Lancashire
Children and Young People's
Trust

The Lancashire Continuum of Need and Thresholds Guidance



lancashire safeguarding children board

Lancashire
County
Council

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1. Introduction and Foreword

It gives me great pleasure to introduce the new Lancashire Continuum of Need and Thresholds Guidance.

The guidance sets out the 'Levels of Need' experienced by children, young people and families in Lancashire and offers clarity and support to practitioners working with them. This guidance has been developed by partners across the county to help practitioners who have contact with children, young people and families to work together effectively to meet their needs.

The revised 'Levels of Need' offer clarity to practitioners when assessing needs working alongside a family and the refreshed 'Continuum of Need' promotes early support for families – helping families to address issues and problems as soon as they arise.

The Guidance as a whole supports and underpins the development and refresh of the Common Assessment Framework (CAF) and the development of 'Early Support' provision across Lancashire, providing a 'Total Family' approach. It highlights and supports the emphasis on both assessment and planning when working with a family and focuses on empowering families by working alongside them to build resilience.

The Lancashire Safeguarding Children's Board (LSCB) and the Lancashire Children and Young People's Trust (LCYPT) welcome the new guidance and associated processes which provide a clear and improved framework for agencies in Lancashire to work together to provide early support for families, prevent escalation of issues and ensure children are kept safe from harm.

Signature

Independent Chair of the LSCB

2. The Lancashire Common Assessment Framework (CAF)

a) Overview

The Lancashire Common Assessment Framework (CAF) is a shared assessment and planning tool for use across all children's services in Lancashire. It helps in the early identification of needs for children, young people and families. The CAF promotes a co-ordinated approach on how these needs should be met.

The CAF and Lead Professional (LP) are contributing elements for improved outcomes for children, young people and families and support the delivery of services that are integrated and focused around the needs of children and young people.

The CAF is a process that has been designed specifically to help practitioners and families assess needs at an early stage and then work with families, alongside other practitioners, to help them to meet those needs.

The CAF is a process to assist in providing integrated services and should:

- Support earlier support, by providing a method to help practitioners who come into day-to-day contact with children, young people and families, such as those providing ante and post-natal services, those in early years settings, youth work settings or schools and further education, to identify and meet identified needs at an early stage through the lead professional working with the family. This should lead to fewer children and young people in need of specialist assessments and support.
- Improve and build on multi-agency working, by enabling practitioners to maintain a single, overview record of the needs and progress of a child in contact with several agencies; embedding a common language of assessment, need and response through action planning; and improving communications and information sharing between practitioners;
- Reduce bureaucracy for families, by providing practitioners with a fuller overview of a child's needs and responses, thereby reducing the number of inappropriate and duplicate inter-agency requests of service, separate assessments and plans and different agencies working with the child. This means for families that they do not have to tell and re-tell their story every time they come in contact with different agencies. This approach is governed by the rule 'Tell Us Once'.

The principles underlying this approach to common assessment and planning is that it:

- Looks at the whole child, in the context of their family, not just the policy focus and statutory obligations of a particular service;
- Takes account of strengths as well as needs and understands the role of parents/ carers and a wide range of family and environmental factors on child development;
- Is simple to use and geared towards the practical delivery of support to children, young people and their family members;
- Is empowering for families, completed in partnership with children and families at all stages, where possible enabling them to take the lead, and ensuring they have a copy of all the relevant documentation;
- Shifts the emphasis of working with a family, from simply assessment, to assessment and planning – it will provide a simple and straight forward way in which a family is going to plan, progress and develop;
- Enables and encourages information held by agencies to follow the child, e.g. as they get older, change schools or move house, subject to controls to protect confidentiality and their family circumstances;
- Is a tool to support practice; is not used mechanistically or when it adds little value; and supports and enhances ongoing and effective communication within and between agencies and the family. Communication should not end with the completion and forwarding of the CAF, this is the start of engagement to support the family;
- The refreshed Lancashire CAF builds on and develops the pre-existing CAF; building on what was good in the national CAF but adding a new emphasis on working and planning with families and on families solving problems and issues for themselves.

