

Meeting the Needs of Children and Families in Leicester

Guidance on thresholds for childrens' and families' services in Leicester City

Document	Thresholds Guidance document	
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1. Introduction

- 1.1 This document is intended to assist professionals within Leicester Childrens' workforce to identify suitable responses to needs and issues that they encounter amongst the children, young people and families they are working with.
- 1.2 It is not intended to be exhaustive or definitive – such a document could never exist in this context. Nor is it meant as a means by which a gateway to a particular service or services can be opened or closed.
- 1.3 The needs of children and young people and their families need to be considered on a case by case basis. Responses should be based on robust assessment, sound professional judgement and where appropriate statutory guidance. It is also incumbent on practitioners to take account of the available resources, local priorities and policy guidance.
- 1.4 Responsibility for the review and evaluation of this document is held by the Stay Safe Development group, which is a sub group of the Leicester Safeguarding Children Board.

2. Principles underlying this guidance

Principle 1 – Avoid duplication

In complex cases, a range of specialist meetings associated with different processes may be required. The aim(s) of some of these meetings may be complimentary. It is important to try to achieve the most for the family with the minimum amount of professionals' meetings necessary.

Principle 2 - Targeted

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.

Principle 3 – It's good to talk

This guidance cannot be all things to all professions involved with children and families. Inevitably some of its' content will be a matter of judgement and interpretation. The issuing of this guidance for reference is not meant to inhibit direct contact and conversations between relevant parties. If clarification on thresholds is required, then seek it. A shared understanding from different agencies perspectives is essential to provide the appropriate support for families.

3. The Four Levels of Need

Level 1 - Universal

No identified additional services. Response services are universal services. This level allows for temporary multi-agency involvement where it is anticipated that the multi-agency involvement will be brief and time limited.

Level 2 - Targeted

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 – Targeted/Specialist

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

Level 4 – Specialist

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

3.1 The Continuum identifies a set of risk and resilience triggers and levels of need and establishes a consistent approach for:

- Four levels of need and corresponding service intervention; and
- Beginning the CAF process

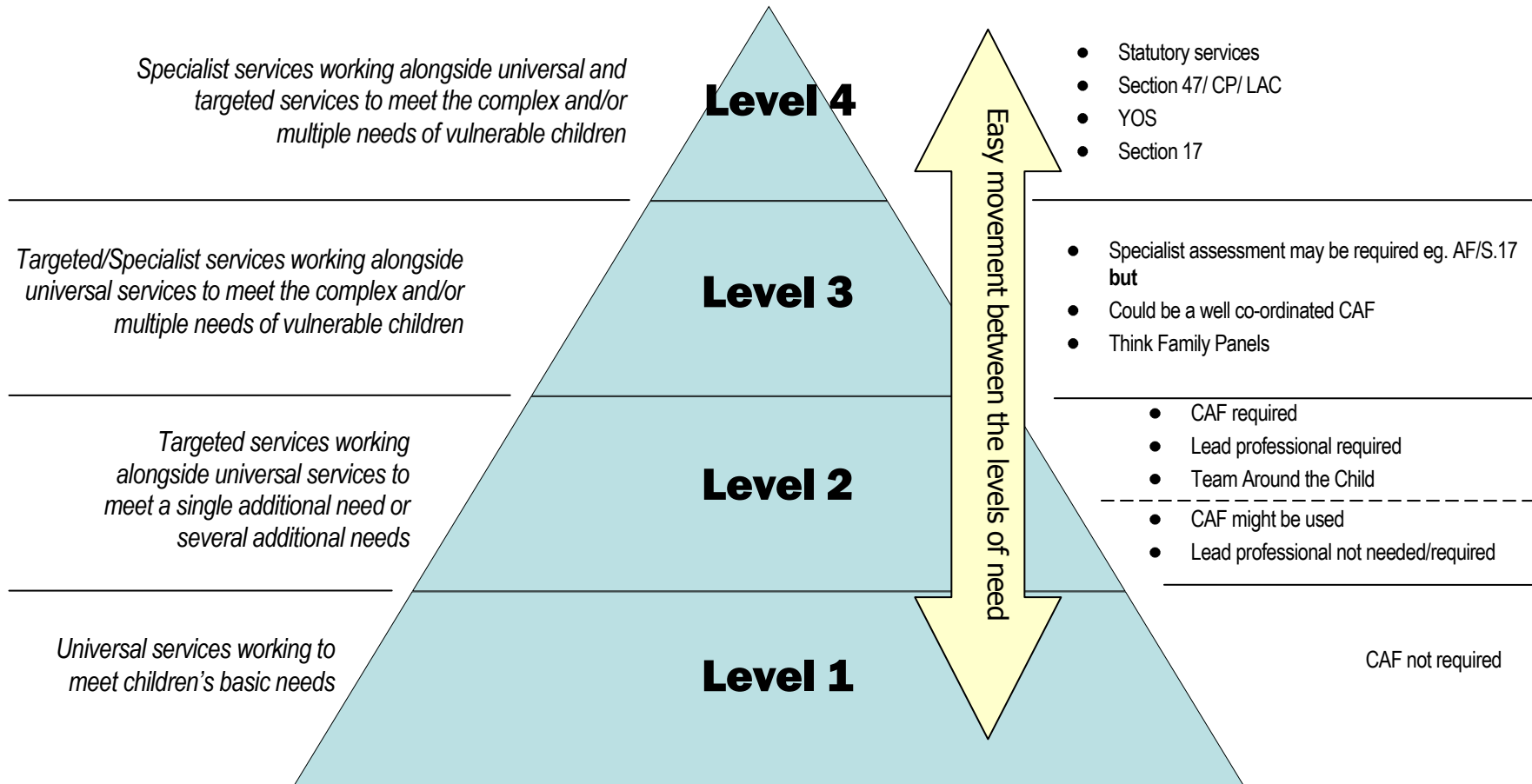
3.2 In a tiered approach to ensure a range of service provision is available to meet the range of need of children in the community, the following considerations may apply:

