



Children's Services

Child in Need Procedures Manual

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Foreword

The Children's Trust for Central Bedfordshire in their Children and Young People's Plan states that they want every child in Central Bedfordshire to enjoy their childhood and have the best possible start in life. By promoting co-operation between the local authority and relevant partners the trust intends to improve the well-being of young people in the area.

Enshrined within the plan is the approach that whatever their background all children have the right and expectation to be able to live a healthy lifestyle, to be protected, to do well at school and have a good chance of future success , to contribute to society and to live a life free of poverty

Central Bedfordshire is committed to transforming learning, protecting children and working to reduce poverty and its effects along with early intervention. A key plank in achieving these principles is to develop an effective team around a child and their family. High quality locally delivered integrated services should be available to **all** children, young people and their families; however some children will need additional support to ensure that they achieve the best possible outcomes. By intervening as early as possible once a need is identified, to ensure that the right services are in place, the Council aims to enhance this service delivery to children and their families who are at risk.

Universal services and settings are often the places where emerging difficulties can be first spotted or where children, young people and their families will themselves first ask for help. They are also often the most appropriate setting within which the extra help children need can be sourced and delivered. By developing use of the Common Assessment Framework (CAF), and Team around the Child (TAC) approach and a rigorous commissioning model, once a difficulty is identified and assessed, help can be delivered by the appropriate services, which may be universal, or targeted or specialist.

Despite early intervention, some children and their families will go on to need more specialist help in order to achieve outcomes in relation to their safety, health, education, care and behaviour. This guide is intended to assist all professionals working with children and young people across all aspects of their life to be clear about the thresholds for social care intervention and the scale of provision available in Central Bedfordshire Council beginning with Early Intervention to identify when a more targeted approach to a child's needs is required.

SECTION 1: ACCESS CRITERIA FOR CHILDREN IN NEED

1 Definition of 'Child in Need'

1.1. A child should be taken to be in need if:

- *He/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority.*
- *His/her health or development is likely to be significantly impaired, or further impaired without the provision for him/her of such services.*
- *He/she is disabled.*

(Section 17(10), Children Act 1989)

1.2. The above definition from The Children Act will be used to decide when a child should be considered to be in need. This has the potential to include large numbers of children. Therefore, Councils must identify the extent of need and then make decisions on priorities for services. (*Children Act, 1989, Guidance Volume 2*). In Central Bedfordshire Council we have an Access Criteria to determine the priority given to any referral. The provision of any services will be based on an assessment of the child's needs.

1.3. According to the Children Act 1989 the definition of a 'disabled child' is as follows:

[...] a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed; and in this Part—

"development" means physical, intellectual, emotional, social or behavioural development; and

"health" means physical or mental health

(Section 17 (11), Children Act 1989)

1.4 In addition, the Disability Discrimination Act 1995 defines disability as:

(1) Subject to the provisions of Schedule 1, a person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.

(Disability Discrimination Act 1995)

1.5 This is further clarified as:

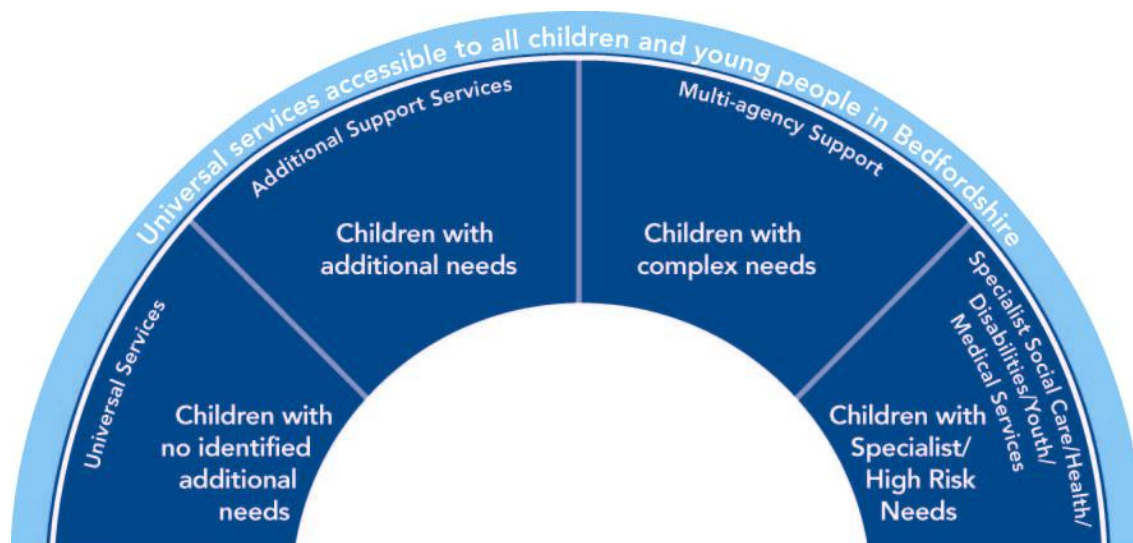
4 (1) An impairment is to be taken to affect the ability of the person concerned to carry out normal day-to-day activities only if it affects one of the following—

- (a) mobility;**
- (b) manual dexterity;**
- (c) physical co-ordination;**
- (d) continence;**
- (e) ability to lift, carry or otherwise move everyday objects;**
- (f) speech, hearing or eyesight;**
- (g) memory or ability to concentrate, learn or understand; or**
- (h) perception of the risk of physical danger.**

[Disability Discrimination Act 1995](#)

2 Central Bedfordshire Access Criteria

This model is the Access Criteria based on national guidance and legislation



Universal Needs:

- Children or young people with Universal Needs have no additional support needs as they are doing well and have their health, development and achievement needs met by the delivery of Universal Services.
- Children who may require a single intervention to deal with a specific problem which will mean that universal services can continue to be accessed.

Additional Needs:

- Child / family requires advice or support to access local services that are available for all children
- Children from families where carer(s) are experiencing difficulties which **may** affect the child's health, development or achievement
- Child/family may require early intervention(s) to ensure that a higher level support is not required at a later stage.
- Children that fall within the definition of Vulnerable.
- Children with emotional, behavioural and/or social difficulties
- Children with disabilities whose needs can be met with support within the community

Complex Needs:

- Children with Complex needs requiring targeted preventative services, at risk of becoming looked after, significant harm or of significantly compromised parenting capacity
- Children whose health and development **is or may be** impaired or affected
- Children and families where there is a **risk of deterioration** and the child's health or development **may** be affected in the near future.
- Children with complex disabilities who need substantial support from the Children with Disabilities Service (e.g. respite)

- Children with disabilities whose parents are unable to cope without additional support

Specialist/High Risk Needs:

- Children **already looked after or in need of Protection or with enduring health problems.**
- Children or young people requiring secure accommodation
- Children requiring intensive specialist health, educational or mental health provision
- Children requiring alternative accommodation

Children with Disabilities Eligibility Criteria

In addition to the general definition of disability:

- The child may be vulnerable because they have ongoing health needs arising from the disability, which require nursing care and supervision
- The child may be vulnerable in ordinary day to day situations without supervision because of his/her disability
- The child may have a level of physical dependency in terms of his/her day to day care needs which substantially impact upon the family or other carers
- The child may have behavioural or emotional difficulties arising out of his/her disability

This is the definition that Central Bedfordshire will apply when considering if a child or young person is eligible for access to the specialist Children with Disability Teams.

These criteria outline those children and young people that should be referred to specialist services and those that should not.

It must be acknowledged that there will always be exceptions that will require professional judgement due to the complexities of the presenting issues. These cases must not be subject to delays given the required timescales and it is expected that the Heads of Service will reach decisions should the fieldwork teams be unable to do so.

Children likely to be eligible for services from the disability teams

- Children who have chronic, permanent and substantial ill health. This might include children with childhood cancer or severe juvenile arthritis.
- Children who have a substantial disability as a result of an accident. This might include severe head injuries following a road traffic accident.
- Children who have a substantial sensory impairment. This might include being blind or deaf.
- Children on the autistic spectrum who are severely disabled by their condition.
- Children with disabilities where their care needs cannot be met because their carers have a disability themselves. In such cases a Joint Assessment will be requested with the appropriate Adult Services Team.

Underlying these criteria is the assessed impact of the disability upon their daily lives and functioning.

Services available to those children and young people eligible for services from the disabled children's team;

- Child in need procedures will apply, including an assessment of need to identify what services or provision will best address the presenting issues for the child or young person.
- If there are non disabled children present in the household with needs that require an intervention the non disabled service teams will be the lead teams in the assessment process with professional advice available from the disabled children's service.
- Child Protection procedures including joint investigation procedures will apply if necessary and the children with disability team will lead the enquiry with the assistance of the intake team if appropriate.
- If there are non disabled siblings/children in the household also potentially likely to suffer significant harm the intake and assessment team will be the lead team with professional advice from the disabled children's team when appropriate.
- All children and young people will be subject of the same statutory processes that apply to all children without a disability. It is important that the children and young people are able to access the required expertise to ensure their assessments and resulting plans are evidenced based and likely to be successful.
- Some children and young people will be able to access specialist services pending their assessment and outcomes.

