the Children Act 1989: Provision of services for children in need, their families and others
S.47	Section 47 of the Children Act 1989: The local authority's duty to investigate where there is reason to believe a child has suffered or is likely to suffer significant harm
SAFE	Supportive Action for Families in Ealing
SEN	Special Educational Needs
SENCO	Special Educational Needs Co-ordinating Officer
SRE	Sex and Relationships Education
TAC	Team Around the Child
TPU	Teenage Pregnancy Unit
WLMHT	West London Mental Health Trust
YISP	Youth Inclusion Support Panel
YJB	Youth Justice Board
YOS	Youth Offending Service
YOT	Youth Offending Team

## APPENDIX 1 – EALING CONTINUUM CHARTS LEVEL 1 – UNIVERSAL LEVEL

No additional needs, only requiring universal service support

FEATURES	UNIVERSAL EXAMPLE INDICATORS	ASSESSMENT PROCESS
<p><b>Children with no additional needs</b></p> <p>Children whose developmental needs are met by universal services.</p>	<p><b>DEVELOPMENTAL NEEDS</b></p> <p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>Achieving key stages/good attendance at school/college/training</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>Good physical health with age appropriate developmental milestones</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>Enjoys positive relationships with peers and reacts appropriately to different social settings</li> <li>Secure early attachment are formed, able to adapt to change and demonstrate empathy/responds appropriately to boundaries and guidance</li> <li>Positive sense of self and abilities</li> </ul> <p><b>Family and Social Relationships</b></p> <ul style="list-style-type: none"> <li>Stable family/good relationships with siblings and peers</li> </ul> <p><b>Self-care and Independence</b></p> <ul style="list-style-type: none"> <li>Growing level of competencies in practical and emotional skills, e.g. feeding, dressing, developing independent living skills</li> </ul> <p><b>FAMILY AND ENVIRONMENTAL FACTORS</b></p> <p><b>Family History and Well-being</b></p> <ul style="list-style-type: none"> <li>Stable and supportive family relationships including when parents are separated</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>Child fully supported financially and good quality stable housing</li> </ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>Good social and friendship networks exist/safe and secure environment</li> </ul>	<p><b>No Common Assessment Form (CAF) is required</b></p> <p>Children should access universal services in a normal way.</p> <p>If professionals are concerned the child is developing, an unmet need they should consider completing a pre-assessment checklist to help determine if a full Common Assessment is required.</p>

## EALING CONTINUUM CHARTS LEVEL 1 – UNIVERSAL LEVEL CONTINUED

No additional needs, only requiring universal service support

FEATURES	PARENTS AND CARERS	ASSESSMENT PROCESS
<p><b>Key universal services that may provide support at this level</b></p> <ul style="list-style-type: none"> <li>Education</li> <li>Children's Centres</li> <li>Early Years</li> <li>Health Visiting Service</li> <li>School Nursing</li> <li>GP</li> <li>Play Services</li> <li>Youth and Connexions</li> <li>Housing</li> <li>Voluntary and Community Sector</li> </ul>	<p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Parents able to provide for physical needs, e.g. Food, drink, appropriate clothing, medical and dental care</li> <li>• Protects from danger or significant harm in the home and elsewhere</li> </ul> <hr/> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Parents provide secure and caring parenting</li> <li>• Shows warm regards, praise and encouragement</li> </ul> <hr/> <p><b>Guidance, Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Parents provide appropriate guidance and boundaries to help child develop an appropriate internal model of values and conscience/enables child to experience success</li> <li>• Facilitates cognitive development through interaction and play</li> </ul>	<p><b>Children's Services</b> would not be involved in working with children and families at this level</p>

## EALING CONTINUUM CHARTS

### LEVEL 2 – CHILDREN WITH ADDITIONAL NEEDS

Low level additional needs requiring single agency targeted support (may require integrated response)

FEATURES	LOW RISK EXAMPLE INDICATORS	ASSESSMENT PROCESS
<p><b>Children with low level additional needs</b></p> <p>These children have low-level additional needs that are not being consistently met.</p> <p>There are no acute risks, but they require extra support in order to promote their welfare and well-being.</p>	<p><b>DEVELOPMENTAL NEEDS</b></p> <p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>Occasional truanting or non attendance, poor punctuality, poor links between home and school and child not supported to reach educational potential</li> <li>Lower level of attainment and progress in all areas of development and learning/school action or school action plus/few or no qualifications/NEET (not in education, employment or training)</li> <li>Mild learning or behaviour difficulties emerging, poor concentration, lack of interest in education and other school activities</li> <li>Reduced access to books, toys or educational materials</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>Slow in reaching developmental milestones/mild disability</li> <li>Missing immunisations or checks, minor concerns re health, diet, hygiene, clothing</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>Low level mental health or emotional issues requiring intervention from non mental health specialists e.g. GP (CAMHS tier 1)</li> <li>Ongoing difficulties with peer group, family or other adult relationships</li> <li>Vulnerable to emotional problems in response to life events such as parental separation or bereavement</li> <li>Low self esteem, lack of confidence – clingy, anxious or withdrawn</li> <li>Some evidence of inappropriate responses and actions</li> <li>Difficulties emerging in expressing empathy, understanding impact of action on others/taking responsibility for actions</li> <li>Victim or perpetrator of bullying or discrimination</li> <li>Can be over friendly or withdrawn with strangers</li> <li>Early sexual activity (13-14)</li> <li>Experimentation with tobacco, alcohol or illegal drugs</li> </ul> <p><b>Family and Social Relationships and Family Well-being</b></p> <ul style="list-style-type: none"> <li>Parents have some conflict or difficulties that involve the child</li> <li>Parents request advice to manage their child's behaviour</li> <li>Children affected by difficult family relationships or bullying</li> <li>Parent has physical or mental health difficulties</li> </ul>	<p><b>Additional Services</b></p> <p><b>A Common Assessment form (CAF) should be completed</b> to identify their strengths and needs. If their needs cannot be met by the agency completing the assessment then the CAF can be used as supporting evidence to gain specialist/targeted support.</p> <p>If more than one agency is involved a Lead Professional and Team Around the Child should be formed.</p> <p>If a multi-agency response is required either refer to a Multi-Agency Panel which will agree a plan of action and identify a Lead Professional or co-ordinate response themselves, identifying a Lead Professional and Team Around the Child. Advice can be sought from the ECM Developmental Officers.</p>

## EALING CONTINUUM CHARTS

### LEVEL 2 – CHILDREN WITH ADDITIONAL NEEDS CONTINUED

Low level additional needs requiring single agency targeted support (may require integrated response)

<p><b>FEATURES</b></p> <p><b>Key agencies that may provide support at this level</b></p> <p>Sure Start Children's Centres Early Years ESCAN Health Visiting Service School Nursing Educational Psychology Primary Behaviour Service Educational Welfare Extended School Provision Specialist Play Services Youth and Offending Team Youth and Connections Mental Health and Substance Misuse Services Voluntary and Community Sector</p>
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<p><b>Self-care and Independence</b></p> <ul style="list-style-type: none"> <li>Difficulties with gross, fine motor skills to support self-care skills development /slow to develop age appropriate self-care skills</li> <li>Lack of age appropriate independent living skills that increase vulnerability to social exclusion</li> </ul>
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<p><b>FAMILY AND ENVIRONMENTAL FACTORS</b></p> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>Overcrowding/families affected by low income or unemployment</li> </ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>Insufficient facilities to meet needs e.g. transport or access issues</li> <li>Family require advice regarding social exclusion</li> <li>Limited support/family new to the area</li> </ul>
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<p><b>PARENTS AND CARERS</b></p> <p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>Physical care or supervision of child is inadequate</li> <li>Parental learning disability, parental substance misuse or mental health impacting on parent's ability to meet the needs of the child</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>Inconsistent parenting including emotional availability but development not significantly impaired, parent is experiencing difficulties in their relationship with another sibling or loss of parent/child, not able to develop other positive relationships</li> </ul>
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<p><b>Guidance, Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>Parent offers inconsistent boundaries/lack of routine in the home</li> <li>Lack of response to concerns raised regarding child</li> <li>Child has limited access to leisure activities/spends considerable time alone, e.g. watching television</li> <li>History of parenting difficulties with sibling, e.g. exclusion from school, involvement in substance misuse</li> </ul>
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<p><b>ASSESSMENT PROCESS</b></p> <p><b>Children's Services</b> would not be involved in working with children and families at this level.</p> <p><b>SAFE</b> will often be involved in providing services to children with level 2 needs. Referrals may be made via the Multi-Agency Panel, direct via telephone or e-mail or by partner agencies, e.g. schools, children services or CAMHS. A referral form will need to be completed. SAFE can support agencies in completing a CAF assessment.</p>
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## EALING CONTINUUM CHARTS LEVEL 3 – CHILDREN AND FAMILIES WITH COMPLEX NEEDS

High level additional needs requiring integrated targeted support or children in need (section 17)