- children can and do move from one level to another; sometimes very quickly.
- children in levels 2-4 also need and use universal services;
- repeated assessments are not necessary to move children from one tier to another,
- children's stories can follow them as they progress through service provision;
- there will be some children - for example, those with complex needs - who should be enabled to move quickly and effortlessly to the required service response without necessarily going up through each level;

- for most children, the service aspiration is to secure them as low down the levels of need as possible.
- 3.3 When using Leicester's Threshold of Need descriptors it will be clear where some children / young people are on the continuum.
- 3.4 For other children /young people a practitioner may need to use the Threshold Guidance in the appendix to try to decide whether or not the child /young person has additional needs and whether a Common Assessment would be appropriate, to help further clarify need and appropriate response. A Common Assessment is essential in securing the right outcomes and practitioners can gain a clear understanding of the child or young person's tier of need and what would be the appropriate service response.
- 3.5 Assessment is an on-going process, not a single event; children and young people's needs often change over time and may cross different levels, i.e., high in some areas and low in others. The age of the child/young person and protective factors that may enhance resilience are also important contributory factors.
- 3.6 Of central importance in understanding where a child's needs might lie on this continuum, is an understanding, respect for and appreciation of the views of parents and carers, whose co-operation and engagement in the first instance is vital to most early support and intervention.
- 3.7 The continuum does not guarantee service provision by particular agencies at each level. There may be restricting factors such as:
- Specific threshold criteria related to the agency's specialist area of work
 - Previous interventions
 - Geographical location
 - Age limits; and
 - Time limited provision (e.g. only available during the school term).

4. The Four Levels of Need

This diagram shows the relationship between the levels of need, the assessment framework and service type. The “triangle” model of need replaces the old “windscreen” representation of need.