Some children and young people will be able to access Direct Payments and will prefer to manage their identified care package in this way;

A Direct Payment can be made to:

- a person with a parental responsibility for a disabled child
- a disabled child age 16 or 17

The assessment should include the view of potential carers (Breaks for carers act 2010).;

A carer's assessment of disabled children;

In undertaking assessments of disabled children and their families we must:

- have regard to the needs of those carers who would be unable to continue to provide care unless breaks from caring were given to them; and
- have regard to the needs of those carers who would be able to provide care for their disabled child more effectively if breaks from caring were given to them to allow them to—
 - (i) undertake education, training or any regular leisure activity,

- (ii) meet the needs of other children in the family more effectively,
or
- (iii) carry out day to day tasks which they must perform in order to
run their household.

Short Breaks can be provided to some children and young people;

Before making, and when reviewing a decision about whether to provide accommodation under section 17 (6) or section 20(4) of the 1989 Act there should be careful assessment of the child's and family's needs. *(see 2.8 of Short Breaks – Statutory guidance on how to safeguard and promote the welfare of disabled children using short breaks)*

Short Breaks (overnight respite in specialist placements and accommodation) can be provided under:

- section 17 of the Children Act 1989
- section 20 of the Children Act 1989

Where a child is provided with respite overnight provision for less than 75 days within a year under S17 the child is **not** looked after.

This provision and plan must be seen as part of a child in need plan and will be subject to review at Child in need meetings no less than 6 monthly.

Where a child is provided with accommodation under s20 for a continuous period of more than 24 hrs; short breaks are pre planned and in the same place; no break lasts more than 17 days and the total does not exceed 75 days in one year the child is looked after for the period that's/he is provided with accommodation *(Regulation 48 – The Care Planning, Placement and Case Review Regulations 2010)*

If a child or young person is accessing provision and is looked after all statutory processes including looked after children reviews will apply

Any change of legal status that occurs during an assessment, delivery of a plan or emergency circumstances will be agreed by Children with Disability Allocation Panel which is chaired by the Head of Service for CWD.

The Council recently produced a statutory short breaks statement which outlines eligibility criteria and potential levels of provision.

Some children and young people are entitled to access some provision without formal social work assessment or intervention. The management of this process is overseen by the children with disabilities team.

You can find the Council's Short Break Statement at [http://www.centralbedfordshire.gov.uk/Images/Short Breaks State ment tcm6-24408.pdf#False](http://www.centralbedfordshire.gov.uk/Images/Short_Breaks_State_ment_tcm6-24408.pdf#False)

Children who are not eligible for a service from the disability teams but who following assessment may be eligible for services from another team

- Children with Attention Deficit Disorder or children with Attention Deficit Hyperactivity Disorder in the absence of additional disabilities
- Children with emotional and behavioural difficulties in the absence of additional disabilities
- Children with Moderate Learning Disability in the absence of additional disabilities
- Children on the autistic spectrum who are not severely disabled by their condition

Table 1: Access Criteria for services for Children in Need

LEVEL 1: CHILDREN WITH NO ADDITIONAL NEEDS	EXAMPLES OF AVAILABLE SERVICES UNIVERSAL SERVICES	LEVEL OF ASSESSMENT	TIMESCALE	AGREEMENT
<p>Children or young people with Universal Needs have no additional support needs as they are doing well and have their health, development and achievement needs met by the delivery of Universal Services.</p> <p>Children who may require a single intervention to deal with a specific problem which will mean that universal services can continue to be accessed.</p>	<ul style="list-style-type: none"> • Midwifery • Primary Care Services (including GPs) • Health Visitors • School Nurse • Dental Practices • CAMHS promotion and prevention • Healthy Schools Programme • Early Years settings • Schools (Mainstream Nursery, Lower, Middle and Upper Schools) • Children's Centres & Extended Schools • Voluntary Sector Services • Faith Groups • District / Borough Council Services (inc Leisure & Community) • Library & Information Services • Youth Service • Adult & Community Learning • Learning and Skills Council • Further Education • GUM Clinics • Citizen's Advice Bureaux • Benefits Agency • Housing Agencies 	<p>Routine Assessments carried out by agencies using Early intervention CAF</p> <p>Signposting or Referral to other agencies</p>	<p>Signposting Within 48 hours</p>	<p>TAC Meeting</p>
<p>EXAMPLES OF NEED:</p> <ul style="list-style-type: none"> • Requests information on a particular service 				

[illegible]

CHILD IN NEED PROCEDURES 2011

Access Criteria for services for Children in Need (continued)

LEVEL 3: CHILDREN WITH COMPLEX NEEDS	EXAMPLES OF AVAILABLE SERVICES MULTI-AGENCY SUPPORT SERVICES	LEVEL OF ASSESSMENT	TIMESCALES	AGREEMENT
<ul style="list-style-type: none"> ➤ Children with Complex needs requiring targeted preventative services at risk of becoming looked after, significant harm or of significantly compromised parenting capacity ➤ Children whose health and development is or may be impaired or affected. ➤ Children and families where there is a risk of deterioration and the child's health or development may be affected in the near future. 	<p>Universal Services identified in Level 1 & 2 and possibly the following:</p> <ul style="list-style-type: none"> • Secondary/Tertiary Hospital Services • Children's Hospices • Specialist CAMHS (tier 3) • Youth Offending Services • Bedfordshire Police • Domestic Violence Unit • Witness Support Service • Children's Social Care • Voluntary/Independent Sector contracted specialist service • Adult Mental Health Services • Adult Services • Assessment and monitoring team (SEN) • Parent Partnership • Specialist Parenting Support • Youth Service • Connexions • Neil's Services 	<p>Common Assessment Framework / identification of the Lead Professional (any agency – not necessarily Social Care)</p> <p>Initial Assessment Core Assessment</p> <p>Children in Need S17 and Child Protection</p>	<p>Within 28 days</p> <p>Within 10 days Within 35 days</p>	<p>CBAP PANEL</p> <p>Step down to TAC or CAF.</p>
<p>EXAMPLES OF NEED:</p> <ul style="list-style-type: none"> • Child falls within the definition of 'in need' • Short term help with family crisis • Child has Education / Health problems where home situation is contributory e.g. parent is young or has physical / learning disability • Signs of substance misuse • Persistent bullying • Domestic Violence • Child or parent with a disability in the family whose needs affect the development of other children to some degree • Children who are carers • Teenage Parents • Poor parenting impacting on the child • Children who offend • Significant behaviour problems 				

CHILD IN NEED PROCEDURES 2011

Access Criteria for services for Children in Need (continued)

LEVEL 4: CHILDREN WITH SPECIALIST / HIGH RISK NEEDS	EXAMPLES OF AVAILABLE SERVICES SPECIALIST SOCIAL CARE / HEALTH / YOUTH OFFENDING SERVICES	LEVEL OF ASSESSMENT	TIMESCALES	AGREEMENT
<ul style="list-style-type: none"> ➤ Children already looked after or in need of Protection or with enduring health problems. ➤ Children or young people requiring secure accommodation ➤ Children requiring intensive specialist health, educational and mental health provision 	Universal Services identified in Level 1, 2 & 3 and possibly the following: <ul style="list-style-type: none"> • Children's Social Care • Specialist Acute Health Services e.g. Tier 4 • CAMHS Tier 4 services such as intensive outreach and inpatient services • Bedfordshire Police Child Abuse Investigation Unit • Prison Services • Probation Services • Local/National Voluntary Organisations • Independent Residential Sector • Youth Offending Service • Asylum Team / Home Office • Residential Care • Foster Care • Intensive high level family support • Inpatient Psychiatric Unit • Youth Care • Link respite • Youth Service • Connexions 	<p>Identification of the Lead Professional (any agency – not necessarily Social Care)</p> <p>Initial Assessment</p> <p>Core Assessment</p> <p>Section 47 (as part of the Core Assessment)</p>	<p>Within 10 days</p> <p>Within 35 days</p>	<p>CBAP PANEL / JAP PANEL</p> <p>CDAP</p> <p>LAC Panel</p> <p>Step down to TAC or CAF</p>
EXAMPLES OF NEED: <ul style="list-style-type: none"> • Child at risk of significant harm • Child with risk-taking behaviour e.g. prostitution / substance misuse • Child posing a high risk to others / themselves including running away • Unaccompanied asylum seekers • Child with severe emotional and psychological needs • Child who persistently offends 				

Table 2: Access Criteria for support for Children with Disabilities -

LEVEL 1: CHILDREN WITH NO IDENTIFIED ADDITIONAL NEEDS	EXAMPLES OF AVAILABLE SERVICES UNIVERSAL SERVICES	LEVEL OF ASSESSMENT	TIMESCALES	AGREEMENT
<ul style="list-style-type: none"> All children and their families have access to universally provided services that complement support provided within family and community networks. Activities and services are available generally in the community. 	<ul style="list-style-type: none"> Midwifery Primary Care Services (including GPs) Health Visitors School Nurse Dental Practices Healthy Schools Programme Early Years settings Schools (Mainstream Nursery, Lower, Middle and Upper Schools) Children's Centres & Extended Schools Voluntary Sector Services Faith Groups District / Borough Council Services (inc Leisure & Community) Library & Information Services Youth Service Adult & Community Learning GUM Clinics Further Education Citizen's Advice Bureaux Benefits Agency Housing Agencies 	<p>Routine Assessments carried out by agencies</p> <p>Signposting or Referral to other agencies</p>	<p>Signposting Within 48 hours</p>	

Access Criteria for support for Children with Disabilities (continued)

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CHILD IN NEED PROCEDURES 2011