<p><b>FEATURES</b></p>	<p><b>Children with complex needs</b></p> <p>These children require integrated, targeted support, without which their health (physical and emotional) and development may be significantly impaired. Without support the family are likely to meet level 4 criteria.</p>
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<p><b>MEDIUM RISK EXAMPLE INDICATORS</b></p> <p>DEVELOPMENTAL NEEDS</p>	<p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>• Chronic nursery/school attendance/punctuality/poor home and nursery or school link/no parental support for education</li> <li>• Short term exclusions or at risk of permanent exclusion, persistent truanting or no education provision</li> <li>• Persistent difficulties with acquisition of skills despite additional intervention</li> <li>• Statement of Special Educational Needs</li> <li>• Very limited interests/no access to books, toys or educational materials/limited participation of child in education or training</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Disability requiring specialist support to be maintained in mainstream setting</li> <li>• Developmental milestones are unlikely to be met/concerns about e.g. weight/diet, dental decay, enuresis, quality and frequency of social interaction, language and understanding, expressive language development</li> <li>• Child has some chronic/recurring health problems: not treated or badly managed/missed appointments</li> <li>• Unsafe sexual activity, teenage pregnancy/smokes/uses illegal substances</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Finds it difficult to cope with or express emotions appropriately/significant difficulties managing change/dealing with loss/trauma (atypical grieving)</li> <li>• Family relationships or with other adults are a cause for concern</li> <li>• Significant poor peer relationships/difficulty sustaining relationships</li> <li>• Appears regularly anxious, stressed or phobic, very low self esteem presentation significantly impacts on all relationships/is watchful or wary of carers/people</li> <li>• Mental health issues emerging requiring specialist intervention in the community, e.g. conduct disorder, ADHD; anxiety; depression; eating disorder; self-harming, schizophrenia, bipolar, post traumatic or obsessive compulsive disorders/terminal illness</li> <li>• Subject to persistent discrimination, e.g. racial, sexual, homophobic or due to disabilities</li> <li>• Eating disorder e.g. anorexia or bulimia</li> <li>• Historical periods of being accommodated by the local authority</li> <li>• Disruptive/challenging behaviour at school, home or in the neighbourhood which is unresponsive to level 1 and 2 interventions</li> <li>• Difficulties in behaviour development and the development of appropriate social skills/high risk behaviours, e.g. running away, underage sex, problematic and escalating drug use</li> <li>• Does not accept responsibility for own actions; finds it hard to understand how own actions impact on others or learn from consequences/may be aggressive in behaviour/appearance/may be bullying others</li> <li>• Starting to commit offences /re-offend/victim of crime/subject to persistent discrimination, e.g. racial, sexual or due to disabilities</li> </ul>
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<p><b>ASSESSMENT PROCESS</b></p>	<p><b>Targeted Integrated Support</b></p> <p>A Common Assessment form (CAF) to be used if multi-agency support is required.</p> <p>A CAF should not replace a specialist assessment.</p> <p>The case may be referred to a multi-agency panel or multi-agency support coordinated by the assessing worker.</p> <p><b>SAFE</b> may be involved in providing services alongside other agencies for children with level 3 needs and may work with the family alone or alongside other agencies.</p> <p><b>Referrals to SAFE</b> may be made via the Multi-Agency Panel, direct via telephone or e-mail or by partner agencies, e.g. schools, children services or CAMHS.</p> <p>A referral form will need to be completed. SAFE can support agencies in completing a CAF assessment.</p> <p>A SEN (educational psychology), ASSET (YOT) or CAMHS assessment may be required at this level.</p>
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## EALING CONTINUUM CHARTS

### LEVEL 3 – CHILDREN AND FAMILIES WITH COMPLEX NEEDS CONTINUED

High level additional needs requiring integrated targeted support or children in need (section 17)

#### FEATURES

##### Family and Social Relationships and Family Well-being

- History of domestic violence
- Risk of relationship breakdown with parent and the child/acrimonious divorce/separation
- Young carers, privately fostered, children of prisoners
- Relationships with parents characterised by inconsistency/has lack of positive role models/appears to have undifferentiated attachments
- Peer group characterised by anti-social behaviour/involved in conflicts with peers/siblings/lack of friends/social network
- Persistent relationship difficulties between siblings
- Family has poor relationship with extended family/no support

##### Self-care and Independence

- Lack of age appropriate independent living skills; likely to impair development or lead to alienation from peers
- Disability prevents self-care in a significant range of tasks
- Lacks a sense of safety and often puts him/herself in danger

#### FAMILY AND ENVIRONMENTAL FACTORS

##### Housing, Employment and Finance

- Severe overcrowding, temporary accommodation, homeless, unemployment, tenancy is in state of disrepair, unsafe for a child to live in
- Children are experiencing frequent moves
- Parents or carers have been assessed as intentionally homeless
- Stress of parents or carers due to issues of housing, employment or finance is having an adverse impact on any children in the household/not seeking support

##### Social and Community Resources

- Family require support services as a result of social exclusion e.g. hate crimes

#### ASSESSMENT PROCESS

**Referrals to the Primary Behaviour Service (PBS)** can be made from mainstream schools of children with social, emotional and behavioural difficulties who have a School Action Plan and/or have a Statement of Special Educational needs. Referral must first be agreed with an Educational Psychologist as part of a SEN Plan. Referrals can also be made by the SEN Panel for primary school age children who have been considered for statutory assessment. Primary age children who reside in Ealing and are permanently excluded and those who have managed moves are automatically referred to the PBS.

#### Children's Services

These children may meet the eligibility criteria for a Child in Need.

#### Referrals to Children's Services

Level 3 cases should be referred to Children's Services when:

- There are concerns that a child is at risk of significant harm
- When it is likely that a core assessment is required in order to better understand the family's needs and ensure appropriate service response and to help prevent an escalation of the family's difficulties
- A child is being privately fostered

## EALING CONTINUUM CHARTS

### LEVEL 3 – CHILDREN AND FAMILIES WITH COMPLEX NEEDS CONTINUED

High level additional needs requiring integrated targeted support or children in need (section 17)

FEATURES
<p><b>Key agencies that may provide support at this level</b></p> <p>Children's Services SAFE ESCAN Primary Behaviour Service CAMHS Youth and Offending Team Mental Health and Substance Misuse Services Educational Psychology/welfare</p> <p>Support may also be offered by other agencies detailed in level 2</p>

PARENTS AND CARERS
<p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Physical care or supervision of child is inadequate</li> <li>• Parental learning disability, substance misuse, mental health or lifestyle impacting on parent's ability to meet the needs of the child</li> <li>• Incidents of serious and/or persistent violence in family increasing in severity/frequency and/or duration – history of previous assaults</li> <li>• Non-compliance of parents with services</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Inconsistent parenting impairing emotional or behavioural development</li> <li>• Child has multiple carers; may have no significant relationship to any of them/Child has no other positive relationships</li> <li>• Sibling has been or is currently 'Looked After' by Ealing Council or child has been 'Looked After' by Ealing Council</li> </ul> <p><b>Guidance, Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Parent provides inconsistent boundaries or responses</li> <li>• Parents are unable to provide stimulation to support effective emotional behavioural development/not receiving positive stimulation, with lack of new experiences or activities/child under undue parental pressure to achieve</li> </ul>

#### ASSESSMENT PROCESS

A core assessment is likely to be required

- If a child is believed to be at risk of harm
- A child has a profound or severe disability
- A child is at risk of becoming looked after
- The family circumstances are particularly complex or the child's parents are facing significant problems which affect their parenting and despite input little change is evident.

If a referral is accepted Children's Services will complete an initial assessment and a core assessment if required. If a social worker is allocated they would be the Lead Professional and be responsible for forming a Team Around the Child. A child will have a Child in Need plan which will be reviewed at a minimum of once every six months.

## EALING CONTINUUM CHARTS LEVEL 4 – CHILDREN WITH ACUTE NEEDS

Complex additional needs requiring specialist or statutory integrated response OR child protection (section 47)