5. Responding to need

- 5.1 Most children and young people's needs will be met by their parents and carers, family and communities with support from universal services (Level 1) - for example, schools, youth services, Connexions, GP surgeries.
- 5.2 Level 2 is where the majority of vulnerable children will have their needs assessed and met within the Common Assessment Framework (CAF) through the use of a Common Assessment, a lead professional and a Team Around the Child (TAC) approach.
- 5.3 Those in Level 3 are likely to have met the criteria for assessment by a specialist service such as child and adolescent mental health (CAMHS), Education, Health, Social Care, Youth Offending. It will become a matter of judgement and consultation with partners and line managers whether in fact their needs do need to be referred or can be met 'lower' down the hierarchy.
- 5.4 A relatively very small number of children and young people, at risk of significant harm or significant impairment to health or development, require specialist support (Level 4), usually led by Children's Social Care, CAMHS, Education, Health or the YOT.
- 5.5 When responding to need, the following principles apply:
- The needs of children and young people are the concern and responsibility of all agencies and professionals in Leicester who work with children.
 - Delivering services to meet needs is a shared responsibility; which falls on all local authority departments, health authorities and other services in partnership with the council, represented by the Leicester Children's Trust Partnership.
 - Early identification of difficulties and improved outcomes for children and young people are aided by close collaboration between individual workers and agencies
 - Workers should be proactive and engaged in work with children and families; debate about responding to need should be kept to a minimum.
 - For services to be effective, families must generally be in agreement with the provision of services, be available to meet workers and attend appointments. Most families are willing to engage with agencies to promote the welfare of their children. Some families may choose not to take up services on offer, this is their prerogative.
 - Often, staff known to and trusted by the family may be able to reassure them and get them to reconsider this stance. Services may only be imposed in exceptional circumstances, often where there is evidence that a child may be at significant risk of harm without intervention.

6. The Common Assessment Framework (CAF)

6.1 What is the CAF?

The CAF is a shared assessment and planning framework, endorsed by Leicester Children's Trust partnership as the baseline assessment to use across the trust workforce. It aims to help the early identification of children and young people's additional needs and promote co-ordinated service provision to meet them.

6.2 Who is the CAF for?

The CAF is aimed at children and young people with additional needs who have needs that are not being met by their current service provision.

6.3 How does the CAF operate?

There are four main stages in completing a common assessment: identifying needs early, assessing those needs, delivering integrated services and reviewing progress.

6.4 Which children and young people is CAF aimed at?

The CAF is aimed at children and young people with additional needs:

- including unborn babies
- generally up to the age of 18, but extended beyond 18 where it is appropriate to enable the young person to have a smooth transition to adult services (eg. For young people with learning difficulties or disabilities, assessments can be carried out up to the age of 25)
- who have needs that are not being met by their current provision
- who would benefit from an assessment to help a practitioner understand their needs, determine whether other services should be involved in providing support and engage further services
- who are particularly vulnerable (eg. persistent truants, excluded pupils, sexually exploited children, victims of crime and young runaways)

The CAF is not appropriate for:

- the majority of children and young people who are progressing satisfactorily towards the five ECM outcomes within universal services
- situations where an immediate statutory or specialist assessment is needed or is the most appropriate way to determine support required
- a child or young person about whom there is concern that they may be suffering, or may be at risk of suffering, harm. In such instances, Leicester Safeguarding Children Board procedures should be followed without delay. (<http://www.lcityscb.org>.)

For more information about the Common Assessment Framework, visit:

<http://www.lcityscb.org>

6.5 Consent

- 6.5.1 The CAF is a voluntary assessment process and, as such, a child or young person and/or their parent/carer must give consent at the start of the process for the assessment to take place in the full knowledge of what will happen to this information (e.g. How it will be stored, who will have access to it).
- 6.5.2 Similarly, in instances where there is no Common Assessment in place, but a referral to a specialist service is being considered, consent should always be sought from the child or young person and/or their parent/carer unless to do so would place the child at increased risk of significant harm.
- 6.5.3 Practitioners should be tenacious in their attempts to persuade parents/carers to give consent. The benefits and advantages should be explained clearly, as should the purpose of a CAF (ie. It is a process to determine the most appropriate type of support required for a child/young person).