Access Criteria for support for Children with Disabilities (continued)

LEVEL 3: CHILDREN WITH COMPLEX NEEDS	EXAMPLES OF AVAILABLE SERVICES MULTI AGENCY SPECIALIST SUPPORT SERVICES	LEVEL OF ASSESSMENT	TIMESCALES	AGREEMENT
<ul style="list-style-type: none"> Children with <u>substantial</u> learning difficulties Children with substantial organic and non-organic developmental delay Children with substantial sensory or physical impairment children who have behavioural and emotional difficulties arising from their disability Children who have substantial ill health (which may be short term) Children on the autistic spectrum where functioning is severely affected and/or limited by their condition Children with disabilities where their care needs cannot be met because the carers have a disability themselves 	<p>Universal Services identified in Level 1 & 2 and possibly the following:</p> <ul style="list-style-type: none"> Day care/childminding Overnight care; Intensive outreach/family support; Intensive behavioural support; Sessional support/child minding (as short break care) Family link Family Link carer Domiciliary Overnight respite Direct Payments Family Support to manage behaviour Continuing care team service Youth Service Connexions Special School 	<p>Common Assessment Framework / Lead Professional</p> <p>Initial Assessment / Core Assessment undertaken by Children's Social Care</p> <p>Children in Need S17 and child protection</p>	<p>Within 28 days</p> <p>Within 10 days Within 35 days</p>	<p>CDAP PANEL / BAP PANEL</p> <p>JAP</p> <p>LAC</p> <p>CAF or TAC meeting.</p>

CHILD IN NEED PROCEDURES 2011

Access Criteria for support for Children with Disabilities (continued)

LEVEL 4: CHILDREN WITH SPECIALIST / HIGH RISK NEEDS	EXAMPLES OF SERVICES SPECIALIST SOCIAL CARE / YOUTH / CHILDREN WITH DISABILITIES / MEDICAL SERVICES	LEVEL OF ASSESSMENT	TIMESCALES	AGREEMENT
<ul style="list-style-type: none"> Severe learning difficulties seriously impairing intellectual functioning Severe organic / non-organic developmental delay seriously impairing functioning Children with severe sensory / physical impairment Children with serious emotional, behavioural difficulties associated with their disability and which impacts upon their functioning in all areas Degenerative or life limiting conditions 	<p>Universal Services identified in Level 1, 2 & 3 <i>and possibly</i> the following:</p> <ul style="list-style-type: none"> Considerable hospice care significant acute bed use; short-term emergency provision; Adoption; 52 or 38 week residential school where it is agreed that needs cannot be met without such provision; residential short break care Accommodation in Local Authority Care 	<p>Initial Assessment /</p> <p>Core Assessment /</p> <p>Section 47 undertaken by Social Care</p> <p>Child Protection</p>	<p>Within 10 days</p> <p>Within 35 days</p>	<p>BAP PANEL / JAP PANEL</p> <p>CDAP</p> <p>LAC</p> <p>CAF or TAC meeting.</p>

SECTION TWO: PROFESSIONAL / AGENCY INVOLVEMENT BEFORE CONSIDERING REFERRALS TO CHILDREN'S SOCIAL CARE

3 Common Assessment Framework Lead Professional and Team around the Child

The CAF is a key element in the delivery of frontline services that are integrated, and focused around the needs of children and young people. The CAF is a standardised approach to conducting assessments of children's additional needs and deciding how these should be met. It can be used by practitioners across children's services in England.

The CAF promotes more effective, earlier identification of additional needs, particularly in universal services. It aims to provide a simple process for a holistic assessment of children's needs and strengths; taking account of the roles of parents, carers and environmental factors on their development. Practitioners are then better placed to agree with children and families about appropriate modes of support. The CAF also aims to improve integrated working by promoting co-ordinated service provisions.

In Central Bedfordshire Council we have developed a process which puts the child or young person and their family at the centre of the work we do. The process is centred on the role of the Lead Professional and the use of localised Team around the Child (TAC) meetings to identify the correct intervention for the child or young person.

If you wish to complete a CAF for a child or young person the first thing you need to do is contact the CAF Support & Information Service. In contacting them you will discover if the child or young person are known to Children's Social Care or if a CAF is already in place.

The latest guidance on CAF and TAC, appointing a Lead Professional, the Processes, and all the necessary documentation can be found on the Council's website at :

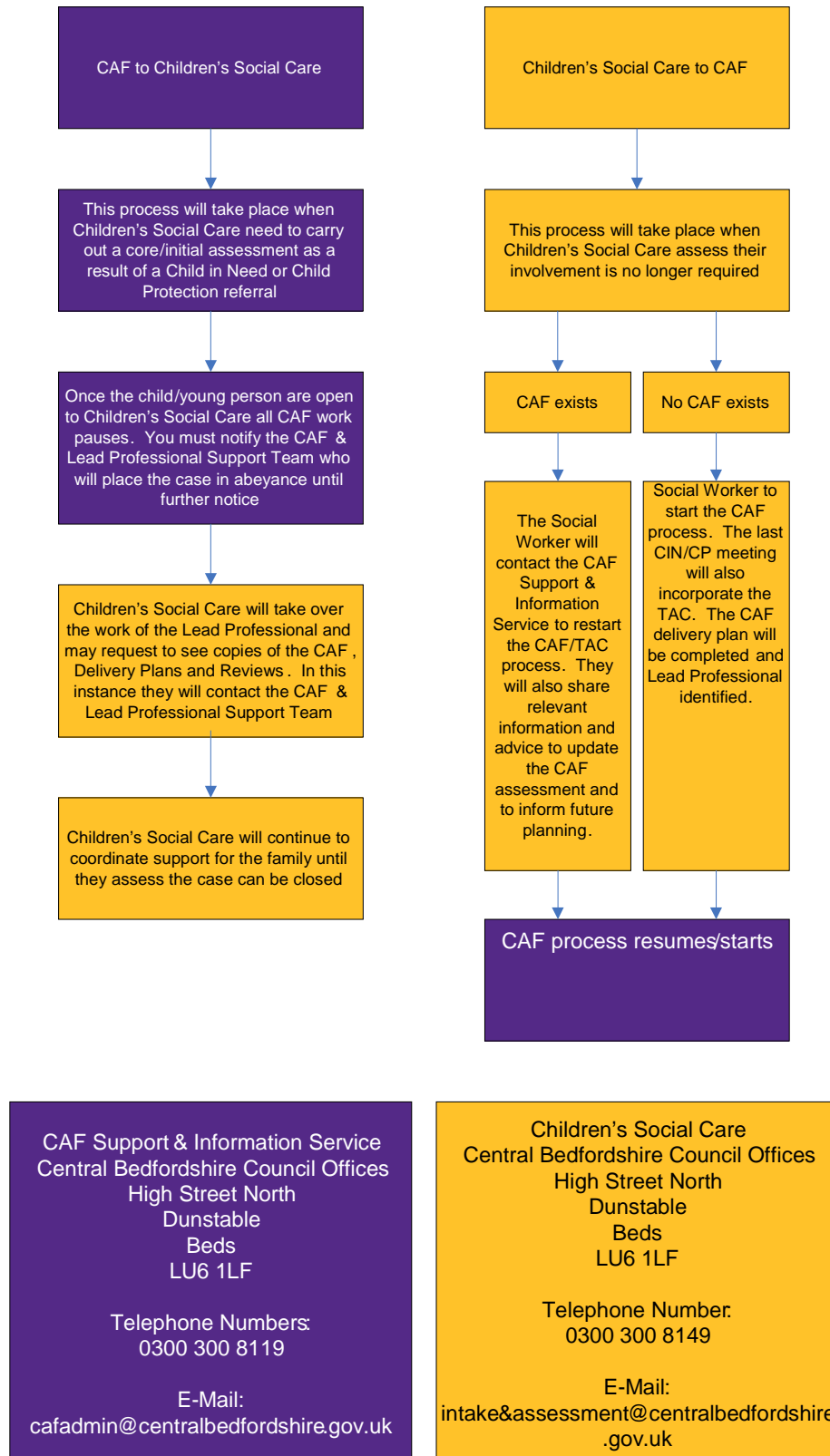
www.centralbedfordshire.gov.uk

The Step up / Step down process between early intervention and Prevention and Children's Social Care

It is important to ensure that movement of cases between Children's Social Care and the CAF environment is properly managed. The flow chart below details the "Step up / Step Down processes ;



This flowchart outlines the process of when a child/young person moves from CAF to Children's Social Care and visa versa. Each individual case is different and if you need further guidance please use the contact numbers at the bottom of the page. **UNDER NO CIRCUMSTANCES MUST A CAFTAC CONTINUE IF THE CHILDOURG PERSON ARE OPEN TO SOCIAL CARE**



SECTION THREE: REFERRALS INTO CHILDREN'S SOCIAL CARE

4 Contacts

- 4.1 A contact will normally be a request for information or for a service (which may lead to a referral):
- A request for general information/advice or assistance (Examples: Childminding List; Benefits query, Notification of Intention to Undertake a Statement of Educational Needs).
 - Offering a service. (Example; Foster Carer, Childminder).
- 4.2.1 Contacts are always dealt with and recorded immediately as contacts within the social care ICS, (CCMS from April 2012). Within 24 hours it must be determined whether they are to be closed on ICS as **NFA** or whether they are to be progressed to referrals. The Deputy Team Manager / Team Manager will record the outcome of the contact and the reason for this decision on the Contact Record within that first 24 hours i.e. NFA / Progress to referral.