FEATURES	HIGH RISK EXAMPLE INDICATORS	ASSESSMENT PROCESS
<p><b>Children with acute needs</b> These children require specialist/statutory integrated support.</p>	<p><b>DEVELOPMENTAL NEEDS</b></p> <p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>• Chronic non-attendance, truanting/no parental support for education</li> <li>• Permanently excluded, frequent exclusions or no education provision</li> <li>• Significantly delayed acquisition of skills/has few if any achievements /has no relevant stimulation or inappropriate for age/no constructive leisure time activities or guided play</li> <li>• Severe and complex learning difficulties and child has a Statement of SEN/child in need of residential educational provision/disability has a significant impact on child's ability to participate, progress and have aspirations</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• High level disability which cannot be maintained in a mainstream setting</li> <li>• Severe/chronic health problems</li> <li>• Significant dental decay</li> <li>• Developmental milestones unlikely to be met</li> <li>• Failure to thrive</li> <li>• Seriously obese</li> <li>• Substantial and persistent difficulties in comparison with typical for age in following areas: social communication, language understanding, communication and expressive language, disordered speech and severe intelligibility problems – these may be specific or part of wider complex needs and development is frequently atypical rather than simply delayed</li> <li>• Refusing medical care endangering life/development/terminal illness</li> <li>• Persistent and high risk substance misuse/dangerous sexual activity and/or early teenage pregnancy/sexual exploitation/sexual abuse/self-harming</li> <li>• Non-accidental injury</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Subject to or at risk of physical, emotional or sexual abuse or neglect</li> <li>• Severe emotional/behavioural challenges resulting in serious risk to the child and others/goes missing</li> <li>• Victim of sexual abuse, exploitation and underage sex which is considered abusive</li> <li>• Concerns around a child being forced or enticed to take part in sexual activities, including prostitution, looking at or engagement in the production of pornographic material or watching sexual activities</li> <li>• Female genital mutilation</li> <li>• Forced marriage of a child</li> <li>• Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability; internalised and reflected in poor self-image/persistent bullying of others</li> </ul>	<p><b>Children's Services</b> These children are at the highest level of risk, agencies should make a verbal referral to Children's Services accompanied by a written referral on the Multi- Agency Referral Form. If a CAF assessment has been completed this should also be sent.</p> <p>Children's services should inform the referrer within 24 hours of the outcome of the referral. Children's services, depending on the concerns may immediately initiate S47 enquiries or complete an initial assessment and if required a core assessment. The Lead Professional will be the Statutory Social Worker who will be responsible for forming a Team Around the Child.</p> <p>These children will require a coordinated multi-agency response from both the statutory and non-statutory service.</p> <p>SAFE will sometimes co-work cases with Children's Services.</p>

## EALING CONTINUUM CHARTS

### LEVEL 4 – CHILDREN WITH ACUTE NEEDS CONTINUED

Complex additional needs requiring specialist or statutory integrated response OR child protection (section 47)

#### FEATURES

**Key agencies that may provide support at this level:**

Children's Services  
SAFE  
ESCAN  
Primary Behaviour Service  
CAMHS  
Youth and Offending Team  
Mental Health and Substance Misuse Services  
Educational Psychology/welfare

Support may also be offered by other agencies detailed in level 2.

#### **Social, Emotional, Behavioural, Identity continued**

- Unable to connect cause and effect of own actions, unable to display empathy, behaviour reflects poor self-image/self image distorted and may demonstrate fear of persecution by others/is unable to understand concepts of risk leading to risk of harm to self
- Is socially isolated, lacks appropriate role models, cannot maintain peer relationships, e.g. is aggressive, a bully, bullied etc
- High level of conflict in relationships with family and other adults
- Diagnosable /acute mental health problems e.g. severe depression; threat of suicide; psychotic episode/self-harming or suicide attempts/requires inpatient treatment; including eating disorders
- Unable to determine and understand boundaries, roles and responsibilities appropriately/refuses to engage in support offered
- Failure or rejection to address serious (re) offending behaviour

#### **Self-care and Independence**

- Severe lack of age appropriate independent living skills likely to result in significant harm e.g. bullying, isolation
- Very poor and inappropriate self-presentation

#### FAMILY AND ENVIRONMENTAL FACTORS

#### **Family and Social Relationships and Family Well-being**

- High levels of domestic violence
- Parents are unable to care for the child/children who need to be looked after outside of their own family
- Relationships with family all experienced as negative ('low warmth, high criticism')
- Family breakdown related in some way to child behavioural difficulties
- Child is main carer for family member
- No effective support from extended family/destructive/unhelpful involvement from extended family

#### **Housing, Employment and Finance**

- No fixed abode or homeless or imminently homeless/housing conditions are posing a serious risk to the welfare of family members
- Parents inability to regulate stress associated with housing, employment or finance are having a directly adverse impact on children/extreme poverty

#### **Social and Community Resources**

- Child or family need immediate support and protection due to harassment or discrimination/no access to community resources

#### ASSESSMENT PROCESS

#### **Specialist Integrated Support**

A Common Assessment form (CAF) to be used if multi-agency support is required.

#### **A CAF must not replace a specialist assessment.**

If more than one agency is involved a Lead Professional and Team Around the Child should be formed.

## EALING CONTINUUM CHARTS

### LEVEL 4 – CHILDREN WITH ACUTE NEEDS CONTINUED

Complex additional needs requiring specialist or statutory integrated response OR child protection (section 47)

**FEATURES**

**Child Protection**  
 Children experiencing significant harm. Children at this level would require statutory intervention such as **child protection investigations** or legal intervention in order to safeguard and promote their welfare. These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.

**PARENTS AND CARERS**

**Basic Care, Safety and Protection**

- Parents unable to provide 'good enough' parenting that is adequate and safe; supervision is hazardous
- Refusal to consent to specific medical/health care interventions when the child's health may be at significant risk
- Parent's mental health problems or substance misuse significantly and persistently affect care of child
- Parents were unable to care for previous children
- Parents involved in crime/unable to restrict access to home by dangerous adults
- Parents own needs mean they are unlikely or unable to keep child safe and/or promote their welfare
- Chronic and serious domestic violence directly or indirectly involving child/unexplained injuries

**Emotional Warmth and Stability**

- Evidence of emotional abusive relationships causing likely or actual significant harm
- Family life assessed as persistently chaotic/lifestyle places child at risk of harm
- Parents/carers inconsistent, highly critical, rejecting or apathetic towards child
- Child beyond parental/carers' control/offending/has no one to look after them
- Parent's own emotional experiences significantly impacting on their ability to meet child needs

**Guidance, Boundaries and Stimulation**

- No effective boundaries set by parents/carers
- Serious anti-social behaviour within the local community
- Regularly witnesses extreme hostility by parents towards children and/or adults
- Parents persistently model inappropriate behaviour - no improvement made with parenting support intervention or parents refuse to engage in programmes
- Parent and child disengaged from education

**ASSESSMENT PROCESS**

## APPENDIX 2 SUBSTANCE MISUSE THRESHOLDS

### INTRODUCTION

Research has identified key factors known to increase the likelihood of substance misuse. The more risk factors a young person has, the more likely they are to get involved in substance misuse.

The CAF is an important tool for the early identification of young people at risk of, or involved in, substance misuse. Young people exhibiting the risk factors described at level 2 on the table below should have a CAF and a targeted support package (as suggested in the table below) put in place. Young people at level 3 are already involved in substance misuse, and will have additional support needs. Young people at level 4 would require specialist substance misuse interventions.

Ideally need should be met at the lowest appropriate level of intervention with clear referral pathway in place with movement between the different levels of intervention. The CAF will also play a vital role in ensuring effective plans are in place for young people leaving targeted support or specialist treatment.

#### LEVEL 1 – universal children with no additional needs

Children whose developmental needs are met by universal services.

#### Substance Misuse threshold/descriptor

- Attends school regularly/or in EET and no concerns about achievement
- No known drug or alcohol misuse and has access to accurate and age appropriate knowledge about the risks associated with taking drugs and using alcohol

#### Risk factors

- No mental health concerns
- No concerns about potential offending
- Likely to be living in a non-deprived area
- Not known to social care
- Exposure to substance use as normal

#### Protective factors/resilience

- Positive aspirations
- In education/employment/training
- Positive attitude to learning
- High sense of self esteem
- Stable family and home life
- Supportive consistent parenting and positive role models
- Resilience to peer pressure
- Supportive peer relationships
- Parents value education

#### Suggested interventions

- Accurate and age appropriate drug and alcohol information, advice and education
- Advice and information for parents and carers
- General health screening
- Substance misuse screening, and where appropriate, referral to another service

## SUBSTANCE MISUSE THRESHOLDS

### LEVEL 2 – Low to vulnerable

Single or multi-agency targeted support.

#### Children with low-level additional unmet needs that are not being consistently met.

There are no acute needs, but these children require extra support in order to promote their welfare and well-being.

If a young person meets one of the thresholds, they have reached the threshold for beginning a CAF. If the young person also displays some risk factors or has a single significant risk factor, and few protective factors, they need to have a targeted substance misuse prevention intervention.

### Substance Misuse threshold/descriptor

- Low-level substance misuse (current or historical).
- For 14 year olds and over this may involve starting to experiment. For younger children or those with additional developmental needs any level of use is of concern and may warrant recognition as a child in need.

#### Risk factors

- Is in EET but struggling with attendance and/or attainment
- Left school at 16 with no/few qualifications
- Low level emotional health and well-being and/or low self esteem and vulnerable to peer pressure
- Learning difficulties
- At risk of or has started involvement in criminal activity
- May live in a deprived area and be affected by low income or unemployment
- Some issues identified with parenting and/or home life (but not escalated to social care) which may affect the child/young person
- Looked after child (current/historic) including care leavers
- Young carers
- Exposure to substance misuse as normal, including in the family or in the community [including parents in specialist treatment]
- Living in temporary accommodation with or without parents

#### Protective factors/resilience

- Positive aspirations
- In education/employment/training
- Positive attitude to learning
- High sense of self esteem
- Stable family and home life
- Supportive consistent parenting and positive role models
- Resilience to peer pressure
- Supportive peer relationships
- Parents value education

#### Suggested interventions

- Targeted drug and alcohol information, advice and education, including harm reduction advice to support informed choices
- Programmes aiming to build self-esteem and enhance social/life skills
- Prevention programmes
- Positive activities

## SUBSTANCE MISUSE THRESHOLDS

### LEVEL 3 – High or complex level additional needs requiring integrated targeted support OR child in need [section 17]

If a young person meets one of the thresholds they have reached or the threshold for integrated or targeted support. If the young person also displays some risk factors or has a single significant risk factor, and few protective factors, this may suggest that support should be targeted to prevent substance misuse.