7. Information Sharing

- 7.1 Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all.
- 7.2 It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently.
- 7.3 It is important to remember there can be significant consequences to not sharing information as there can be to sharing information. You must use your professional judgement to decide whether to share or not, and what information is appropriate to share.
- 7.4 Data protection law reinforces common sense rules of information handling. It is there to ensure personal information is managed in a sensible way.
- 7.5 It helps agencies and organisations to strike a balance between the many benefits of public organisations sharing information, and maintaining and strengthening safeguards and privacy of the individual.
- 7.6 It also helps agencies and organisations to balance the need to preserve a trusted relationship between practitioner and client with the need to share information to benefit and improve the life chances of the client or protect the public.

7.7 Seven golden rules for information sharing

- **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

- **Seek advice if you are in any doubt**, without disclosing the identity of the person where possible.
- **Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information.** You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- **Keep a record of your decision and the reasons for it** – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

7.8 Your agency/organisation will have information sharing protocols and agreements in place. Further information is available in Information Sharing: Guidance for practitioners and managers, available for download at the following web address: (<http://media.education.gov.uk/assets/files/pdf/i/information%20sharing%20%20%20guidance%20for%20practitioners%20and%20managers.pdf>)

8. Problem resolution

8.1 The procedures of Leicester Safeguarding Children Board contain details on the resolution processes appropriate in circumstances where differences exist between the agencies regarding the handling of a case. The Board's procedures can be found at: <http://lrs.cb.proceduresonline.com/chapters/contents.html>

APPENDIX 1 - The CAF and other Assessments

Sector	Assessment	CAF
Education	Early years or school action	CAF could trigger action
	Early years action plus or school action	CAF could trigger action plus
	Assessment relating to learning difficulties (S139)	CAF can provide supporting evidence
	Pastoral support programmes	<ul style="list-style-type: none"> It is imperative that ALL children or young people at risk of exclusion be considered for a common assessment. CAF should be completed as part of PSP (Improving Behaviour and Attendance Guidance on Exclusions from Schools and Pupil Referral Units, DCSF 2008) CAF may be deemed to be appropriate as a first action following unauthorised absence from school but more usually, a School Attendance Panel will be held at which the appropriateness of CAF will be discussed.
Youth Sector	ONSET/ASSET	CAF should be completed for YISP interventions. CAF does not replace ASSET but can bring in additional support from other services or as step-down from youth justice intervention
	Substance misuse	CAF should be completed as an early or first assessment tool; if it raises concerns about substance misuse; screening tools, such as DUST and SMART, should be undertaken by trained practitioners. Also, substance misuse specialist should complete CAF if: <ul style="list-style-type: none"> First contact made by young person, or Request for involvement doesn't come from Children's Services or as "step down" at the end of their treatment.
	Assessment planning Intervention review (APIR)	CAF should be completed by all Connexions advisers when there are additional unmet needs that cannot be met within the single agency.
Children's Social Care	Where there are child protection concerns, practitioners should contact the Duty and Assessment service immediately on 0116 252 7004	
Health	Early support	CAF would complement and be part of other professional / clinical assessments and can be used to enable specialist early support services.
	CAMHS	CAF should be completed as an early or the first assessment tool. Also, CAMHS specialist should complete CAF if: <ul style="list-style-type: none"> First contact made by young person, or Request for involvement doesn't come from Children's Services or as "step down" at the end of their treatment.
	Adult Mental Health	Adult services should consider using CAF as recommended in the National CAMHS Review
	Health visitors, midwives, neonatal nurses, therapists, community nurses and other paediatric staff	CAF should be completed when integrated support is needed
	GPs	CAF should be completed when integrated support is needed
Leicestershire Police	Police staff that work in multi-agency teams like Safer Schools and YOT may collaborate on CAF or become member of the Team Around the Child	