6 Referrals

- 6.1 A 'referral' will normally follow from a contact where:
- Information received about a child, adult or family points to the need for further (professional) assessment, enquiry or intervention to promote the welfare or safeguard the child.
 - A request for an assessment/or service where the thresholds for service may be met.
 - Any significant one-off pieces of work that are necessary to ensure the presenting risks or needs are safely addressed by a social care professional.
- 6.2 On open cases where Initial and Core Assessments **have already been completed**, incoming contacts relating to new risks should be recorded as a new episode. General Information remains as a case note.

Process

- 6.3 The process for Social Care teams is:
- Referral recorded on ICS, (CCMS from April 2012)
 - Check case status, i.e., not known, open, closed or if the child is subject to a Child Protection Plan. (If relevant the social worker should record a CP enquiry on the CCMS system). If the child has been the subject of two or more enquiries an alert should be sent to the Team Manager and a discussion held with the duty Review Manager.
 - If a CAF is received with a referral, ensure that the CAF Support and Information Service is aware that it has been referred to Children's Social Care.
 - Locate any previous records or files;
 - Team Manager to decide action within 24 hours;
 - Team Manager or Deputy Team Manager to sign and date decision.

Multi-Agency Referrals to Children's Social Care

- 6.4 The process for referrers is:
- If there are Child in Need or Child Protection concerns make the referral directly to Social care, initially by telephone on 0300 300 8149 or by email – intakeandassessment@centralbedfordshire.gov.uk to be followed up by the completion of the Social care referral form. Send the completed referral form plus any existing CAF assessment to the Intake & Assessment Duty Desk within 24 hours. This form can be found at:
 - Completed CAF forms should also be sent to the CAF Support & Information Service for logging.

Outcome of referral

- 6.5 There will be several outcomes to a referral:
- No further action required by Children's Services (but it may be "supported" back to the community / TAC / Lead Professional) - CAF
 - Advice may be given to the referrer
 - An Initial Assessment is undertaken which could lead to a Strategy Discussion / Meeting under the Child Protection Procedures or
 - An Initial Assessment is undertaken which could lead to a Core Assessment and Child in Need Plan
 - An Initial Assessment is undertaken which could lead to a referral to the FAST team
 - Input from the HLFS may be required

Timescales and Managerial Decision Making

- 6.6 A duty manager will make a decision within 24 hours based on the information available whether the referral will progress to an Initial Assessment or not.
- 6.7 **Children's Social Care must acknowledge the receipt of the referral in writing to the referrer within 24 hours and notify the referrer of the outcome of their referral in writing within 7 days. In complex matters a telephone call may be required to confirm receipt and support decision.**
- 6.8 It is the responsibility of the referrer to:
- Contact Children's Social Care again if they have not received a written acknowledgement within 3 working days of receiving the referral.
 - Record in their own agency records the decisions taken following referral.
 - To take responsibility for engaging in required processes depending on whether the referral is in relation to a child in need, or a child in need of protection or Looked After.

7 Consent and Confidentiality

- 7.1 Information about children and families held by professionals and agencies is subject to a legal duty of confidentiality and should not normally be disclosed without the consent of the subject. However the law overrides the need to seek consent to the sharing of information between professionals where it is

necessary to safeguard a child or children. (Refer to [Local Safeguarding Children Board Information Sharing Protocol, 2010](#))

- 7.2 In the majority of cases where safeguarding is not an issue, consent to disclosure should be recorded on the *BIC 839* form 'Consent for Information Sharing between Agencies / Professionals'. Families should also be given a copy of the [Information Sharing: A Guide for Parents](#) and the [Your Records](#) leaflet.
- 7.3 Where there are disputes and conflicts within families and a number of parental figures obtaining consent may not be straightforward. **The consent of any one parent acting alone, rather than all those with parental responsibility, is required to disclose information about a child ([section 2\(7\) of the Children Act 1989](#)).**

SECTION FOUR: ASSESSMENTS WITHIN SOCIAL CARE

8 Framework for the Assessment of Children in Need and their Families by Social Care Practitioners

- 8.1. The new Children's Case Management System (**CCMS**) (go live April 2012) is based on The [Framework for the Assessment of Children in Need and their Families](#) and will be used by **Children's Social Care** practitioners in assessing the needs of children and their families. If a CAF/Multi-Agency referral has been received the assessment process will take this into account.
- 8.2. A paper file system remains in place alongside Integrated Children's System (ICS), until April 2012 and managerial signatures are required on all documents requiring a decision that are currently placed on file. This will be done solely electronically from April 2012 following the implementation of the new children's case management system.
- 8.3. Assessments will determine:
- If a child is in need and what the specific needs are.
 - If a child is at risk and what levels of risk are found with services and actions identified to reduce these.
 - Their level of vulnerability.
 - How needs can be met.
 - Which of their needs should be met as a priority.
 - Outcomes sought.
 - Which resources or professionals can best meet the identified needs.

Figure 2: The Assessment Framework

The Assessment Framework is an established systematic approach to the process of gathering information about children who may be in need and their families. The Framework is represented by the following diagram:



9 Initial Assessments

- 9.1 The decision to gather more information following a referral constitutes an Initial Assessment. An Initial Assessment is defined as a brief assessment of each child in the family referred to this department where there is a request for intervention or for the provision of services. Agency checks will be required to gather information.
- 9.2 If the case is closed there should always be a new Initial Assessment even if the last assessment was less than 7 days before. The 10 day timescale for any Initial Assessment commences from the date of the linked referral.
- 9.3 **Initial Assessments should be in proportion to the child's needs.** Initial Assessments can be short i.e. if at an early stage in the Initial Assessment progression to a core assessment and/or Section 47 is indicated. However, the Initial Assessment and managerial decisions for progression to Core Assessment must be completed on the Further Action part of the Initial Assessment Form. In other boxes on the form the social worker must note 'Core Assessment Required'. This must be signed by the manager with their name and role clearly printed. The Social Worker needs to write a synopsis of why this has been done and the Team Manager / Deputy Team Manager must sign off electronically through the workflow system.
- 9.4 If at any point during the Initial Assessment there are concerns about actual or a risk of significant harm to a child, the practitioner must discuss the case

with their Manager (or their nominated deputy) immediately so that the threshold for Section 47 enquiries can be considered

Timescales and Managerial Decision Making

- 9.5 Within **24 hours** a manager will make a decision based on the information available whether the referral will progress to an Initial Assessment.
- 9.6 All work on Initial Assessments must be completed within **10 working days** from the point of referral including managerial sign off.
- 9.7 The manager should record, date and sign off a decision in relation to the completed Initial Assessment clearly stating their reasons for the decision made.
- 9.8 In all cases where the Initial Assessment indicates a need for a more in depth assessment of the child's needs and parental capacity to care for the child the case should progress to a Core Assessment. A completed Initial Assessment is still required if progressing to Core Assessment (however this may be completed as described in 9.3 above providing the managerial decision is noted with the reasons and that it is electronically signed off and dated by the manager).
- 9.9 **The decision to move from an Initial Assessment to a Core Assessment should be taken by the Team Manager/Deputy Team Manager in conjunction with the Social worker and recorded on the Initial Assessment Form. There should be no Initial Assessments worked beyond the 10 day timescale. There will always be exceptions for many different reasons. However, those that do so over 10 days should have a clear record of the reasons why and managerial sign off completed.**

Recording in CCMS

- 9.10 Initial Assessments will be recorded on the Assessment part of CCMS (April 2012) on ICS up to April 2012.

Seeing the Child

- 9.11 The child must be seen by Children's Services as part of the Initial Assessment and preferably spoken to alone or communicated with using whatever methods of communication the child uses. If for any reason the child has not been seen, this **must** be agreed by the Deputy Team Manager and/or Team Manager and the reasons clearly documented within the Initial Assessment and specifically commented on and confirmed by the manager with their reasons and decision. The visit details should be recorded in CCMS from April 2012. The visit details should be recorded on ICS until April 2012.
- 9.12 If at any point during the Initial Assessment there are concerns about actual risk, or a risk of significant harm and the case enters Section 47, a Strategy meeting will determine the timescale within which the child should be seen by Children's Services. This should be no longer than **within 24 hours**.

- 9.13 The Initial Assessment will briefly address the dimensions of the Assessment Framework, determining:-
- Whether the child is in need is at risk.
 - What the needs are and what outcomes are intended for the child.
 - The nature of any services required.
 - From where and within what timescales these services are to be provided.
 - Whether a Core assessment should be carried out.
- 9.14 Initial Assessments will involve gathering appropriate information on the three areas of the assessment triangle:
- Child developmental needs.
 - Parenting Capacity.
 - Family and environmental factors.
- By:
- Interviewing family members.
 - Seeing the child interact with others and by communicating appropriately with the child, taking into account age, disability, where the first language is not English and any other communication needs.
 - Collating and analysing information from other agencies and organisations.
- 9.15 It is important that the child's views and perspective are sought recorded, where this is appropriate and that the actions recommended are based on this.