### Substance Misuse threshold/descriptor

- Evidence of regular/frequent drug use which may be combined with other risk factors
- Evidence of escalation of substance use
- Evidence of changing attitudes and more disregard to risk

When considering whether a child or young person meets the level 3 threshold, the assessment should take into account the need for an age and developmentally appropriate response.

### Risk factors

- Short-term exclusions or at risk of permanent exclusions, persistent truanting
- Is NEET
- Limited or low aspirations
- Evidence of risk of harm due to parental/family or peer substance misuse (including parents in specialist treatment)
- Mental health issues including depression, anxiety and self-harming and poor self esteem
- Learning difficulties
- Engaging in offending behaviour – known to YOT or the police
- History of domestic violence
- Young carers
- Looked after child (current/historic) including care leavers
- Family mental health issues
- Is homeless or living in temporary accommodation
- May live in a deprived area and affected by low income or unemployment

### Protective factors/resilience

- Positive aspirations
- In education/employment/training
- Positive attitude to learning
- High sense of self esteem
- Stable family and home life
- Supportive consistent parenting and positive role models
- Resilience to peer pressure
- Supportive peer relationships
- Parents value education

### Suggested interventions [resources indicated in other levels can and should be utilised]

- Targeted drug and alcohol information, advice and education. May be delivered through one-to-one or informal group sessions. This should cover raising awareness, supporting informed choice and reducing harm
- Integrated support and advice on a range of issues including offending, sexual health, education and housing
- Counselling addressing lifestyle issues
- Family and individual support

## SUBSTANCE MISUSE THRESHOLDS

### LEVEL 4 – Complex or acute additional needs requiring specialist or statutory integrated response OR child protection [section 47]

If a young person meets one of the thresholds, displays one or more risk factors and few protective factors, they have reached the threshold for specialist/statutory integrated support.

Children experiencing significant harm require statutory intervention such as child protection. These children may need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.

### Substance Misuse threshold/descriptor

- Young people experiencing current harm through their use of substances. These are likely to be impacting on other aspects of the young person's life
- Young people with complicated substance problems requiring specific interventions and/or child protection
- Young people with complex needs whose issues are exacerbated by substance use

When considering whether a child or young person meets the level 4 threshold, the assessment should take into account the need for an age and developmentally appropriate response.

### Risk factors

- Chronic non-attendance, truanting
- Permanently excluded, frequent exclusions or no education provision
- Is NEET
- No aspirations for the future and no future plan
- No parental support for education
- Complex mental health issues requiring specialist interventions
- Learning difficulties
- Failure to address serious re-offending behaviour
- Parental/family or peer substance misuse [including in treatment]
- Child or young person who needs to be looked after outside the family home or is a care leaver with support concerns
- Suspicion of physical, emotional and sexual abuse or neglect
- High levels of domestic violence that put the child/young person at risk
- Sexual exploitation
- Family mental health issues
- Is homeless or living in temporary accommodation
- May live in a deprived area and affected by low income or unemployment
- Young carer

### Protective factors/resilience

- Positive aspirations
- In education/employment/training
- Positive attitude to learning
- High sense of self esteem
- Stable family and home life
- Supportive consistent parenting and positive role models
- Resilience to peer pressure
- Supportive peer relationships
- Parents value education

### Suggested interventions [resources indicated in other levels can and should be utilised]

- Comprehensive assessment and formulation of substance specific care plan
- Pharmacological/Prescribing
- Counselling
- Harm reduction support within a key work relationship
- Residential
- Family intervention/support/therapy
- If there is a safeguarding concern refer to social services

## APPENDIX 3 TEENAGE PREGNANCY THRESHOLDS

### INTRODUCTION

Research has identified key factors known to increase the likelihood of teenage pregnancy, which can be grouped into: education related factors, risky behaviours and family and social circumstances. The more needs a young person has, the more likely they are to experience a teenage conception. Sexual activity alone is not a key indicator for risk of teenage pregnancy; in fact a young person may not be sexually active but could have other key risk factors and be in need of targeted support to prevent teenage pregnancy. Protective factors should also be considered when working with a young person as these can reduce the risk of teenage pregnancy, even if many of the risk factors are in place.

The CAF is an important tool for the early identification of young people at risk of teenage pregnancy, ideally before they become sexually active. Diagnosis of need will enable professionals to put into place programmes of support.

Research shows that effective programmes to reduce the risk of teenage pregnancy:

- Intervene early - before first sex
- Focus on raising aspirations, attainment and self esteem
- Provide intensive 1:1 work – development of relationship with trusted adult is key
- Consider different approaches for young men and young women
- Ensure that the workforce is equipped to identify and support young people at risk

The needs identified at each of the levels below are applicable to both young men and young women of any sexual orientation. Sexual activity is defined as vaginal, oral or anal sex.

#### LEVEL 1 – universal

##### Children with no additional needs

Children whose developmental needs are met by universal services.

##### Teenage pregnancy threshold/descriptor

- Attends school regularly/or in EET and likely to achieve 5 A\*-C GCSE or higher academic success
- Knowledgeable about sex and relationships and consistent use of contraception/protection if sexually active

##### Additional needs

- No drug or alcohol misuse
- No mental health concerns
- No concerns about potential offending
- Likely to be living in a non-deprived area
- Not known to social care

##### Protective factors/resilience

- Positive aspirations
- In education/employment/training
- Positive attitude to learning
- High sense of self esteem
- Stable family and home life
- Supportive consistent parenting, positive role models or relationship with at least one trusted adult
- Resilience to peer pressure and delayed sexual activity
- Supportive peer relationships
- Parents value education

## TEENAGE PREGNANCY THRESHOLDS

### LEVEL 2 – low to vulnerable

#### Children with low-level additional unmet needs that are not being consistently met.

There are no acute needs, but these children require extra support in order to promote their welfare and well-being.

If a young person meets one of the thresholds, they have reached the threshold for beginning a CAF. If the young person also has a number of the additional needs listed and few protective factors, they need to have a targeted teenage pregnancy prevention intervention.

#### Teenage pregnancy threshold/descriptor

- Is in EET but struggling with attendance and/or attainment
- Left school at 16 with no/few qualifications
- Expressing wish to become pregnant/be a parent at a young age (at any age)
- Early onset of sexual activity (13-14)
- Sexually active 15-19 years olds with inconsistent use of contraception/protection, and limited access to contraceptive and sexual health advice, information and services

#### Additional needs

- Is involved in low level substance misuse (current or historical)
- Has low level mental health problems and/or low self esteem and is vulnerable to peer pressure
- Is at risk of or is involved in criminal activity
- Is affected by low income or unemployment
- Is affected by issues linked to parenting and/or home life (not currently escalated to social care), including acceptability of early parenthood
- Has previously been looked after
- Is/was a daughter of a teenage mother or has a family member who is/was a teenage parent
- Is a refugee or asylum seeker and isolated from family and friends
- Is homeless or living in temporary accommodation
- Has history of sexual abuse or rape
- Is 16 or 17 and having sex with someone 5 or more years older

#### Protective factors/resilience

- Positive aspirations
- In education/employment/training
- Positive attitude to learning
- High sense of self esteem
- Stable family and home life
- Supportive consistent parenting, positive role models or relationship with at least one trusted adult
- Resilience to peer pressure and delayed sexual activity
- Supportive peer relationships
- Parents value education

## TEENAGE PREGNANCY THRESHOLDS

### Effective interventions for consideration by single agency or at Team Around the Child (TAC) meeting

1. If programme or service exists which offers targeted support to young people at risk of teenage pregnancy, refer young person to this service.

OR

2. Agree a structured package of 1:1 intensive support led by PA, learning mentor, youth worker or other. **This MUST include:**
  - Discussing sex, relationships and sexual health with the young person, and referring them to local contraceptive and sexual health services, including condom distribution schemes and access to emergency hormonal contraception
  - Referral to or commissioning of group-based interventions to improve the young person's sex and relationships knowledge, understanding and skills. The focus should be on dealing with peer pressure, delaying first sex, negotiating safer sex, and managing risk-taking behaviour

### Depending on identified needs the intervention will also include:

- Securing learning support (including additional literacy and numeracy) for young people who are falling behind in school
- Supporting young people to remain in, or to gain access to education, employment, accredited training or taster courses
- Providing careers guidance and encouraging engagement in work experience opportunities, volunteering and out-of-school activities that foster success, ambition and contribute to raising aspirations
- Providing practical support to attend appointments
- Contacting alcohol and drug services for professional support and to make appropriate referrals
- Contacting child and adolescent mental health services for professional support and to make appropriate referrals
- Contacting housing services for professional support and to make appropriate referrals
- Ensuring skills development and support for young people experiencing family or relationship conflict or breakdown
- Engaging parents and carers with the structured programme of support to young person and referring to sources of parenting support

## TEENAGE PREGNANCY THRESHOLDS

### LEVEL 3 – high or complex level additional needs requiring integrated targeted support OR child in need (section 17)

If a young person meets one of the thresholds they have reached the threshold for integrated or targeted support. Additional needs may suggest that support needs to be targeted to prevent teenage pregnancy.