APPENDIX 2 - Childrens Services Threshold Descriptors

Level 1 - Universal services working to meet children's basic needs		
Features	Universal example indicators	Assessment Process
<p>Children with no additional needs</p> <p>Children whose developmental needs are met by family, community and universal services.</p> <p>This section also applies to unborn children.</p>	DEVELOPMENTAL NEEDS	<p>No common assessment is required.</p> <p>Children should access universal services in a normal way.</p> <p>Key universal services that may provide support at this level:</p> <p>Education</p> <p>Children's Centres & Early Years</p> <p>Health visiting service</p> <p>School nursing</p> <p>GP</p> <p>Integrated Youth Support Services</p> <p>Police</p> <p>Housing</p> <p>Voluntary & community sector</p> <p>Midwifery services</p>
	<p>Learning / Education</p> <ul style="list-style-type: none"> • Achieving key stages • Good attendance at school/college/training • No barriers to learning • Planned progression beyond statutory school age 	
	<p>Health</p> <ul style="list-style-type: none"> • Good physical health with age appropriate developmental milestones including speech and language 	
	<p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> • Good mental health and psychological well-being • Good quality early attachments, confident in social situations • Knowledgeable about the effects of crime and antisocial behaviour • Knowledgeable about sex and relationships and consistent use of contraception if sexually active 	
	<p>Family and Social Relationship</p> <ul style="list-style-type: none"> • Stable families where parents are able to meet the child's needs 	
	<p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Age appropriate Independent living skills 	
FAMILY AND ENVIRONMENTAL FACTORS		
<p>Family History and Well-Being</p> <ul style="list-style-type: none"> • Supportive family relationships 		
<p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> • Child fully supported financially • Good quality stable housing 		
<p>Social and Community Resources</p> <ul style="list-style-type: none"> • Good social and friendship networks exist • Safe and secure environment • Access to consistent and positive activities 		
PARENTS AND CARERS		
<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parents able to provide care for child's needs 		
<p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> • Parents provide secure and caring parenting 		
<p>Guidance, Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Parents provide appropriate guidance and boundaries to help child develop appropriate values 		

Level 2 - Targeted services working alongside universal services to meet several additional needs		
Features	Low to Vulnerable Risk - example indicators	Assessment Process
<p>Vulnerable</p> <p>These children have low level additional needs that are likely to be short-term and that maybe known but are not being met.</p> <p>Child's needs are not clear, not known or not being met.</p> <p>Child with additional needs - requiring multi-agency intervention, Lead professional and Team around child</p> <p>This section also applies to unborn children.</p>	DEVELOPMENTAL NEEDS	<p>Common Assessment</p> <p>A common assessment should be completed with the child to identify their strengths & needs and to gain specialist support.</p> <p>Programmes aiming to build self-esteem and enhance social/life skills</p> <p>Prevention Programmes</p> <p>Positive activities</p> <p>Key agencies that may provide support at this level:</p> <p>Universal and targeted</p> <p>Youth crime prevention services</p> <p>Targeted drug and alcohol information, advice and education, including harm reduction advice to support informed choices</p> <p>Health, education Children's Centres & Early Years</p> <p>Educational psychology</p> <p>Educational Welfare Service</p> <p>Integrated Youth Support Services</p> <p>Voluntary & community services</p> <p>Family support services</p> <p>Midwifery services</p>
	<p>Learning / Education</p> <ul style="list-style-type: none"> Occasional truanting or non attendance School action or school action plus Identified language and communication difficulties Reduced access to books, toys or educational materials Few or no qualifications NEET 	
	<p>Health</p> <ul style="list-style-type: none"> Slow in reaching developmental milestones, Missing immunizations or checks Minor health problems which can be maintained in a mainstream school Missed appointments - routine and non-routine 	
	<p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> Low level mental health or emotional issues requiring intervention Pro offending behaviour and attitudes Early onset of offending behaviour or activity (10-14) Coming to notice of police through low level offending Expressing wish to become pregnant at young age Early onset of sexual activity (13-14) Sexual active (15+) with inconsistent use of contraception Low level substance misuse (current or historical) Poor self esteem 	
	<p>Self-Care and Independence</p> <ul style="list-style-type: none"> Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion 	
	FAMILY AND ENVIRONMENTAL FACTORS	
<p>Family and Social Relationships and Family Well-Being</p> <ul style="list-style-type: none"> Parents/carers have relationship difficulties which may affect the child Parents request advice to manage their child's behaviour Children affected by difficult family relationships or bullying Parent is unable to meet child's needs without support 		
<p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> Overcrowding Families affected by low income or unemployment 		
<p>Social and Community Resources</p> <ul style="list-style-type: none"> Insufficient facilities to meet needs e.g. transport or access issues Family require advice regarding social exclusion e.g. hate crimes Associating with anti social or criminally active peers Limited access to contraceptive and sexual health advice, information and services 		
PARENTS AND CARERS		
<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> Inconsistent care e.g. inappropriate child care arrangements or young inexperienced parent 		
<p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> Inconsistent parenting, but development not significantly impaired Concerns about parent/carer attachment 		
<p>Guidance, Boundaries and Stimulation</p> <ul style="list-style-type: none"> Lack of response to concerns raised regarding child 		