CAF has been designed for use with unborn babies, new babies, children, young people and their families. CAF processes can be extended for young people beyond the age of 18 where it is appropriate to enable a young person to have a smooth transition to adult services or the young person has an identified Special Educational Need or Disability.

The CAF for children and young people is one of the contributing elements to the delivery of integrated frontline services, as outlined in the statutory guidance supporting section 10 (duty to cooperate and promote the well being) and section 11 (duty to safeguard and promote the welfare of children) of the Children Act 2004.

b) Using the CAF as a request for service engagement

The CAF is not a referral form it is an assessment of need and a joint plan of action. Where a child meets the threshold for an early assessment (CAF) and this assessment indicates that a request for service engagement to a targeted or specialist service is needed, then the CAF will contain much of the information necessary for a detailed request for service engagement. It would be appropriate therefore, for the CAF to be shared with that specialist service, subject to consent from the young person/parent/carer; it can and should be shared without this consent only if it is a matter of risk in relation to child protection. If additional specific information that is not contained in the CAF form is necessary to back up a request for service engagement then a specialist service may ask for more information, which should be kept to a minimum, ideally a single sheet, and this should accompany the CAF.

A CAF should be undertaken based on identified unmet need; it should be needs led not service led. The decision to undertake a CAF should be based on an assessment using the Continuum of Need (CON).



c) Securing Consent with Families

It is important that services in Lancashire work alongside families. It is crucial that organisations adopt a 'working with' and not 'doing to' approach, when working with families and seek to build family resilience.

The importance of engaging children, young people and families from the outset and of securing their consent to work differently with them is crucial to ensure long term improved outcomes for children and young people.

Child protection concerns are the exception to this and in these circumstances the practitioner should respond in line with Local Safeguarding Children's Board (LSCB) guidance and procedures.

However, where there is need for intervention with a child, young person or family which is below the statutory thresholds, consent from the child/young person/parent/carer to engage with the CAF process must be obtained. This must be informed consent, ensuring that the child/young person/parent/carer is clear about the aims of the CAF process and the next stages of the process i.e. Team Around the Child (TAC)/Team Around the Family (TAF) or a Family Group Conference.

Consent must also be secured in order to record and share information with other agencies. If the child/young person/parent/carer has consented to sharing information with all agencies this should be noted on the CAF, along with the signature of the appropriate people. Where consent has not been given or refused for information sharing with specific agencies it is good practice to note this on the CAF.

d) Completing the CAF

The CAF should always be completed jointly with the child, young person and family. The process of completing a CAF is an opportunity to highlight the strengths within the family and the support and resources they can draw on from each other and within their extended family unit (e.g. friends, neighbours, schools/ pre-school and community). It also allows the practitioner to encourage access to other services where unmet needs are identified, through the action plan.

Ensuring that the family is integral to the action planning process is an important part of the process. We want to encourage families to find their own solutions to problems where possible and recognise and plan to make positive changes and life style choices, which can result in better outcomes for their children and the family as a whole.

It is important therefore to use appropriate positive and supportive language, which is clear and meaningful to the family. The assessment should be informal and the venue should meet the needs of the family and provide a place where they feel comfortable. This will also allow the practitioner the opportunity to make observations about the behaviour and interaction. The practitioner should be flexible with their approach to the CAF process and conduct it in a style that suits the child/young person/parent/carer and the context, in order for it to be successful. This might mean taking a different approach to the CAF process initially in order to achieve the same results. There are toolkits which are available to use as interactive resources and practitioners also often create their own bank of resources which can be used as a discussion point.

Where there are issues with gaining consent to agree to the CAF process the practitioner should refer to their line manager for operational guidance and support.

e) Building Resilience and Reducing Dependency

Early Support offered through the CAF promotes a way of working to ensure that the needs of children, young people and families, who are vulnerable to poor outcomes, are identified early and that those needs are met using an appropriate Assessment and Plan.