These children may be eligible for a Child In Need service from Children's Social Care.

### Teenage pregnancy threshold/descriptor

- Under 16 and has had (or has caused) a previous pregnancy ending in still birth, abortion or miscarriage
- 16 or over and has had (or has caused) two or more previous pregnancies or who is already a teenage parent
- Under 18 and is pregnant

### Additional needs

- Short-term exclusions or is at risk of permanent exclusions or persistent truanting
- Is NEEET
- Has limited or low aspirations
- Is misusing substances with alcohol/drug impaired decision making
- Has mental health issues including depression, anxiety and self-harming and poor self esteem
- Is engaging in offending behaviour and is known to YOT or the police
- Has a history of domestic violence

### Protective factors/resilience

- Positive aspirations
- In education/employment/training
- Positive attitude to learning
- High sense of self esteem
- Stable family and home life
- Supportive consistent parenting and positive role models or relationship with at least one trusted adult
- Resilience to peer pressure and delayed sexual activity
- Supportive peer relationships
- Parents value education

### Effective interventions for consideration at Team Around the Child (TAC) meeting

Interventions identified at level 2 also apply at level 3. In addition:

- Ensure young people in care have access to enhanced sexual health information, advice and support, and know how to access contraceptive services. LAC nurses can support this
- Follow locally agreed 'pathway' for young women who may be pregnant

## TEENAGE PREGNANCY THRESHOLDS

### LEVEL 4 – complex or acute additional needs requiring specialist or statutory integrated response OR child protection (section 47)

If a young person meets one of the thresholds, has one or more additional needs and few protective factors, they have reached the threshold for specialist/statutory integrated support.

Children experiencing significant harm require statutory intervention such as child protection. These children may need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.

### Teenage pregnancy threshold/descriptor

- Is in some form of sexually exploitative relationship (gang related, sexual abuse through prostitution, familial sexual abuse, under 16 and in relationship with 4 years or more age difference)
- Teenage parent under 16
- Young person under 13 engaging in sexual activity

### Additional needs

- Chronic non-attendance, truanting
- Permanently excluded, frequent exclusions or no education provision
- Is NEET
- Has no aspirations for the future and no future plan
- No parental support for education
- Endangers own life through drug or alcohol misuse
- Has complex mental health issues requiring specialist interventions
- Failure or rejection to address serious re-offending behaviour
- Needs to be looked after outside the family home
- Suspicion of physical, emotional and sexual abuse or neglect
- High levels of domestic violence that put the young person at risk

### Protective factors/resilience

- Positive aspirations
- In education/employment/training
- Positive attitude to learning
- High sense of self esteem
- Stable family and home life
- Supportive consistent parenting and positive role models or relationship with at least one trusted adult
- Resilience to peer pressure and delayed sexual activity
- Supportive peer relationships
- Parents value education

### Effective interventions

Interventions identified at level 2 also apply at level 4. In addition:

- Ensure young people in care have access to enhanced sexual health information, advice and support, and know how to access contraceptive services. LAC nurses can support this
- Follow locally agreed 'pathway' for young women who may be pregnant

## APPENDIX 4 YOUTH CRIME PREVENTION THRESHOLDS

### INTRODUCTION

Extensive credible and predictive research into youth offending shows that there is a range of identifiable risk factors present in the lives of many children and young people. The presence of particular risk factors, or a combination of them, significantly increases the likelihood of children and young people becoming involved in criminal and anti-social behaviour.

The CAF can play a pivotal role in identifying these risk factors and then providing the framework for the management. The CAF does not replace the use of specialist assessments but it can act as an early warning mechanism on which specialist assessments can build on and enhance over time.

The CAF is not only relevant in the early identification of young people at risk, that is acting as a referral gateway into YOT and other integrated prevention programmes. It also can play a vital role in identifying if additional needs are present requiring an integrated approach for young people who offend and are known to the YOT. The CAF can play a vital role in ensuring effective resettlement plans are in place when statutory YOT interventions end or as part of an exit strategy for young people on the Deter Group who end their statutory YOT intervention.

An integrated and defined relationship between the CAF and the YJB specialist assessment tools should ensure the following:

- Prompt identification of those at risk of entering the criminal justice system
- Youth Support Services can make a significant contribution to improving performance against the key national priorities such as reducing youth re-offending and the number of First Time Entrants into the Criminal Justice System

#### LEVEL 1 – universal

Universal service support

Displays no risk factors – not a cause for concern.

#### Youth Crime Prevention threshold/descriptor

- Attends school regularly/or in EET and likely to achieve a positive EET outcome (GCSEs, or vocational qualifications)
- Knowledgeable about the effects of crime and anti social behaviour, has strong pro social peers and access to consistent and positive activities

#### Characteristics/Risk factors

- No drug or alcohol misuse
- No mental health concerns
- No concerns about potential offending
- Likely to be living in a non-deprived area
- Not known to social care
- No history of problematic behaviours

#### Protective factors/resilience

- Positive aspirations
- In education/employment/training
- Positive attitude to learning
- High sense of self esteem
- Stable family and home life
- Supportive consistent parenting and positive role models
- Resilience to peer pressure and delayed sexual activity
- Supportive peer relationships
- Parents value education

## YOUTH CRIME PREVENTION THRESHOLDS

### LEVEL 2 – low to vulnerable

Single or multi-agency targeted support.

Children with low-level additional unmet needs that are not being consistently met.

There are no acute needs, but these children require extra support in order to promote their welfare and well-being.

If a young person meets one of the thresholds, they have reached the threshold for beginning a CAF. If the young person also displays some risk factors or has a single significant risk factor, and few protective factors, they need to have a targeted youth offending support.

### Youth Crime Prevention threshold/descriptor

- Is in EET but struggling with attendance and/or attainment
- Left school at 16 with no/few qualifications and is not engaged in structured learning
- Beginning to develop pro offending attitudes and associated anti social peers
- Early onset of anti social behaviour or activity
- Coming to the notice of police either through association with criminally active peers or through low level/gravity offending

### Risk factors

- Low level substance misuse (current or historical) – starting to experiment
- Low level mental health and/or low self esteem and vulnerable to peer pressure
- At risk of or has started involvement in criminal activity
- May live in a deprived area and affected by low income or unemployment
- Local area is characterised by a lack of social cohesion, engagement in positive activities and low levels of social capital
- Some issues identified with parenting and/or home life (but not escalated to social care) which may affect the (child) young person
- Looked after child and experiencing problems in the continuity of care i.e. multiple placements etc (current/historic)
- Anti social behaviour and offending acceptable within family and wider social network
- Parents or sibling, relations or influential social networks involved in offending

### Protective factors/resilience

- Positive aspirations
- In education/employment/training
- Positive attitude to learning
- High sense of self esteem
- Stable family and home life
- Supportive consistent parenting and positive role models
- Resilience to peer pressure and delayed anti social and offending behaviour
- Supportive peer relationships
- Parents value education
- Engagement in positive activities

### Suggested interventions

- Referral to structured positive activities delivered by the Youth Service or bespoke voluntary and community sector programmes
- Time limited citizenship type interventions focusing on promoting pro social values and norms

## YOUTH CRIME PREVENTION THRESHOLDS

### LEVEL 3 – High or complex level additional needs requiring integrated targeted support OR child in need [section 17]

If a young person meets one of the thresholds they have reached the threshold for integrated or targeted support. If the young person also displays some risk factors or has a single significant risk factor, and few protective factors, this may suggest that support should be targeted to prevent offending.

### Youth Crime Prevention threshold/descriptor

- Coming to notice of the Police on a regular basis but matters not being progressed
- Already received a Fixed Penalty Notice (FPN), Reprimand, or Final Warning or Triage of Diversionary Intervention

#### Risk factors

- Short-term exclusions or at risk of permanent exclusions, persistent truanting
- Is NEET
- Limited or low aspirations
- Substance misuse with alcohol/drug impaired decision making
- Mental health issues including depression, anxiety and self-harming and poor self esteem
- Peer group predominately anti social and known to law enforcement agencies
- Known to associate with young people involved in gang or group offending
- Associates in the confines of a defined post code and has strong territorial allegiances
- Coming to notice to Safer Neighbourhood Teams

#### Protective factors/resilience

- Positive aspirations
- Engaged in education/employment/training
- Positive attitude to learning
- High sense of self esteem
- Stable family and home life
- Supportive consistent parenting and positive role models
- Resilience to peer pressure and territorialism
- Supportive peer relationships
- Parents value education
- Active engagement in a positive activity

#### Suggested interventions

- Referral to a Youth Crime Prevention Programme, such as a Youth Inclusion and Support Programme (YISP) or
- A locality based prevention programme like a Youth Inclusion Programme (YIP)

## YOUTH CRIME PREVENTION THRESHOLDS

### LEVEL 4 – Complex or acute additional needs requiring specialist or statutory integrated response OR child protection [section 47]

If a young person meets one of the thresholds, displays one or more risk factors and few protective factors, they have reached the threshold for specialist/statutory integrated support.