Outcomes of Initial Assessment

- 9.16 Possible outcomes of an Initial Assessment will include:
- No Further action (child is not 'in need').
 - Provision of services to address needs - it may be appropriate to refer to TAC for Community based services rather than Social Care or step down to CAF.
 - Continue assessment process by undertaking a Core Assessment **whether or not this is in the context of a section 47 enquiry**
 - Emergency provision of services where needs are significant and urgent i.e. accommodation, such decisions will be taken by CBAP (Central Bedfordshire Allocation Panel), in an emergency contact the Commissioning Team directly.
 - The convening of a 'Child in Need' Meeting
 - The convening of a Strategy Meeting to decide whether a Section 47 enquiry is required and to plan this if so.

10 Core Assessments

- 10.1 The Core Assessment is an in-depth multi agency assessment of the child's needs and the capacity of the child's parents/care-givers to meet these needs within the wider family and community context. The Core Assessment is led by Children's Services. Agency checks and partnership working will need to continue.
- 10.2 The involvement of the child, parent and/or carer is essential to the assessment process as is the focus on each individual child and his/her needs.

Timescales

- 10.3 Once it has been determined that a Core Assessment is necessary an Initial Child in Need Meeting should be convened following completion of the Initial Assessment to assist with the development of the Core Assessment. This should include all relevant professionals and the family.
- 10.4 If it has been decided as part of a Strategy Meeting that a Core Assessment is required, it will not be necessary to hold the Initial Child in Need Meeting if the case is progressing to an initial child protection conference.
- 10.5 The section 47 child protection enquiry and completion of a core assessment can result in a step down to child in need plan pending the outcomes of the enquiries. If this is the case a child in need meeting should be convened.
- 10.6 Core Assessments must be completed within 35 working days from completion of the Initial Assessment or the decision at a Strategy Meeting to commence Section 47 enquiries and/or a Core Assessment.
- 10.7 If not progressing to Child Protection within 7 days of the completion of the Core Assessment a Child in Need Review meeting must be held. This will determine
- a) Whether there is no further action required
 - b) Whether to transfer the case to the Family Support team or whether to complete the required work (if the plan is to complete within 3 months from the date of the Child in Need Review meeting)
 - c) To develop the Child in Need Plan
 - d) To refer back to the Lead Professional
 - e) If the case is a Child Protection case or a high level family support case it should be referred to CBAP for additional services
 - f) If as a result of a core assessment having been completed the threshold for Significant Harm or risk of significant harm is deemed to be met a strategy meeting must be convened .
- 10.8 At any stage in the assessment process, should there be suspicions or allegations that the child may be suffering or is likely to suffer significant harm (see [*Appendix 1: Considerations of whether harm is significant*](#)), there must be discussion with the manager so that a Strategy Meeting / Discussion can

be held to decide whether a Section 47 enquiry is required and to plan interagency action in accordance with the Local Safeguarding Children Board Safeguarding Children Procedures 2010. The key elements of this meeting should be recorded as a list of points on the Strategy Discussion form. In Section 47 enquiries the child **MUST** be seen within 24 hours unless there is Team Manager agreement based on sound evidential reasons.

- 10.9 Assessment of a child in these circumstances is not a separate activity but continues the same process - although the pace and scope of the assessment may have changed. A key part will be to establish whether the child is suffering or likely to suffer significant harm and whether any emergency action is required to secure the safety of the child.
- 10.10 Once it is decided that the matter comes under Section 47 then the case should automatically progress to Core Assessment. Although there will be 35 working days to complete the Core Assessment, Section 47 enquiries will need to progress within a timescale which is commensurate with the identified safeguarding needs of the child. Core Assessment and s47 enquiries should occur alongside each other.
- 10.11 If the Strategy Meeting / Discussion decide that the case should continue under Section 17 (CIN) the assessment also automatically progresses to a Core Assessment.

Recording

- 10.12 Core Assessments must be recorded on CCMS from April 2012. These are currently on ICS.
- 10.13 Team Managers will monitor the timescales for all the above processes giving support to social workers to complete as soon as possible where appropriate and recording the reasons for delay where necessary.

11 Assessment of Young Carers

- 11.1 Children and Young People providing substantial care for a sick or disabled parent or other family member are entitled under the Carers and Disabled Children Act 2000 to an assessment of their needs using the Assessment Framework. In respect of Young Carers, Children's Social Care are not necessarily the Lead Professionals. Other Agencies may be the Lead Professionals for Young Carers, but where Specialist services are required from Social Care a referral to Intake and Assessment Duty would be required and Social Care would assume the role of the Lead Professional dependent on whether or not the referral was progressed.
- 11.2 The Access Criteria should be used to determine priority and the Assessment Framework to assess the impact of the caring role on the child or young person's health or development.
- 11.3 The Carers Policy of Central Bedfordshire Council states that 'Substantial' should be defined in terms of impact on the carer rather than time engaged in caring. Therefore, the Initial Assessment of a young carer should not be

different to any other assessment, concentrating on the impact on the child or young person's health or development. Other agencies (including Adult Services and Education) referring a young carer to Children's Services must use the CAF/Multi-Agency referral.

11.4 The outcome of such assessments may be:

- Signposting to other universal services.
- Referral to specialist providers of carers support and services through the TAC Process.
- Decision to undertake more detailed Core Assessment.
- Referral of the parent to Adult Services for assessment of their needs
- Decision about whether the child is a Child in Need

12 Role of Family Group Meetings

12.1 A Family Group Meeting is a meeting where family members and friends in negotiation with the social worker make decisions about the child or young person. It is arranged and facilitated by the Family Group Meeting Co-ordinator who is not involved in making decisions about the child.

12.2 Referrals for Family Group Meetings on open cases should be made through the lead social worker. If other professionals see value in holding a Family Group Meeting they can recommend this to the Social Worker and inform the Family Group Meeting Manager that they have made this recommendation.

12.3 The service is intended to help any child in the following situations:

- Where there is an unresolved family conflict which may lead to the child or young person becoming Looked After;
- There is a real chance that a meeting could assist in the child leaving care to return to the care of their family or friends;
- To prevent significant harm;
- Assist with contact for children and young people who are Looked After;
- To enhance the welfare of children and young people who are defined as 'children in need';
- Family Group Meetings may be held as part of an Initial Assessment or as part of a Core Assessment.

12.4 A Family Group Meeting must always be offered to a family where there is a possibility that legal proceedings will be initiated on their children.

How to make a referral for a Family Group Meeting:

12.5 The lead social worker will contact the Family Group Meeting Manager at the Family Group Meeting Service for an initial discussion. A referral form will then be completed at the referrer's office between the Social Worker and the FGM Manager. The Co-ordinator will arrange the venue and time of the meeting. The referral should not (unless made as part of a Family Support Package) come through CBAP.

12.6 Referrals to the Family Group Meeting Service may also be made by one of the allocation panels.

SECTION FIVE: ONGOING WORK WITH CHILDREN IN NEED

13 Child in Need Meetings (CIN)

The purpose of the Child in Need Meetings

- 13.1 If a matter does not meet the thresholds for Section 47 Enquiries, children and their families may still have identified needs which should be met under Section 17 of the Children Act ('Child in Need')
- 13.2 The purposes includes:
- Bringing of CIN, the family, child and all those professionals involved with them together.
 - Collating and analysing the multi-agency information about the child's health and development and the parental capacity to promote the child's welfare.
 - Judging if the child is unlikely to achieve or maintain or have the opportunity to achieve or maintain a reasonable standard of health or development **without the provision of services.**
 - Deciding what future actions and/or services are required to promote the child's welfare and what the intended outcomes are, including the completion of a Core Assessment and clearly recording who will do what, when and why in relation to needs and outcomes identified so that progress can be tracked and reviewed by family and professionals involved in future CIN meetings.
 - To avoid escalation if possible to s47 and beyond.
 - To consider if a TAC or CAF is required and appropriate.

Timings and frequency

- 13.3 To ensure that Core assessments are completed within the 35 day timescale:
- Initial Child in Need Meetings should take place where possible.
 - **A Child in Need meeting should be held within 7 days of the completion of the Core Assessment and should continue no less than 3 monthly If the case is more complex every 6-8 weeks a meeting should be held. It is important to allow managers discretion about the level of meetings to ensure needs and risks are addressed effectively.**

Involvement of Child & Family

- 13.4 The child and family should be consulted about the meeting and invited and prepared for attendance. It is good practice to involve children and families in meetings where appropriate. However there may be times this is not possible, e.g.
- The child/young person objects to parental/family involvement.
 - The child/family failed to attend – In these circumstances a member of the meeting should be appointed to inform the child/family of the outcome (this should usually be the allocated social worker).

- 13.5 Where children, parents or carers do not wish to attend, records should show how their views have been sought and represented at the meeting.
- 13.6 In all circumstances the views and wishes of all children old enough to express their views and wishes should be ascertained using what ever medium is appropriate.

Involvement of other professionals

- 13.7 The meeting should include:
- The Social Worker and/or Line Manager if appropriate
 - Those with a direct and relevant involvement with the child and family.
 - Those who hold relevant information that can be shared in the meeting.
 - If, in exceptional circumstances, those working with the child/family feel that it is necessary to convene a meeting where the child and family are not invited or notified of the meeting, this will be considered a Professionals Meeting and not called a Child In Need Meeting. These should only occur where it is believed the child or young person could be put at greater risk if parents were present initially.