The CAF seeks to build resilience within families and aims to increase their capacity to manage challenging circumstances. The CAF should focus on reducing risk and promoting protective factors within the family.

An early support approach using the CAF offers children, young people and families more than a solution to a specific problem; it offers them the skills to deal with a similar problem if it arises in future and therefore promotes and builds resilience and reduces future dependency.

It must be recognised that the practitioner may meet resistance from the family in accepting their level of need but honest discussion is needed to ensure that a realistic view of where the family is now and where it wishes to be is agreed.



3. The Lancashire Continuum of Need (CoN)

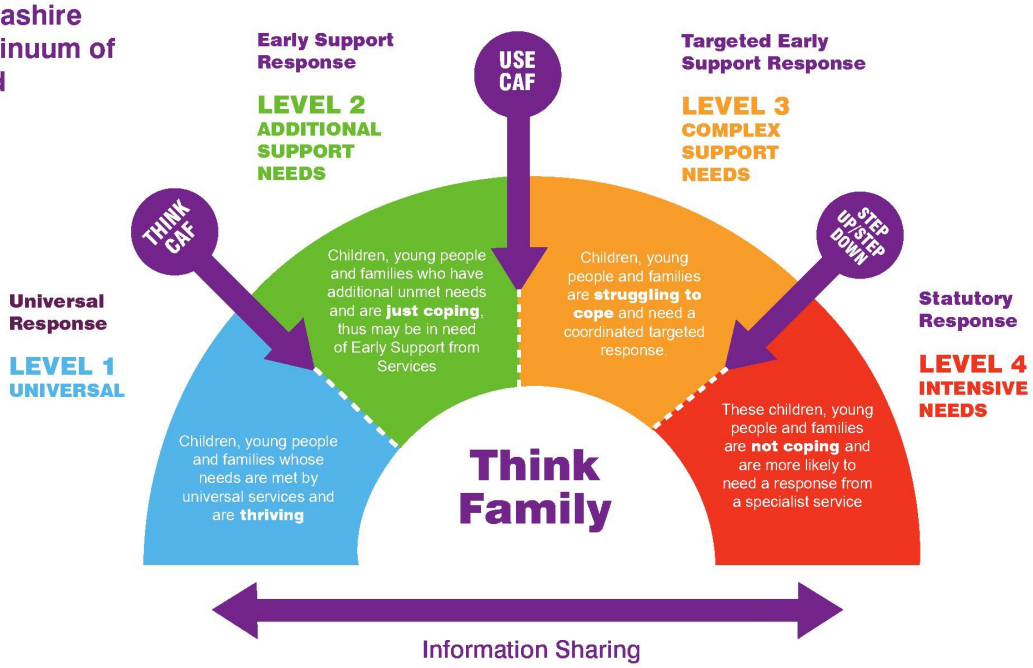
a) Overview

The Lancashire Continuum of Need (CON) has been developed to provide help and guidance to practitioners at all levels, working in the statutory, public, voluntary and independent sectors, who work with children, young people and their families. It allows practitioners to identify levels of need through the use of indicators related to outcomes. The CON also supports practitioners in determining how their service can best support and work alongside children, young people and their families by providing guidance as to what assessment and planning procedures to follow at each level to meet or prevent the escalation of need and support de-escalation from statutory services.

b) Using the Lancashire Continuum of Need

The CON is a tool which should be used to provide an equitable service response to children, young people and their families. The levels of needs are not prescriptive and allows for the practitioner judgement. Examples are provided within each dimension to aid practitioner decision-making – they are examples not definitions and should be used to support a practitioner's assessment. The list of needs is not exhaustive, does not take into account protective factors and is not age specific. There will always be issues that do not easily fit. The CON is a starting point to assist people who work with children young people and families to come to common understanding of what the family needs.

c) Diagram of Lancashire Continuum of Need



4. Thresholds and Level Descriptors

The CON indicators should not be considered in isolation and they are guides in determining levels of need. The indicators are illustrative to help practitioners have a shared understanding of the whole needs of a child/young person.