Level 3 – Targeted / Specialist services working alongside universal services to meet the complex and/or multiple needs of vulnerable children

Features	Medium Risk - EXAMPLE INDICATORS	Assessment Process
<p>Children with high level additional unmet needs</p> <p>Complex needs likely to require longer term intervention from statutory and/or specialist services</p> <p>Child in need:</p> <p>These children may be eligible for a child in need service from children's social care and are at risk of moving to a high level of risk if they do not receive early intervention.</p> <p>These may include children who have been assessed as "high risk" in the recent past, or children who have been adopted and now require additional support. If a social worker is allocated they will act as the Lead Professional.</p> <p>This section also applies to unborn children.</p>	DEVELOPMENTAL NEEDS	Common Assessment
	<p>Learning / Education</p> <ul style="list-style-type: none"> • Short term exclusions or at risk of permanent exclusion, persistent truanting • Statement of special educational needs • No access to books, toys or educational materials <p>Health</p> <ul style="list-style-type: none"> • Disability requiring specialist support to be maintained in mainstream setting • Physical and emotional development raising significant concerns • Chronic/recurring health problems • Missed appointments - routine and non-routine <p>Social, Emotional, Behavioural</p> <ul style="list-style-type: none"> • Under 16 and has had (or caused) a previous pregnancy ending in still birth, abortion or miscarriage • 16+ and has had (or caused) 2 or more previous pregnancies or is a teenage parent • Under 18 and pregnant • Coming to notice of police on a regular basis but not progressed • Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention • 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 • Mental health issues requiring specialist intervention in the community • Significant low self esteem • Victim of crime including discrimination <p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Lack of age appropriate behaviour and independent living skills, likely to impair development 	<p>The common assessment is likely to be the most appropriate first step and may be used as supporting evidence to gain specialist / targeted support.</p> <p>The common assessment may also be completed to support child moving out of complex needs</p> <p>Statutory or specialist services assessment (NB a common assessment must NOT replace a specialist assessment).</p> <p>Key agencies that may provide support at this level:</p>
	FAMILY AND ENVIRONMENTAL FACTORS	
	<p>Family and Social Relationships and Family Well-Being</p> <ul style="list-style-type: none"> • History and/ or a serious incident of domestic violence • Risk of relationship breakdown with parent or carer and the child • Young carers , Privately fostered, children of prisoners, periods of LAC • Child appears to have undifferentiated attachments <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> • Severe overcrowding, temporary accommodation, homeless, unemployment <p>Social and Community Resources</p> <ul style="list-style-type: none"> • Family require support services as a result of social exclusion • Parents socially excluded, no access to local facilities 	<p>LA children's social care</p> <p>Other statutory service e.g. SEN services. Specialist health or disability services.</p> <p>YISP</p> <p>Youth Offending Team.</p>
	PARENTS AND CARERS	
<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Inconsistent care e.g. inappropriate child care arrangements or young inexperienced parent • Physical care or supervision of child is inadequate • Parental learning disability ,parental substance misuse or mental health impacting on parent's ability to meet the needs of the child • Parental non compliance <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> • Inconsistent parenting significantly impairing emotional or behavioural development • Concerns about parent/carers attachment <p>Guidance, Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Parent provides inconsistent boundaries or responses 	<p>Targeted drug and alcohol</p> <p>CAMHS</p> <p>Family support services</p> <p>Voluntary & community services</p> <p>Services at universal Level</p> <p>Midwifery services</p>	