14 Participation in Meetings

- 14.1 Parents / carers and the child / young person (where appropriate) should wherever possible attend reviews and their views be recorded be they Looked After, Child in Need or subject to a Child Protection Plan. If parents or carers do not attend the review a record of the review should be given to them and they should be asked to sign this.
- 14.2 The wishes and feelings of the child should always be sought and included. Attendance at reviews by the child should always be encouraged and timings should avoid the school day for children of school age.
- 14.3 If English is not the first language then arrangements for an interpreter should be made and issues of access for people with disabilities should be addressed.
- 14.4 Where reviews and meetings fall around the time of religious festivals and times of particular religious observances which are undertaken by the family, particular consideration may need to be made to hold meetings at a time and venue suitable for the family to ensure their involvement.

Outcomes

- 14.5 The intended outcomes include:
- Arrangement for completion of a Multi Agency Core Assessment with family to identify and analyse the child's needs.
 - The development of a 'Child in Need' Plan to promote the welfare of the child and meet his/her needs and identify those that will implement the plan.
 - Reviewing the effectiveness of actions and services against the intended outcomes for the child.

- If the decision at a Child Protection Conference is not to make the child(ren) subject to a Child Protection Plan then the conference may formulate an outline **Child in Need Plan** addressing the outstanding areas of need and establishing the intended outcomes for the child and family. A Child in Need Meeting should be held within 20 days of the Child Protection Conference. Work with the child and family may then progress using the provisions of **Section 17**.
- Identify and agree the Lead Professional (if a Social Worker is involved they will generally be the Lead Professional)
- Step back to CAF/TAC should take place within 20 working days of Child in Need meeting decision.

Process

14.6 The process is:

- The child and family should be invited and given clear guidance about the purpose of the meeting and the importance of their attendance.
- The meeting should be chaired by the Social Worker unless it is a particularly complex Child in Need or Child Protection case, in which case the Social Worker should discuss with their Deputy Team Manager / Team Manager who should chair the meeting.
- The Initial Assessment of the child will be available to the meeting and copies distributed to appropriate members of the family and all involved professionals.
- A clear analysis of the needs, difficulties and concerns that have led to the need for a 'Child in Need Meeting should be discussed at the meeting.
- The meeting will agree the Child in Need Plan that addresses the needs difficulties and concerns in relation to the child.
- The co-ordination and review of the plan and the membership of any future review meeting will be decided at the initial meeting. The plan will be recorded on the Child in Need Plan in CCMS from April 2012, currently on ICS.
- If the plan is not actioned or has failed to meet the child's needs the chair of the meeting must be informed and a decision taken whether to reconvene the Child in Need Meeting before the planned review date.
- The meeting minutes will be recorded on the Sect 47 & 17 Meetings Form within CCMS.

NOTE: IF THE CASE IS PROGRESSED UNDER SECTION 47 AND A CHILD PROTECTION CONFERENCE IS REQUIRED THIS MUST TAKE PLACE WITHIN 15 WORKING DAYS OF THE STRATEGY MEETING. FOR FURTHER GUIDANCE PLEASE REFER TO THE [LOCAL SAFEGUARDING CHILDREN BOARD MULTI-AGENCY SAFEGUARDING PROCEDURES](#)

SECTION SIX: RESOURCE ALLOCATION PANELS

Role of Commissioning services through Panels

The local resourcing panels decide how to use resources available for children, young people and parents in order to improve outcomes in the most efficient, equitable and sustainable way.

Panels allocate commissioned resources in Central Bedfordshire Council.

All decisions should be based on improving outcomes for children, young people and their families, with a clear rationale for that decision, including the use of evidence. Referrals from panels requesting commissioned resources must clearly identify:

- The type of service required and the expected outcome from receiving the service.
- There must be evidence that the intervention is relevant and appropriate to the need
- The expected outcome must be specific and measurable within the timescale of the application and the review date

To optimise the resources in the system and improve efficiency the following factors need to be taken into account:

- That this supports parents to improve outcomes for their children through co-production
- Make the best use of community resources and volunteers
- Ensure buildings are in the right place, the right condition and that their use is maximised
- Direct, independent feedback from customers and referrers should be included as part of performance management and needs analysis.
- Improves children's safety.
- Reduces presenting risks (manager's risk)
- Addresses presenting needs of child.
- Enables step back to TAC/CAF and universal services.

15 Referral to Resource Allocation Panels

15.1 In Central Bedfordshire, there are a number of different resource allocation panels which sit alongside the Access Criteria.

- Multi-Agency Allocation Group (Universal Needs / Additional Needs)
- Central Bedfordshire Allocation Panel (CBAP) (Complex Needs)
- Joint Allocation Panel (JAP) (Specialist / High Risk Needs)

- The Children with Disabilities Allocation Panel (CDAP) allocate services specifically for children with disabilities , including Direct Payments and the monitoring of the short break grant.
- Looked after Children's Panel.
- Children and Young People with complex needs (including SEN/Health).

Application to CBAP (Bedfordshire Allocation Panel)

- 15.2 The purpose of CBAP is to allocate resources according to the needs of children being identified as having Complex or Specialist / High Risk needs and to support decisions made by Heads of Service / Assistant Director except in emergency cases.
- 15.3 Applications to CBAP will be made using the CBAP Application Form within CCMS from April 2012 and a completed Core Assessment or Pathway Plan (in cases where emergency provision is required, contact Commissioning directly). Currently teams complete a BIC application form that is collated by the panel chair for the chair of the panel.
- 15.4 Please see [Central Bedfordshire Allocation Panel and Joint Agency Panel Procedures](#) for detailed information on panel process CBAP.

Application to JAP (Joint Allocation Panel)

- 15.5 **The JAP is a multi-agency panel that will consider applications for more specialist intervention and support. This should be agreed by the Head of Service and/or CBAP/CDAP.**
- 15.6 **The Joint Agency Panel** sits monthly and agrees joint funding for accommodation or support packages for children with complex and challenging needs. Commissioners from Health, Education and Social Care form the panel. This panel reviews the multi-agency packages of interventions.
- 15.7 Please see Central Bedfordshire Allocation Panel and Joint Agency Panel Procedures for detailed information on how to book a slot on JAP. The Team Manager or Deputy Team Manager QA applications for panel and they should be submitted the Thursday before.

Application to CDAP (Children with Disabilities Allocation Panel)

- 15.8 The Children with Disabilities Allocation Panel meets weekly (except on the 3rd Thursday of the month) and is responsible for agreeing packages of social care support for children open to the Children with Disabilities Teams. The exception to this is for those cases which are in care or criminal justice proceedings, where children are subject to a child protection plan, where the child is looked after by the authority on a full time basis or when there is a

financial contribution from an additional agency such as health. These exceptions will be heard by CBAP or JAP as appropriate. This panel ensures that all allocations of service provision including direct payments are reviewed on a regular basis to ensure desired outcomes are being met.

15.9 Cases that are allocated or resourced by the Children with Disabilities social work team are eligible to come to the panel

15.10 The following cases must be presented:

- Where an assessment identifies that a child or young person's needs may require a Family Support package (including respite care) under Section 17, 18 or 20 of the Children Act
- Where existing resources, including direct payments, are provided to meet a child or young person's needs.
- Short Breaks.
- Direct payments.

15.11 The paperwork to be submitted is the application which is submitted by the lead social care professional, latest assessment, case summary and CIN Minutes and must be sent to the CDAP inbox by 5pm on the Friday before the panel on the following week.

15.12 Unless agreed otherwise, the allocated social worker should attend. Panel will advise when setting a review date those cases where social workers do not have to attend.

SECTION SEVEN: REVIEWING SERVICES

16 Reviewing Services for Children in Need

Reviewing CAF Assessments

- 16.1 All CAF assessments must be reviewed every three months. The review is the responsibility of the Lead Professional and THEY SHOULD DIARISE TO ARRANGE A TAC MEETING AT THAT POINT. The CAF Support & Information Service will also send a reminder to the Lead Professional.
- 16.2 The review must be carried out on the delivery plan and review form (see para 3.8). The completed review should be sent for logging with the CAF Support & Information Service. The review should indicate what new actions are planned, or whether there are NFA at that time. It should be considered whether a referral back via CAF for a TAC meeting should be made.
- 16.3 All childcare cases must be reviewed regularly.

Reviewing Child in Need status

- 16.4 Once the actions from the Child in Need Plan have been met in full and with joint agreement from the family, Children's Services and other agencies involved, it may be decided that the case should be closed to Children's Services.
- 16.5 Where a case is to be closed to Children's Services this should be decided within the Child in Need meeting and be fully documented and a new Lead Professional appointed if another agency is to continue providing services. Please refer to the [Process for the Closure of Cases](#).
- 16.6 If however, following ongoing support from all agencies, it is apparent that identified outcomes and changes have not been achieved, the social worker and their Team Manager should consider whether to hold a Strategy Meeting to decide whether the Safeguarding thresholds have been met for the case being moved into Child Protection. This decision can only be taken on a case by case basis and a Section 47 commenced. Where there is sufficient evidence to show that the cumulative impact of inaction by the family is having a detrimental effect on the child(ren) and can be considered as 'significant harm or likelihood of it', then the option of calling a Strategy Meeting must be considered.

Timescales

- 16.7 The timescales are:
 - An Initial Child in Need Planning Meeting should be held where possible.
 - A Child in Need Review Meeting should be held within 7 days of the completion of the Core Assessment and then at 3 monthly intervals (where there is an intensive support package being offered to the family)

or where there are complex needs within the family 6 - 8 weekly intervals may be more appropriate until the package ends to be decided within the Child in Need Review Meeting).