Practitioners' should be aware that this is not an exhaustive list of needs and is provided as a tool to aid practitioners in making a decision. Higher level thresholds assume progression through lower levels.



Level 1- Universal

Children, young people and families whose needs are met by universal services and are **thriving**

Response	Signposting to appropriate universal services, offer of information and advice if necessary.	
	Routine Assessments as required	
	Theme	Descriptor
Examples of possible indicators (linked to headings on CAF form)	Health and Wellbeing	• CYP meeting development milestones • Good hygiene • Able to perform self care duties as appropriate to age • Appropriately cared for when ill • Good emotional health and/or well being • Age appropriate social and communication skills • Positive sense of self and abilities
	Safe From Harm	• Positive attachments • Stable home environments • Able to recognise unsafe activities, places, etc • Secure relationships
Examples of possible indicators (linked to headings on CAF form)	Contribute and Engage	• CYP attending school/nursery regularly • CYP who have their social, moral, spiritual and cultural needs met • CYP reaching learning milestones • Good relationships with peers and adults • Appropriate stimulation, boundaries and guidance • Good home/school link • CYP appear happy, good level of emotional literacy • Good level of self-esteem and confidence
	Aspire and Achieve	• Effective support networks • Confident in social settings • Experiences success and achievement • Positive role models • Good relationships with employer • Planned progression beyond statutory education • Access to learning resources • Parents are able to offer stability • Parents are economically active • Access to appropriate family supports • Suitable accommodation • Reasonable income, being used appropriately to meet needs • Good access to services

Level 2- Additional Support Needs

THINK CAF/USE CAF

Children, young people and families who have additional unmet needs and are **just coping**, thus may be in need of Early Support from Services

Response	Early Support Response • Needs can be met by family or existing service response– follow internal processes OR Identified needs may require more than one support service engagement- Initiate and follow CAF Process. Identify team around the family (TAF) and Lead Professional	
	• Common Assessment Framework (CAF) Please note that a combination of Level 2 descriptors may lead to a child having complex support needs i.e. Level 3	
	Theme	Descriptor
Examples of possible indicators (linked to headings on CAF form)	Health and Wellbeing	• Slow reaching developmental milestones (e.g. below centile chart height and weight) • Early/unsafe sexual activity • Missing/poor attendance at medical appointments • Not registered with a GP • Some relationship difficulties (e.g. divorce/separation, bereavement) • Frequent illnesses and infections/minor health injuries/problems • Unnecessarily accessing health services e.g. walk in clinics/A&E • CYP for whom there are emotional, physical/behavioural health concerns • Vulnerability to mental health problems due to family history or circumstances • At risk of self harm • Delayed speech or language/poor concentration • Starting to experiment with substances/drugs • Insecurities about identity • Clothing needs/no/inappropriate school uniform • Poor development of self care skills • Parents struggling to address own emotional needs • Poor home routines • Families with poor hygiene • CYP who appear hungry in school • CYP at risk of/showing signs of an eating disorders • Pregnant age 16 years or under