Level 4 - Additional needs requiring specialist or statutory integrated response OR child protection (section 47)		
Features	High Risk - EXAMPLE INDICATORS	Assessment Process
<p>Complex additional unmet needs These children require specialist/statutory integrated support</p> <p>Child Protection Children experiencing significant harm that require statutory intervention such as child protection or legal intervention.</p> <p>These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.</p> <p>Agencies should make a verbal referral to children's social care accompanied by a written referral.</p> <p>This section also applies to unborn children.</p>	DEVELOPMENTAL NEEDS	<p>Additional services: The common assessment can be used as supporting evidence to gain specialist/targeted support.</p> <p>Statutory or specialist services assessment (NB a common assessment must NOT replace a specialist assessment).</p> <p>Key agencies that may provide support at this level:</p> <p>LA children's social Care</p> <p>Specialist health or disability services.</p> <p>Youth Offending Team.</p> <p>CAMHS</p> <p>Family support services</p> <p>Voluntary & community services</p> <p>Services at universal level</p> <p>Comprehensive assessment and formulation of substance specific care plan</p> <p>Midwifery services</p> <p>Adult Mental Health services</p>
	<p>Learning / Education</p> <ul style="list-style-type: none"> Chronic non-attendance, truanting Permanently excluded, frequent exclusions or no education provision No parental support for education <p>Health</p> <ul style="list-style-type: none"> High level disability which cannot be maintained in a mainstream setting Serious physical and emotional health problems <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> Challenging behaviour resulting in serious risk to the child and others Failure or rejection to address serious (re) offending behaviour likely to be in Deter cohort of youth offending management Known to be part of gang or neighbourhood group engaged in antisocial behaviour Complex mental health issues requiring specialist interventions In sexually exploitative relationship Teenage parent under 16 Under 13 engaged in sexual activity Frequently go missing from home for long periods Distorted self image Young people experiencing current harm through their use of substances. 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 <p>Self-Care and Independence</p> <ul style="list-style-type: none"> Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm e.g. bullying, isolation 	
	FAMILY AND ENVIRONMENTAL FACTORS	
	<p>Family and Social Relationships and Family Well-Being</p> <ul style="list-style-type: none"> Suspicion of physical, emotional, sexual abuse or neglect Domestic violence that put the child at risk of significant harm Parents or other family members are unable to care for the child Children who need to be looked after outside of their own family <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> No fixed abode or homeless Extreme poverty <p>Social and Community Resources</p> <ul style="list-style-type: none"> Child or family need immediate support and protection due to harassment /discrimination and No access to community resources 	
	PARENTS AND CARERS	
<p>Basic Care, Safety and protection</p> <ul style="list-style-type: none"> Parent is unable to meet child's needs without support <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> Parents unable to manage and risk of family breakdown <p>Guidance, Boundaries and Stimulation</p> <ul style="list-style-type: none"> Parent does not offer good role model leading to serious risk taking behaviour e.g. condones antisocial behaviour 		

References /Further reading

Leicester Safeguarding Children Board

<http://www.lcitylscb.org/>

Working Together to Safeguard Children (HM Government, 2010)

<http://publications.education.gov.uk/DownloadHandler.aspx?ProductId=DCSF-00305-2010&VariantID=Working+Together+to+Safeguard+Children%3a+A+guide+to+inter-agency+working+to+safeguard+and+promote+the+welfare+of+children+PDF&>

Early Intervention and prevention Strategy

Parenting strategy

<http://www.leicester.gov.uk/EasySiteWeb/getresource.axd?AssetID=13342&type=full&servicetype=Attachment>

The Common Assessment Framework

Leicester website

<http://www.leicester.gov.uk/your-council-services/education-lifelong-learning/parental-support/caf/>

CWDC website

<http://www.cwdcouncil.org.uk/CAF>

Every Child Matters

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

Information sharing

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

Leicester Children's Trust

<http://www.leicester.gov.uk/your-council-services/social-care-health/young-peoplefamilies/support-services/childrenstrust/>