Children experiencing significant harm require statutory intervention such as child protection. These children may need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.

### Youth Crime Prevention threshold/descriptor

- Actively involved in offending
- Known to be part of a gang or a post code derived collective
- Offending which is possibly serious and persistent
- Likely to require additional services after YOT intervention

### Risk factors

- Chronic non-attendance, truancy
- Permanently excluded, frequent exclusions or no education provision
- Is NEET
- No aspirations for the future and no future plan
- No parental support for compliance with available services
- Endangers own life through drug or alcohol misuse
- Involved in gang or post code related offending
- Complex mental health issues requiring specialist interventions
- Failure or rejection to address serious re-offending behaviour
- Child or young person who is increasingly vulnerable due to own behaviour or behaviour at others. Offending and safeguarding needs increasingly become blurred.

### Protective factors/resilience

- Positive aspirations
- In education/employment/training
- Positive attitude to learning
- High sense of self esteem
- Stable family and home life
- Supportive consistent parenting and positive role models
- Resilience to peer pressure and delayed sexual activity
- Supportive peer relationships
- Parents value education
- Actively engages in the YOT intervention process
- Likely to receive positive support from and social networks in therapeutic process

### Suggested interventions

- Extensive Inter agency working with the YOT and other criminal justice agencies both during and after YOT interventions

## APPENDIX 5 DOMESTIC VIOLENCE RISK ASSESSMENT MATRIX GUIDANCE

### Introduction

The risk identification matrix is a tool to assist practitioners to use the available information to come to a judgement about the risk of harm to a child. This may include deciding that the available information is not enough to form a sound judgement about the risk.

Practitioners who have not had specific training should, wherever possible, complete the risk identification matrix together with their agency's nominated safeguarding children adviser.

A practitioner may have a lot or a very little information indicating that domestic violence is taking place within a family. The practitioner should look across the whole matrix and tick the description/s of the incidents / circumstances which correspond best to the information available at the time. This is likely to mean ticking several descriptions.

The scale headings at the top of each section indicate the degree of seriousness of each cluster of incidents / circumstances (e.g. scale 1: moderate risk of harm).

Each scale has categories to assist practitioners to think through whether the information is about the:

- **Evidence of domestic violence:** This is the most significant determinant of the scale of risk (moderate through to severe).
- **Characteristics of the child or situation which are additional 'risk factors / potential vulnerabilities':** These are the factors that may increase the risk of children suffering significant harm through the domestic violence.
- **Characteristics of the child or situation which are 'protective factors':** Practitioners should keep in mind that protective factors may help to mitigate risk factors and potential vulnerabilities.

A family's situation may mean that there are ticks under more than one scale heading e.g. moderate (scale 1) and moderate to serious (scale 2). Where this is the case, practitioners should judge the risk to the child/ren to be at the higher level (in this case, scale 2) and plan accordingly.

Practitioners should always keep in mind the possibility that a piece of information, currently not known, could significantly raise the threshold of risk for a child.

### Scale 1 – moderate risk of harm to the child/ren identified

Threshold scale 1 assesses the potential risk of harm to the child/ren as moderate. A child in this situation will have additional needs – as defined within the Common Assessment Framework (CAF). The child/ren and their mother are likely to need family support interventions, which can be offered by the agency itself or by another single agency.

The professional should:

- a) Re-check that there are no factors which increase the vulnerability of the child/ren which might raise the risk into a higher scale
- b) Make a record of the assessment and the information which underpins it, and inform their line manager
- c) Complete a CAF or refer under local arrangements for a CAF to be completed, for each child in the household. If the mother does not consent to the completion of a CAF, this raises the threshold. The professional should consult their agency's nominated safeguarding children adviser and consider discussing the situation with LA children's social care
- d) Consider what their own agency can contribute as part of any CAF interventions and/or make a referral to another agency to offer an intervention under the CAF
- e) CAF planning must include safety planning for the child/ren and mother
- f) Refer the abuser to an appropriately accredited perpetrator programme, if there is genuine willingness to engage with services to address his behaviour
- g) Follow-up to ensure that the CAF plans have been actioned and reviewed, including that the abuser is engaged with services to address his behaviour

## **Scale 2 – moderate to serious risk of harm to the child/ren identified**

Threshold scale 2 assesses the potential risk of harm to the child/ren as moderate to serious. A child in this situation will have additional needs, as defined within the Common Assessment Framework (CAF). The child/ren and their mother are likely to need family support interventions offered by more than one agency, which are co-ordinated by a lead professional. The professional should follow the procedures at scale 1 a) – c), e) and f).

In addition, the professional should:

- a) Make a notification or referral to the local authority's children's social care if the mother does not consent to the completion of a CAF, as this raises the threshold
- b) Share information with relevant multi-agency professionals (information can be shared without consent where there are concerns about the risk of harm to the child/ren or their mother). Record the decision to share and the rationale for doing so
- c) Convene or attend a multi-agency CAF meeting and consider what their own agency can contribute as part of any multi-agency CAF interventions
- d) CAF planning must include safety planning for the child/ren and mother
- e) Refer the abuser to an appropriately accredited perpetrator programme, if there is genuine willingness to engage with services to address his behaviour

and

- f) Follow-up to ensure that the CAF plans have been actioned and reviewed, including that the abuser is engaged with services to address his behaviour

## **Scale 3 – safeguarding, serious risk of harm to the child/ren identified**

Threshold scale 3 assesses the potential risk of harm to the child/ren as serious. In threshold scale 3, protection factors are limited and the children may be suffering or be at risk of suffering significant harm. Intervention and support for the child/ren and their mother will require local authority children's social care planning, via a section 17 children in need assessment.

The professional should:

- a) Re-check that there are no factors which increase the vulnerability of the child/ren which might raise the risk into a higher scale
- b) Make a record of the assessment and the information which underpins it, and inform their line manager
- c) Contact the local authority children's social care to make a referral, in line with section 6. Referral and assessment in the London Child Protection Procedures (London Board, 2007)

The local authority children's social care may assess the child/ren to be child/ren in need, and offer services under section 17. Children Act 1989. However, child protection intervention (i.e. section 47. Children Act 1989) may be necessary if the threshold of significant harm is reached

The local authority children's social care should initiate safety planning for the child/ren and mother

- d) Any agency should consider referring the family into the multi-agency risk assessment conferencing (MARAC) process. If they decide not to refer to MARAC, the local authority's children's social care should follow the procedures at scale 2 e) and follow-up to ensure that the abuser is engaged with services to address his behaviour
- e) Share information with relevant multi-agency professionals, having obtained consent
- f) Record all actions and contacts (with the child/ren, the mother and the abuser and other professionals) and information given and received, including the decision to share it and the rationale for doing so

#### **Scale 4 – initiate child protection procedures, severe risk of harm to the child/ren identified**

Threshold scale 4 assesses the domestic violence as severe with increased concern regarding children's well-being due to additional contributory risk factors. In threshold scale 4, protective factors are extremely limited and the threshold of significant harm is reached.

The professional should:

- a) Make a record of the assessment and the information which underpins it, and inform their line manager
- b) Make a referral (written or via telephone, and followed up in writing) to the local authority's children's social care team, in line with section 6. Referral and assessment in the London Child Protection Procedures (London Board, 2007)
- c) The local authority children social care are likely to assess the child/ren as being in need of protection and initiate section 47 enquiries, a core assessment and, where necessary, a child protection conference

The local authority children's social care should initiate safety planning for the child/ren and mother

The local authority children's social care and other relevant agencies will plan for the safety of professionals in contact with the abuser

Any agency will refer the family into the MARAC process

- d) Share information with relevant multi-agency professionals, this can be done without consent
- e) Record all actions and contacts (with the child/ren, the mother and the abuser and other professionals) and information given and received, including the decision to share it and the rationale for doing so

**This guidance is taken from the London Safeguarding Children Board's Safeguarding Children Abused through Domestic Violence guidance March 2008. For further guidance please visit the London Safeguarding Children Board's website: [www.londonscb.gov.uk](http://www.londonscb.gov.uk)**



APPENDIX 5a  
DOMESTIC VIOLENCE RISK ASSESSMENT MATRIX

**Moderate – Scale 1**

Child/ren and families with additional needs. CAF completed - single practitioner – targeted support. Child/ren under 7yrs / or with special needs increases risks. The younger the child/ren the higher the risk to their safety. Consider protective factors.