Examples of possible indicators (linked to headings on CAF form)	Safe From Harm	• Families subject to discrimination/harassment • Change in family circumstances • Very young parents • Parent(s) who are absent • Inappropriate childcare • Basic care is not consistent • Wider family and friends may engage in unsafe activities • At risk of eviction through non payment of rent/utilities • CYP beginning to misuse substances • Lack of evidence of attachment/bonding • CYP at risk of entering the Criminal Justice System – engaging in low level offending or anti social behaviour. • CYP who have started going missing from home • CYP involved in contact/residence disputes • Families where concerns are beginning to emerge about domestic abuse • Families where concerns are beginning to emerge about substance misuse • Parents who are care leavers
	Contribute and Engage	• Young carers • Lack of stimulation, boundaries or guidance • Some difficulties in building/sustaining relationships with peers and adults • Low/ threatened self-esteem and confidence • Limited access to age appropriate leisure facilities and/or quality education including nursery • Low expectations from community, school and parents/carers • CYP presenting challenging behaviour in school • CYP refusing to go to school • Bullied or bullying behaviour • Lack of positive role models • Inappropriate responses and actions • Find managing change difficult • Does not always understand how actions impact on others • Sometimes engages in low level offending or anti social behaviour • CYP presenting increasing problems where parents are finding it difficult to manage • Conflicts within the community • Family has recently moved from out of/into the area • CYP from migrant families whose first language isn't English • CYP is withdrawing from peers and/or parents • CYP is disengaging with family, school and peers • CYP spends lot of time alone
	Aspire and Achieve	• Attitudes are affecting their ability to achieve economic well being • Fixed term exclusion • CYP who missed important education appointments • Below educational levels/not meeting learning milestones • CYP may require a differentiated approach to education, additional to/different from their peers • Irregular attendance and CYP starting to have significant unauthorised absence from school/nursery • At risk of making ill informed/inappropriate progression decisions • Not settled in employment, education or training post 16 • Not in education, employment or training (NEET)- less than 6 weeks • Not completing education/college plan • Has isolated or unsupported carer • High number of children or more than two under 5 • Low income may affect wider family unit • Periods of unemployment may affect wider family unit • Inadequate poor housing/home conditions due to overcrowding, lack of heating or structure • Young Person living alone

Level 3- Complex Support Needs

USE CAF

Children, young people and families are **struggling to cope** and need a coordinated targeted response. They are experiencing sustained and persistent problems that it has not been possible to resolve at the previous levels.

Response	• Child/Family will have CAF in place; • May be a Child with a Disability who is in Need; • There may be a YOT assessment in place (FW ASSET) There are clear risks identified in relation to the child/young person's welfare which require a multi-agency co-coordinated response and there is a need to promote the child/young person's welfare. Where children, young people and their parents and carers are already receiving support under the CAF, but whose circumstances have continued to deteriorate.	
	• Common Assessment Framework (CAF); • MASH; • Final Warning ASSET; • May meet thresholds for an assessment and/or involvement from the inclusion Disability Support Service. Please note that a combination of Level 2 and 3 descriptors may lead to a child having complex support needs. Health issues will have varying grades of severity and anything listed in lower levels if serious enough or a combination of enough factors will escalate the health issues into this level.	
	Theme	Descriptor
Examples of possible indicators (linked to headings on CAF form)	Health and Wellbeing	• Family relationship difficulties (e.g. hostile, divorce/separation, bereavement) • Carers with chronic ill health or terminal illness • Problematic diet at risk of obesity or malnourishment (failure to thrive) • Eating disorders • Slow in reaching developmental milestones, including poor or delayed speech • Refusal to register with GP • Non - attendance at health appointments • Deteriorating mental health • Health and wellbeing concerns not being met • Very frequent significant illnesses and infections/minor health injuries/ problems • Frequently and unnecessarily accessing health services e.g. walk in clinics/ A&E • CYP for whom there are emotional, physical/behavioural health concerns • Poor emotional health and/or well being • Early signs of self harming behaviour • Delayed speech or language/poor concentration • Escalating experimentation with Substances/drugs/alcohol • Identity issues impacting on emotional health and well being • Parents/carers with mental health issues impacting on ability to parent • No home routine • Hygiene and self care needs struggling to be met • Eating disorders impacting on development and health • Pregnant age 16 years or under • Complex or multiple health issues being met via a variety of health professionals • Inability of parents to be warm and affectionate

Examples of possible indicators (linked to headings on CAF form)	Safe From Harm	• Significant insecurities about identity • Exposure to problematic substance misuse/experimenting with substances. • CYP entered the Criminal Justice System at pre-conviction stage e.g has received an Out of Court Disposal • Increasing risk of vulnerability to sexual activity/teenage pregnancy. • Difficulty coping with anger, frustration and upset. • At imminent risk of eviction through non-payment of rent/utilities • CYP who are repeatedly missing from home • CYP beyond parenting control • Families where there are concerns about Domestic Abuse
	Contribute and Engage	• Disruptive/challenging behaviour by parent or child linked to poor attachment • Poor stimulation, boundaries or guidance • Irregular attendance and CYP starting to have significant unauthorised absence from school/nursery • Starting to offend/reoffend
	Aspire and Achieve	• Challenging and disruptive behaviour impacting on daily life, achievements and relationships. • Low income/periods of unemployment affects significantly wider family unit • Not in education, employment or training (NEET)- more than 6 weeks • Will require a differentiated approach to education, additional to/different from their peers.