17 Transfer of Cases

- 17.1 All cases due for transfer will be agreed and confirmed at weekly allocation meetings. These will be held weekly. Intake and Assessment are responsible for timetabling these and team managers are responsible for ensuring attendance. Meetings will always include managers from Intake and Assessment team and Family Support Team. LAC and CWD representatives should attend alternate meetings as scheduled. These meetings will consider case transfers to any of the teams in the county (**Refer to [Transfer of Cases Protocol](#) 2012**). The Transfer Protocol must be adhered to including the transfer from Intake and Assessment to Family Support which should happen within 7 days of the completion of the Core Assessment (unless there is agreement that the case will be closed by Intake and Assessment after a short focused piece of work with the family).
- 17.2 I&A managers will alert the FST managers in advance about cases for transfer. The same principle applies to transfers to the LAC team and CWD teams. This should initially be done by e-mail with follow-up telephone calls if required
- 17.3 Transfer summaries must be informative and include important dates and urgent things that may need following up on. The Case should be viewed electronically to ensure everything is up to date and verified by Team Manager.

18 Process for the closure of cases

Before the case is closed:

- 18.1 Consultation must take place with the other agencies involved and a joint decision reached that the case may be closed. This will ensure clarity in decision making and be helpful for other agencies to understand why the case is closed to Children's Services. It does not mean that all services with other agencies will cease, as there may well be work being done by Health, Education or a Voluntary Agency Partner. It will demonstrate closer working with the other agencies involved in the case.
- 18.2 If the children/ young people are subjects of CIN or a CP Plan, the decision should be made to close the case within a Child in Need meeting or Child Protection Conference attended by the relevant professionals and wherever possible the child and family. If the child and/or family are unable to attend, consultation must take place between the social worker the child and the family to discuss the issues around closure.
- 18.3 This decision should be documented in the minutes of the meeting and sent to all partners detailing:

- The date of the decision
- Why the decision was taken
- Who the decision was taken by

18.4 The minutes will be held on the child's file within CCMS. Any dissent from the decision to close should be noted including disagreement from the family and/or child(ren).

Disagreement by other agencies with the decision to close a case

18.5 If other agencies disagree with the decision to close the case a meeting should be set up to discuss the issues. It is preferable that the issues could be resolved without the need for a meeting; however, it may be more practical for a multi-agency meeting to be established to ensure clarity and for each agency to voice their concerns. This meeting should be minuted and copies sent to each of the agencies involved with providing services for the child(ren) and family.

18.6 Having met to discuss possible disagreement to close a case it may well be that there could still be disagreement following the meeting. The team manager responsible for the case may still decide to close even though there is disagreement. In such a case the disagreeing party should be advised to put their disagreement in writing so this can be documented on the case file. Equally the team manager should write to the party in disagreement to acknowledge their views.

Once it is agreed that the case is to be closed

The Social Worker will ensure that:

- All fields have been correctly filled in on ICS and the paper file (CCMS from April 2012), including Date of Birth, Involvements, Relationships, Ethnicity.
- A closing summary is completed
- The chronology is up to date (including the decision to close the case, who was involved and when the decision was made)
- A letter is sent to the family informing them of the closure of the case, when the decision was made, why the decision was made and what the outcome was of the case.
- Check to ensure that a copy of the Access to Files leaflet was sent along with the Comments, Compliments and Complaints leaflet at the time of the initial appointment for the IA. If it was not sent, ensure that at this point it is sent out.

Note: The Service User Feedback survey should be sent out at the same time that the completed Initial Assessment is sent out.

The Social Worker's manager / supervisor will:

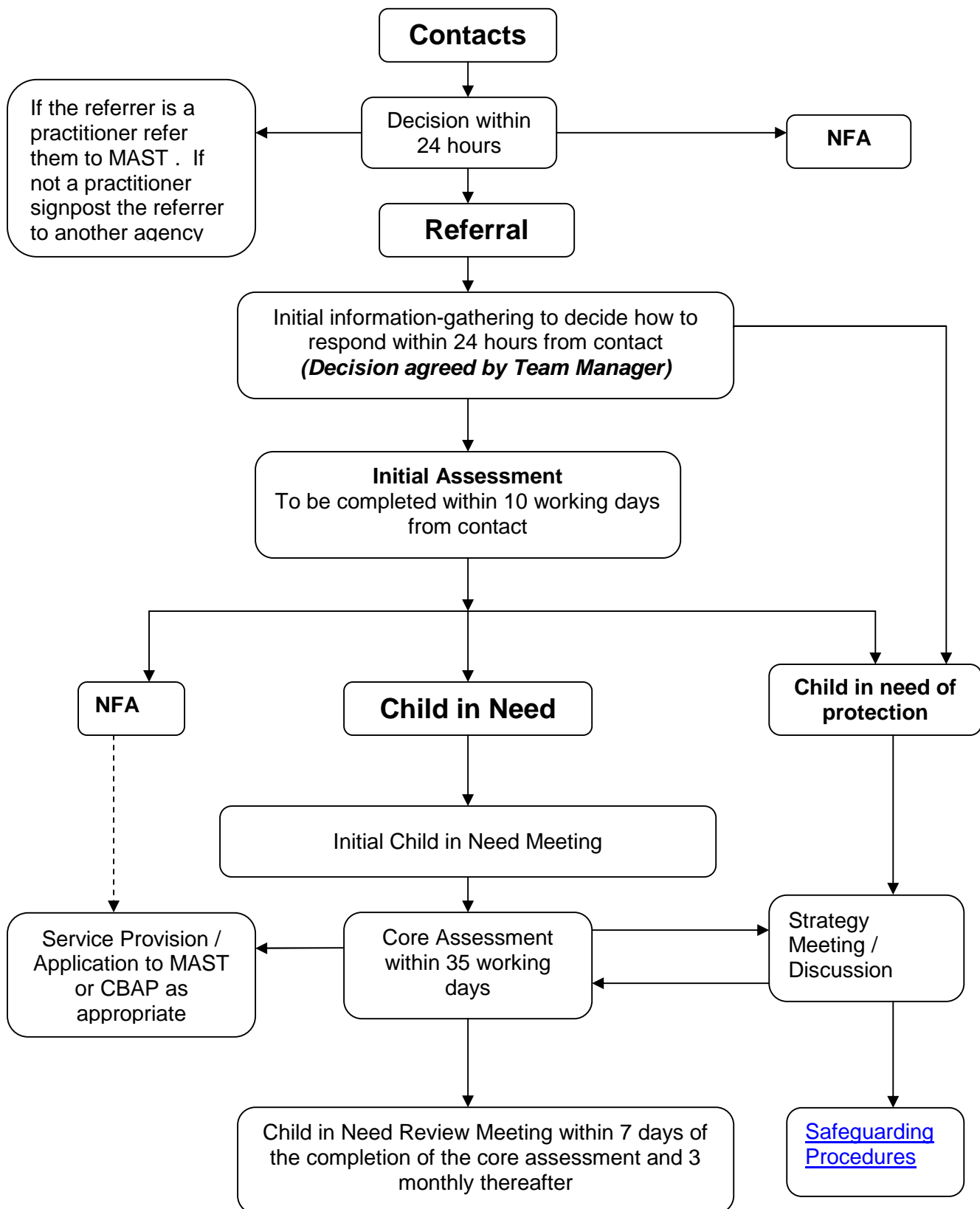
- Read and sign the closing summary.

- Audit the file electronically from April 2012 on CCMS and the paper file prior to April 2012.
- Send alert to the named admin to close the case on CCMS check that all outcomes are correctly recorded in the following areas: referral, reviews, provisions, services, plans, needs, assessments, registrations, legal status, child protection and that all involvements including Key Worker and Key Teams have been ended and with the reasons why

Pass the file to the team administrators to have the files prepared for archiving – details of where the paper file is to be stored should be logged on the appropriate tab in.

Conference and Review Service will:

- Electronically alert CRs of any paperwork in addition to that which is routinely sent during the course of a child protection case to the child's social worker to scan and add to the file. Once the case has been closed for 1 year (i.e. from the point of child protection plans being discontinued and/ or de-accommodation / adoption) any paperwork still retained within Conference and Review will be confidentially destroyed.

Figure 3: Child in Need Procedure Flow Chart

Appendix 1: Considerations of whether harm is significant

To understand and establish significant harm, it is necessary to consider:

- The nature of harm, in terms of maltreatment or failure to provide adequate care;
- The impact on the child's health and development;
- The child's development within the context of their family and wider environment;
- Any needs as a result of the child's medical condition, physical or mental impairment that may affect the child's development and care within the family
- The capacity of the parents to meet adequately the child's needs; and
- The wider and environmental family context
- Whether there is a proven person posing a risk to children living in the house or having contact with child/ren and the likely implications of this.

Consideration of whether harm is significant should therefore include:

- Accuracy of what has been alleged/reported
- Impact on this particular child – evident now or probable given research studies/ information available regarding children in similar situations – taking into account:
 - Whether what has been done to, or omitted regarding a child's care form a 'pattern' of behaviour towards this child – or was it a one off and is it likely that it will recur or not?
 - Severity of abuse/impact – and how the child may have reacted / changed as a result.
 - The overall wellbeing and/or robustness of the child
 - Specific vulnerability/ies of the child stemming from young age or impairment
 - The views of the child
- The context in which the act or omission occurred – is all the available past information available and does any still need to be sought – how important might missing information be?
- Causal link to parents/carers against what would have been reasonable/is reasonable to expect of any parents in relation to this child and its needs (with or without provision of services)
- Parental reaction – both immediately and in the long term
- What protective/positive factors or individuals (e.g. extended family) are there?
- What engagement with professionals in recognition of the need for change is there? What acceptance of responsibility / what insight /what capacity and what motivation for changing and sustaining change is there? Are the causes of problems identified and needs established so that clear targets for parents and agencies can be set and linked to clear outcome expectations?