**Evidence of DV** Y N S

1 - 3 minor incidents of physical violence which were short in duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim did not require medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasional intense verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Risk factors/ potential vulnerabilities** Y N S

Child/ren were not drawn into incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of abuser is not intense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Protective factors** Y N S

Child/mother relationship is nurturing, protective and stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant other in child's life - positive and nurturing relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of child/ren was a restraint for the abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser accepts responsibility for abuse / violence indicating remorse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser willing to engage in services to address his abusive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim has positive support from family/ friends and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim appears emotionally strong (not worn down by the abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim sought appropriate support and/or is willing to accept help from other agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Y = Yes  
N = No  
S = Suspected

**Moderate to Serious – Scale 2**

Child/ren and families with additional needs. CAF completed – lead professional – integrated support. Child/ren under 7yrs/or with special needs - at higher risk of emotional/ physical harm – limited self-protection strategies - can raise threshold to Scale 3. Consider protective factors.

**Evidence of DV** Y N S

History of minor / moderate incidents of physical violence - short duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim received minor injuries - medical attention not sought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of intimidation/bullying behaviour – pushing/finger poking/ shoving/to victim but not towards child/ren – destruction of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/relatives/neighbours report concerns re: victim/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense verbal abuse - consistent use of derogatory language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser attempts to control victims' activities, movements, contact etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Risk factors / potential vulnerabilities** Y N S

Child/ren were present in the home during an incident but did not directly witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likelihood of emotional abuse of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cultural issues:</b> <u>Language barriers</u> - Professional interpreter required <u>New immigrant</u> unaware of support services and official processes <u>Victim minimising abuse</u> due to fear of experiencing racism / discrimination in statutory services -and/or <u>Victim unwilling to disclose abuse</u> due to allegiance to own community/faith/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability issues within family, but access to support networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issues &/or substance abuse – abuser / victim seeking help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser and/or victim under 25 years, family access support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Protective factors** Y N S

Child / mother relationship is nurturing, protective and stable. In spite of abuse, victim was not prevented from seeing to the needs of her child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant other in child's life – positive and nurturing relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older child/ren used coping / protective strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim attempted to use protective strategies with older child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim is prepared to take advice on safety issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim has insight into the risks to her child/ren posed by the abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim has positive support from family / friends and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser willing to engage in services to address his abusive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Serious – Scale 3**

Child/ren in Need - Children's Services consider S.17 but safeguarding intervention may be necessary if threshold of significant harm is reached. Professional case planning Child/ren aged under 7yrs / or child/ren with special needs can raise threshold to scale 4

**Evidence of domestic violence** Y N S

Incident(s) of serious and/or persistent physical violence in family increasing in severity / frequency and/or duration - history of previous assaults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim and/or children indicates that they are frightened of abuser - put in fear by looks, actions, gestures and destruction of property (emotional and psychological abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent separation – repeated separation/reconciliation/ongoing couple conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalking / harassment of mother / child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser breaching protective legal orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim required medical treatment but not sought / or explanation for injuries implausible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests for police intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidences of violence occur in presence of child/ren – consider duration of exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats of harm to mother and/or children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive jealousy / possessiveness of abuser -domineering in relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial control maintained by abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser has history of domestic abuse in previous relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Risk factors / potential vulnerabilities** Y N S

Mental health issues – abuser and/or victim – raises concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse by abuser and/or victim - raises concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong likelihood of emotional abuse of children – may display behavioural problems / self harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/ren unable to activate safety strategies due to fear or intense control of abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of significant other as a positive support to child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child contact issues - consider risks to child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased risk of intervening in abuse (particularly if adolescent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser suspected of physically abusing child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser shows lack of insight /empathy into how his abusive behaviour is affecting child / victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser minimisation of abuse - lack of remorse / guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser is step-father / family unit has step-siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser's abuse of pets / animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emerging concerns about emotional stability / care of abuser's relationship with child/ren limited parenting capacity and no protective abilities due to his abusive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emerging concerns about emotional stability of child / mother relationship (parenting capacity and protective concerns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser use of avoidance / resistance to engage in services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim fears statutory services – avoidance and resistance to engage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim has experienced domestic violence in previous relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cultural issues</b> - possible language barriers / new immigrant /minimisation due to fear of racism & <u>Restriction on movement</u> - accompaniment by family members to appointments/speaking for victim <u>Immigration constraints</u> - no recourse to public funds / threats of deportation / no legal status <u>Abuser's interpretation of culture/ faith used as a form of control</u> - to curtail woman's autonomy <u>Extended family support of abuser</u> / and may perpetrate abuse themselves <u>Family honour</u> - transgression of traditional forms of acceptable female behaviour results in punishment (i.e. controlling / coercive behaviours, emotional abuse, social ostracism, harassment) <u>Victim feel prevented from leaving abusive situation</u> due to threats of such forms of punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability issues within family, little or no support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age disparities or abuser / victim under 25 years, with limited support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of childhood abuse / disruptive childhood experiences - abuser and/or victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent life crisis's / stress factors – i.e unemployment, financial problems, illness, death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Protective factors** Y N S

Older child/ren use protective strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim will seek positive support from significant other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim - attempted to use protective strategies but abuser's violence and control is intense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim will engage with supportive services and seek safety advice – but abuser's control interferes with her level of commitment to engage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of kinship placements as a protective factor – but be alert to domestic abuse having occurred or occurring in extended families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Severe – Scale 4**

Child in need of protection – Children's Services consider if S.47 enquiry and core assessment required. Child/ren may be at risk of being 'looked after'.

**Evidence of domestic violence** Y N S

Repeated serious and/or severe physical violence – life threatening violence- Consider the duration and severity of violent behaviour children exposed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use / assault with weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser violates protective legal orders to commit acts of violence / abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal history of abuser – assault of ex partners / others / use of violence or suspected military / gangland connections of abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense stalking / harassment behaviour of abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurring or frequent requests for police intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim requires medical treatment for significant injuries / explanation for injuries is implausible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats to kill or seriously injure victim and/or child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim is very frightened of abuser – believes intent of threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother is intensively controlled/ compliant/ may be submissive -worn down by abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmed emotional / psychological abuse of mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim is pregnant / mother is abused post natal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault / suspected sexual abuse of victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidences of violence witnessed and occurred in presence of child/ren – distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/ren have directly intervened in incidences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/ren have been physically assaulted / abused in the course of an incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cultural issues</b> – possible language barriers / immigration constraints / fear of racism and: <u>Severe restrictions on movements</u> Substantial risk of/confirmed so called 'honour' based violence (HBV) (Perceived) transgressions results in threats of serious violence &/or acts of violence- killings Substantial risk of/confirmed <u>forced marriage (FM)</u> - history of forced marriage / early marriage in family,prolonged/unexplained absences from school,siblings that have runaway from home Extended&/or birth family support DV/HBV/FM-collusion/active involvement of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Risk factors / potential vulnerabilities** Y N S

Mental health issues – abuser and/or victim - raises significant concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse by abuser and/or victim - raises significant concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substantial risk of serious physical violence in the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats or attempts to abduct children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmed emotional abuse of child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspected / confirmed sexual abuse of child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children exhibit sexualised behaviour and/or sexually harmful behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emerging concerns re child mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmed physical abuse of child/ren by abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim uses physical discipline on children as an alternative to harsher physical abuse by abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent suicidal or homicidal thoughts expressed by abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim suicidal / attempted suicide / self harming - especially BMER victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim minimising risks to children / protection orders not sought, or activated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim has poor general health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser - lack of empathy / insight into how his abusive behaviour is affecting child /victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser minimisation of abuse - lack of remorse / guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent moves by family – making it difficult to engage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser / victim use of avoidance / resistance to engage in services - increases risks to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuser uses threatening aggressive behaviour towards professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agencies unable to work constructively with family - professional paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability issues within family – raises significant concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age disparities or abuser and/or victim under 25 - personal vulnerabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of childhood abuse / disruptive childhood experiences abuser and/or victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Protective factors** Y N S

Use of kinship placements as a protective factor – be alert to domestic abuse having occurred or occurring in extended families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## APPENDIX 6 COMMON ASSESSMENT FRAMEWORK INTERFACE WITH OTHER ASSESSMENTS