Level 4a) – Intensive Needs

These children, young people and families are **not coping** and are more likely to need a response from a specialist service

Response	Specialist Response **Child In Need** If you suspect a child is suffering or at risk of suffering significant harm, self harm, and/or at high or very high risk of harm to others, follow child protection procedures.
	• Single Assessment- Section 17; • ASSET; • If a child/young person has significant educational needs they may have involvement from Inclusion Disability Support Service / Have a Statement of Special Educational Needs/or Education, Health and Care Plan.

Examples of possible indicators (linked to headings on CAF form)	Health and Wellbeing	• Substance misuse which has chronic health implications for the child and is detrimental to their development. • Mental Health/severe bouts of depression/self harm/Threats of suicide. • Dental/Optical concerns not being met. • Risky sexual activity (child/young person) • Complex Medical Needs and/or Disability • All areas of life affected by problematic substance misuse • Acute mental health problems (suicidal, severe depression, self harming) • No sense of identity/ CYP self image is distorted • Severe child obesity or malnourishment (failure to thrive) • Developmental milestones unlikely to be met • Non-attendance at essential medical appointments • Basic care needs are rarely being met • Serious lack of stability and routine, appropriate stimulation, boundaries and guidance • Inability of parents to be warm and affectionate to children • No positive relationships • Notification for children who are living in potential private fostering arrangements.
	Safe From Harm	• Challenging/disruptive behaviour putting others in danger. Regularly involved in criminal/ anti-social behaviour. • Inadequate supervision • Inappropriate care arrangements • At risk of sexual exploitation • Risky sexual activity(child/young person) • Sexually active under 13 years • Parental refusal to engage over concerns • Parents overly punitive • Young/inexperienced parents with no support • Repeated incidents of domestic abuse having impact on children • Unsuitable and unsafe housing • Parents have significant mental health needs impacting on their parenting ability • Parents/ carers have significant Learning Disability which may be impacting on their parenting. • Privately fostered children
	Contribute and Engage	• Significant impact on not engaging with speech or language support • Subject to frequent harassment and hostility • Extreme financial difficulties preventing CYP basic needs being met • Out of control in the community • Prosecution for offences resulting in court orders
	Aspire and Achieve	• Repeated permanent school exclusion • School exclusion with other risk factors • Denied access to stimulation • Will require specialist educational provision/resources either within mainstream/ special school.

Level 4b) – Intensive Needs- Child in Need of Protection

Children, young people and families who are **not coping** and are in need of protection requiring intensive statutory intervention. They are children and young people who may be suffering or likely to suffer significant harm.

Response	Specialist Response **Child in Need of Protection** Or they are a Child In Need with a disability where the Local Authority has a duty to intervene. If you suspect a child is suffering or at risk of suffering significant harm, self harm, and/or at high or very high risk of harm to others, follow child protection procedures.	
	• Single Assessment- Section 47; • ASSET; • If CYP has significant educational needs they may have involvement from Inclusion Disability Support Service/have a Statement of Special Educational Needs/or Education, Health and Care Plan.	
Examples of possible indicators (linked to headings on CAF form)	Health and Wellbeing	• Substance misuse which has chronic health implications for the child and is detrimental to their development. • Mental Health/severe bouts of depression/self harm/ Threats of suicide. • Life threatening and severe chronic health problems for which appropriate treatment is not being sought. • Regularly unfed/signs of malnutrition evident. • Faltering growth • Children and young people whose parents fabricate or induce illness resulting in unnecessary medical intervention • Complete rejection by parents • Suspected non accidental injury • Refusing medical care endangering own life • Children and young people whose parents fabricate or induce illness resulting in unnecessary medical intervention