***(Local Safeguarding Children Board,
Safeguarding Inter-Agency Procedures 2006)***

Appendix 2: Deciding when to refer (LSCB [Safeguarding Children Procedures](#) 2006)

DECIDING WHEN TO REFER		
CHILD IN NEED WHO MAYBE IS ALSO AT RISK OF SIGNIFICANT HARM	CHILD IN NEED	CHILD WITH ADDITIONAL NEEDS
<p>A REFERRAL TO CHILDREN'S SOCIAL CARE SHOULD ALWAYS BE MADE IN THE FOLLOWING CIRCUMSTANCES</p> <ul style="list-style-type: none"> Any allegation of sexual abuse Physical injury caused by assault or neglect which <u>may or may not</u> require medical attention Incidents of physical abuse that alone are unlikely to constitute significant harm but <u>taken into consideration with other factors may do so</u> Children who suffer from persistent neglect Children who live in an environment which is likely to have an adverse impact on their emotional development Where parents' own emotional impoverishment affects their ability to meet their child's emotional and/or physical needs regardless of material / financial circumstances and assistance Where parents' circumstances are affecting their capacity to meet the child's needs because of domestic violence, drug and/or alcohol misuse, mental health problems, previous convictions for <u>offences</u> against children. A child living in a household with, or have having significant contact with, a person at risk of sexual offending A child under 13 who is sexually active An abandoned child Bruising to an immobile baby Pregnancy where children have been removed Suspicion of fabricated illness 	<p>A REFERRAL TO CHILDREN'S SOCIAL CARE SHOULD BE CONSIDERED IN THE FOLLOWING CIRCUMSTANCES</p> <ul style="list-style-type: none"> A plan to meet the child's needs following a common assessment has not had the desired outcome A child may become at risk of harm without the provision of services. <p><i>The following is not an exhaustive list, but highlights common situations where a referral should be considered:</i></p> <ul style="list-style-type: none"> Child not achieving milestones with no apparent physical cause Child permanently excluded from school or temporarily excluded on a regular basis Child who persistently runs away from home or school Child who self harms Child involved in offending behaviour Child who is known to be involved in underage sexual activity and/or exploitation Child appears over protected and unable to develop their own identity Disabled child with complex needs that cannot be realistically met by the parent or carer Child whose communication needs are not being met Learning disabled parents or parents with learning difficulties whose impairment impacts on their parenting skills Parenting skills are inadequate to meet the child's needs Episode(s) of domestic violence Episode(s) of mental illness which might affect the child Substance misuse which is affecting parenting capacity Families who are socially isolated Families where lack of access to appropriate housing or income is adversely affecting the child 	<p>A child with needs which are currently unmet and which need to be met if the child is to achieve his/her full potential in relation to the five Every Child Matters outcomes:</p> <ul style="list-style-type: none"> Stay safe Be healthy Enjoy and achieve Make a positive contribution Achieve economic well-being <p>The Common Assessment Framework checklist should be completed in order to determine whether an assessment is required.</p> <p>A REFERRAL TO CHILDREN'S SOCIAL CARE SHOULD NOT BE CONSIDERED IF:</p> <ul style="list-style-type: none"> The common assessment framework has resulted in a plan that is enabling the child to achieve their full potential in relation to the five outcomes The input of Children's Social Care is not essential to either service provision or contributing to an assessment of the wellbeing of the child <p>A REFERRAL SHOULD BE CONSIDERED IF:</p> <ul style="list-style-type: none"> A plan has been implemented following completion of a common assessment framework and it is not meeting the needs of the child Further information comes to light that indicates that either the child is at risk of significant harm or the involvement of Children's Social Care is essential to the delivery of services.

Appendix 3: Procedures in respect of consultation and decision making processes in relation to requests for initial child protection conferences.

1.0 Social Work Teams

Following consultation with a Team Manager or Deputy Team Manager and with their agreement cases where it is considered that:

- a child may continue to, or
- is likely to suffer significant harm and/or
- section 47 enquiries have concluded that a child is at risk of harm

the Social Worker should:

- complete Form BIC 510. All sections of Part 1 of the BIC 510 must be completed and should include details of the specific harm to the child, the severity of harm/future harm to the child and an analysis of risk.
- Forward the completed BIC 510 to the Conference and Review Service via the conference and review duty desk email. It is important that BIC510's are sent promptly to CRS in order to assist in meeting the requirement for the initial child protection conference to be held within 15 working days of the strategy meeting and to ensure professionals are given maximum notice of the conference. This will all be done electronically from April 2012 within an agreed business process which includes managerial decision making.

2.0 Conference and Review Service

Within 24 hours of receipt of a completed BIC 510 the duty Review Manager should:

- discuss the case with the social worker;
- where there are gaps in the information provided or it is established that key information is missing, the Review Manager should request that the social worker ensures that this is made available as soon as possible
- gather any additional information to supplement that within the BIC510. This might involve reviewing information on the ICS database.
- satisfy themselves that sufficient information is available to be able to reach a conclusion as to whether the case should proceed to an initial child protection conference.
- In cases where there is insufficient information to reach a decision, a request by email for additional information will be sought from the team by CRS duty manager and the case will be held in the CRS duty system until further information is received.
- store electronically the email requesting consideration of a BIC 510 and the BIC 510 .

Usually within 24 hours and always within 48 hours of receipt of the email with the BIC 510 attachment

- CRS duty review manager will reach a conclusion about whether to progress to a child protection conference.

In the event that the recommendation is to proceed to a child protection conference

- The Review Manager must forward the completed BIC 510 to the Social Worker, the operational Team Manager and CRS Team Manager, the latter of whom will allocate a Review Manager and date for the conference.
In those circumstances where the Review Manager's recommendation is not to proceed to a child protection conference, the Review Manager must
- discuss their recommendation with the Team Manager CRS and agreement must be reached regarding this recommendation
- complete Part 2 of the BIC 510 setting out the reasons why it is considered that a child protection conference is not required.
- forward the completed BIC 510 to the Social Worker and the operational Team Manager within no more than 48 hours of receipt of the BIC 510
- save electronically the completed BIC 510 with the Review manager's response.

The Operational Team Manager should

- Review the recommendation of the CRS
- Confirm by email their agreement to the recommendation where this is the case
- Discuss the case with the Team Manager CRS if they are not in agreement with the recommendation of the duty Review Manager and/ or wish to discuss some aspect of the case further.
- Where the Operational Team Manager is of the view that a child protection conference should be convened, the CRS Team Manager should consider progressing the case to a child protection conference.
- In the event that agreement cannot be reached between the Operational Team Manager and the Team Manager CRS, the case should be referred to the Head of Safeguarding and Looked after Children and the Head of Quality Assurance for a decision
- If a resolution cannot be found at HOS level the case should be referred to the Assistant Director Operations
- The revised decision to proceed to a conference should be recorded on Part 2 of the BIC 510 and forwarded to the Social Worker and Operational Team Manager

Additional circumstances

1. On occasion there is a need for consultations and referrals to CRS to be held pending further updating information i.e. after a home visit or medical or in situations where a consultation/ referral is received following a strategy meeting but an investigation has yet to take place. In these circumstances BIC 510s will be held on CRS duty pending an update from the team which will result in an agreement about the need to progress to conference. The CRS Team Manager will track cases where an update is required in order to ensure a timely conclusion to cases.
2. Social workers also on occasion contact Review Managers to discuss a case informally. These discussions are noted in the CRS duty log and an email is sent to the person with whom the discussion has taken place, briefly outlining the information shared and advice given. This email will be copied to the Social Worker's line manager and stored by CRS in duty email. The Social Worker should save the email onto the child's record and ensure that the Operational Team Manager is aware of and has agreed the outcome.

3.0 Social work team

On receipt of the BIC 510 Part 2 agreeing a conference the Social Worker should

- Complete Part 3 BIC 510 and forward to the conference and review duty desk email account within 24 hours
- File the completed copy of the BIC 510 on the service users file.

Where the recommendation has not been to progress to a conference the social worker should:

- discuss this with their Operational Team Manager;
- file the Operational Team Managers email to CRS confirming their agreement with this on the service user's file along with the completed BIC 510;
- review the case in supervision with their Operational Manager and re –refer to CRS if the circumstances deteriorate and/or other concerns / incidents arise.

Appendix 4: Resources & Weblinks

Safeguarding

<http://www.bedfordshirelscb.org.uk/publications.php>

CAF and the role of Lead Professional

www.centralbedfordshire.gov.uk

Framework for the Assessment of Children in Need and their Families

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144

Children Act 1989

http://www.opsi.gov.uk/acts/acts1989/plain/ukpga_19890041_en_1

Children Act 2004

http://www.opsi.gov.uk/acts/acts2004/pdf/ukpga_20040031_en.pdf

http://www.opsi.gov.uk/acts/en2004/ukpgaen_20040031_en.pdf

Practice Guidance

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144

<http://www.familyandparenting.org/bookshop>