AGENCY	RECOMMENDED INTERFACE WITH THE COMMON ASSESSMENT FRAMEWORK:
<b>Education Sector</b> Early years Action or School Action  Early years Action Plus or School Action Plus  Assessments relating to learning difficulties (S139)  Pastoral Support Programmes (PSP)	<p>The Common Assessment could be used as an assessment tool to trigger a school/early years action for a child.</p> <p>The Common Assessment could be used as an assessment tool to trigger a school/early years action plus for a child.</p> <p>The Common Assessment can be used as one of the tools to provide supporting evidence for the request of a S139 (previously S140).</p> <p>It is imperative that ALL children or young people at risk of exclusion undertake a Common Assessment. The DCSF recommend that a CAF should be completed as part of a PSP in the “Improving Behaviour and Attendance: Guidance on Exclusions from Schools and Pupil Referral Units” (DCSF 2008).</p> <p>Practitioners should complete a Common Assessment when referring into a YJSP. Youth Justice (YJ) practitioners should always complete a Common Assessment if additional unmet needs have been identified. The Common Assessment will then act as a lever to identify the full unmet needs and bring in additional support from other services. Youth Justice practitioners should operate as the Lead Professional when appropriate. The CAF should not replace Asset. However, a Common Assessment should be completed if the YJ interventions are insufficient to address any identified needs. The purpose of completing the Common Assessment is to bring in additional support from other services either at the point of ASSET being completed, during a YJ programme or when a young person leaves a YJ intervention.</p>
Substance Misuse	<p>There are a number of different tools/processes used across the London boroughs to support staff in generic children’s services to screen vulnerable groups of young people with an identified propensity to substance use/misuse. (Commonly used screening tools include DUST and SMART). The purpose of the screening process is to identify specific substance related need and the appropriate level of intervention required to address this. Local screening procedures should be followed when there is a concern regarding drug or alcohol use perhaps arising out of the CAF or other contact with a young person. Screening is not the same as a comprehensive substance misuse assessment. However the areas addressed within the screening process will help in the identification of risk factors and will indicate to the professional when onward referral may be appropriate or when specialist advice should be sought in order to decide how best to address the identified need.</p> <p>The Common Assessment should be completed as an early or the first assessment tool. If the Common Assessment raises a concern about substance misuse, the worker if trained in screening for substance misuse, should undertake screening. If the worker is not trained then the young person should be referred on to someone else in his or her agency that is trained in screening for substance misuse. The initial point of contact of the local substance misuse treatment service should be located on the Local Authority Family Information Service site.</p> <p>If the first contact made by a young person is to a substance misuse specialist or if the referral does not come from Children’s Services or if a young person reaches the end of their treatment journey and a Common Assessment is not in place, the substance misuse specialist should complete a Common Assessment in addition to any specialist screening.</p> <p>The specialist should be enabled to draw the Team Around the Child together where the most appropriate professional to act as the Lead Professional will be identified. The CAF will also play a vital role in ensuring effective plans are in place for young people leaving targeted support or specialist treatment.</p>

## COMMON ASSESSMENT FRAMEWORK INTERFACE WITH OTHER ASSESSMENTS

### RECOMMENDED INTERFACE WITH THE COMMON ASSESSMENT FRAMEWORK:

Connexions advisers should complete the Common Assessment when there are additional unmet needs that cannot be met within the single agency.

Where there is child protection concerns practitioners should follow the Local Safeguarding Children's Procedures.

The Common Assessment is a holistic tool that can be filled out collaboratively to gain a full picture of unmet additional needs. This information could be used as supporting evidence to request specialist support for a child from an early support service.

The Common Assessment can be used to enable specialist early support services.

The national CAMHS review supports the use of the Common Assessment as a tool to help practitioners identify a child's psychological and mental health needs and decide whether they can be met within their own service or if more specialist mental health support is needed.

The Common Assessment should be completed as an early or the first assessment tool. If the Common Assessment raises a concern about emotional or psychological ill health, the worker if trained should undertake screening. If the worker is not trained then the young person should be referred on to someone else in his or her agency that is trained in screening or contact should be made with CAMHS in the borough or residence so that appropriate identification of need can take place. The initial point of contact should be located on the Family Information Service Directory.

If the first contact made by a young person is to a CAMHS specialist or if the referral does not come from Children's Services or if a young person reaches the end of their treatment journey and a Common Assessment is not in place, the CAMHS specialist should complete a Common Assessment in addition to any specialist screening.

The specialist should be enabled to draw the Team Around the Child together where the most appropriate professional to act as the Lead Professional will be identified.

**If the young person is identified as having acute or complex needs a practitioner should refer without delay.**

As recommended in the National CAMHS Review adult services should either consider using the Common Assessment (if trained and when appropriate) or in collaboration with other practitioners as necessary.

Health practitioners should complete the Common Assessment when there is a potential unmet need that cannot be met within their single agency.

GPs should complete Common Assessments when appropriate in collaboration with other practitioners as necessary.

In response to the Every Child Matters agenda and as an attempt to achieve earlier identification of needs, the MPS have introduced the Merlin Pre-assessment Checklist (PAC) which they complete when they are concerned that a child or young person has an unmet additional need.

Any member of the police service can complete the Merlin PAC and all Merlin PACs are sent to the Public Protection Desk (PPD) for an initial assessment. PPD's will check if the child/young person (CYP) is known on police systems; the local eCAF system or ContactPoint if this has been locally agreed. Police staff that work more closely with CYP in multi-agency teams e.g. Safer Schools and YOT/YOS – may complete/collaborate on Common Assessments or become a member of the Team Around the Child when appropriate.

### AGENCY

Assessment Planning Intervention and Review (APIR)

Children's Social Care

#### Health

Early Support

CAMHS (Child and Adolescent Mental Health Services)

Adult mental health

Health visitors, midwives and community nurses

General Practitioners

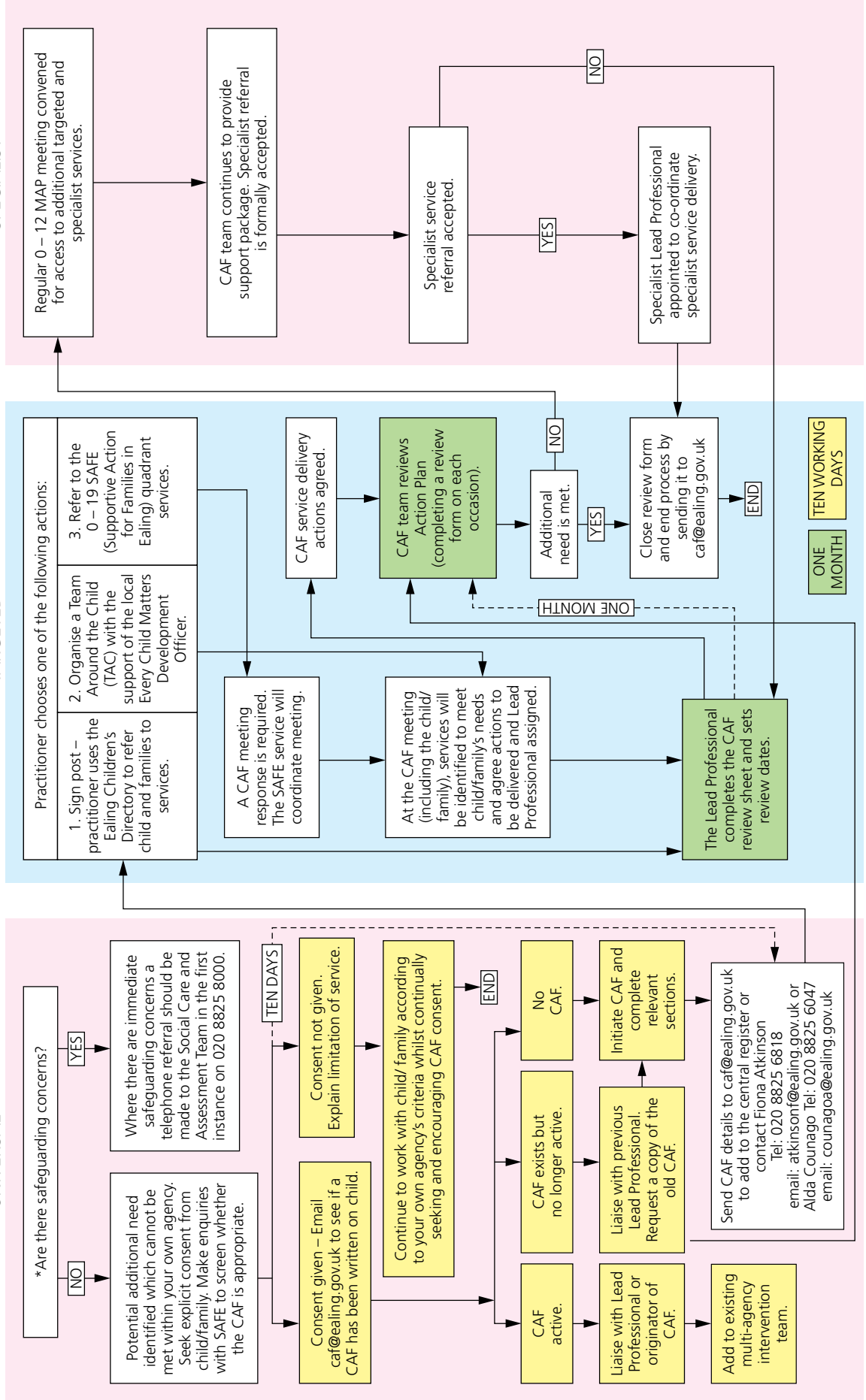
**Metropolitan Police Service (MPS)**

## APPENDIX 7 FLOWCHART TO GUIDE PRACTITIONERS WHEN ACTION PLANNING THE COMMON ASSESSMENT FRAMEWORK

### UNIVERSAL

### TARGETED

### SPECIALIST



\* Important Please Note: Safeguarding concerns can arise at any point in this process and please ensure that you follow your Agency Safeguarding procedures at all times. All urgent referrals should be initiated by phone on 020 8825 8000 and followed up by writing within 24 hours.