Examples of possible indicators (linked to headings on CAF form)	Safe From Harm	• Evidence of risk of sexual exploitation/abuse. • Dysfunctional attachment between parent of child leading to significant harm. • Challenging/disruptive behaviour putting self/ others in danger. • Involved in sexual exploitation • Suffering or at risk of suffering physical, emotional or sexual abuse • Children whose basic needs are persistently neglected • Deliberate self harm • CYP assessed as high risk either to themselves or others as a result of their offending behaviour • Regularly involved in anti-social and criminal activities • Poor abusive relationship with sibling/ parental relationships • Child is left to care for themselves although they are not able • Parents may have abandoned child • Person identified as posing a risk to children living in the home • Children who disappear or are missing from home regularly/for a long period • Children subject to CP Plan • Child previously removed from parents • Destructive involvement from extended family • Family has experienced serious domestic violence • Serious substance misuse Child/Young Person/Family Member • Dangerous house or accommodation which places child in danger • Family breakdown • Children who abuse other children • Children at risk of forced marriage • Victim or witness of a crime • Parents/ carers have significant learning disability which impacts on their parenting ability.
	Contribute and Engage	• Significant impact on not engaging with speech or language support • Those in need of intensive support- individualised packages because of extreme isolation • Child subject to emotional abuse with no self- esteem or sense of self worth.
	Aspire and Achieve	• Denied access to stimulation • School exclusion with other risk factors • Prosecution for offences resulting in court orders • Subject to proceedings in family courts • Young person is unable to cope with everyday life (including employment) • Out of control in the community • Young person living alone and not coping • Chaotic family life • Homeless and not eligible for temporary housing • Family not entitled to benefits with no means of other support • Inadequate poor housing • Extreme financial difficulties (debt) not allowing needs to be met • Chronically socially excluded/extreme isolation • Sexual exploitation associated to financial reasons

Level 4c) – Intensive Needs- Children and Young People Looked After by the Local Authority

These children and families require a statutory specialist service. They are children who are in or have been looked after by the Local Authority

Response	Specialist Response **Child is Looked After by the Local Authority** May be a Child In Need with a disability where the Local Authority has a duty to intervene. Please note- A child or young person is looked after by the local authority following appropriate Statutory Assessment/Care Proceedings. Request for service engagements cannot be made into this level for children/young people with accommodation issues.	
	• Child Protection Plan; • If CYP has significant educational needs they may have involvement from Inclusion Disability Support Service / have a Statement of Special Educational Needs / or Education, Health and Care Plan.	
Examples of possible indicators (linked to headings on CAF form)	Health and Wellbeing	• Meets criteria for secure accommodation • Unaccompanied asylum seekers who require accommodation • Full time accommodation for young person with complex Special Educational Needs and/or Disability/Complex Health Needs • Parents are deceased and there are no family/friends options • Mental Health/severe bouts of depression/self harm/Threats of suicide
Examples of possible indicators (linked to headings on CAF form)	Safe From Harm	• Child whose welfare can only be safeguarded through provision of accommodation outside of the family home • 16/17 year old young people presenting as homeless. • Unaccompanied minors • Child has been abandoned and there are no family/friends options • Child is consistently behaving in a way that places themselves or others at serious risk. • Child remanded to local authority care or remanded to secure children's unit by the court • Parents are in prison and there are no family/friend options
	Contribute and Engage	• Eligible & relevant care leavers

5. Acknowledgements

Thank you to colleagues and partners who have contributed to the development of the Lancashire Continuum of need and Thresholds Guidance.

Special thanks to West Sussex County Council for their kind permission to utilise their Continuum of Need to assist the Lancashire Developments.



6. Glossary

A&E	Accident and Emergency unit within a hospital or clinical setting
Assessment	The process of gathering and interpreting the information needed to decide what action to take to help meet the child's (or their parent or carer) needs. In many cases, it is simply a conversation with the child or young person and/or their parent and carer.
CAF	Common Assessment Framework- An Assessment and Planning Tool
CIN	Child In Need
CLA	Children Looked After by the Local Authority
CON	Continuum of Need
CP	Child Protection
CYP	Children and Young People
Data Protection Act	All agencies and practitioners operating the CAF must comply with the Data Protection Act (DPA) 1998. The Act applies irrespective of whether common assessments are held on IT or paper systems. It applies to all processing of assessment information, including collection, use, disclosure and destruction. To meet the requirements of the DPA, agencies who are processing assessment information ("data controllers") must: • notify the Information Commissioner of the purposes for which they are processing personal data. Their notification will appear on the Commissioners website; and • comply with the data protection principles. The key principles for the purposes of this guidance are that the data must be: o fairly and lawfully processed o processed only for specified, lawful and compatible purposes o adequate, relevant and not excessive o accurate and where necessary kept up to date o kept for no longer than necessary o shown to the individual when they request it ("subject access") o kept secure In undertaking these responsibilities, agencies should bear in mind the likelihood that: • they will be processing information about parents and carers as well as children or young people; and • some of the information is likely to be sensitive and therefore subject to more stringent control. To meet DPA requirements, the practitioner undertaking the assessment should always explain to the child or family what the

D.O.B	Date of Birth
ECAF	Electronic Common Assessment Framework
EHWB	Emotional Health and Well Being
FGC	Family Group Conference
FW ASSET	Final Warning ASSET- used by YOT
Gillick Competency	For information on Gillick Competency please see: http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html
GP	General Practitioner
IDSS	Inclusion Disability Support Service
Lead Professional	The Lead Professional (LP) is someone who takes the lead to co-ordinate provision and be a single point of contact for a child/young person and their family, when a range of services are involved and an integrated response is required.
LSCB	Lancashire Safeguarding Children Board
MFH	Missing from Home
NEET	Not in Education, Employment or Training
NFA	No Further Action
PAST	Pupil Attendance Support Team
S17	Section 17
S47	Section 47
SEND	Special Educational Needs or Disability
SLT	Speech and Language Therapy
TAF	Team Around the Family
YOT	Youth Offending Team

Lancashire County Council

lancashire safeguarding children board

Children and Young People

Lancashire Children and Young People's Trust

Lancashire Safeguarding Children Board

The Lancashire Continuum of Need and Thresholds Guidance

JUNE 2016



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1. Introduction and Foreword

The previous edition of the Continuum of Need and Thresholds Guidance was introduced in 2013. During May 2016, it has been reviewed and refreshed. In part this was done as a routine matter of good practice but it was also in response to other changes in the professional environment.

In 2015, Ofsted completed an Inspection which raised concerns about the application of thresholds and in respect of assessments. The Local Authority have responded by revising the assessment framework – adopting the "Risk Sensible Assessment" model – and the Continuum of Need and Thresholds document needs to be aligned with this new system. It had also been recognised over time that there was some uncertainty and confusion about sub-categories within the levels.
The opportunity of this review has resulted in a clearer separation of the levels which is expected to make its application easier.

The Continuum underpins the Common Assessment Framework and the policy around CAF has also been updated. Further work will be done to also align the CAF processes and documentation together with the CSC referral process and forms.

The Level Descriptors have been updated to reflect the ever more complex world of safeguarding and so now includes guidance around issues such as, Female Genital Mutilation, Trafficking and Radicalisation.

The guidance continues to support the Think Family approach and highlights the importance of empowering and working with families through provision of the right service at the right time.

Both the Lancashire Safeguarding Children Board and Children and Young People's Trust welcome the refreshed policy and guidance which will provide a clearer and improved framework for agencies to work together effectively to support families, prevent escalation of concerns and keep children safe from harm.

Jane Booth
Independent Chair
Lancashire Safeguarding Children Board



2. The Lancashire Continuum of Need (CoN)

2.1 Overview

The Lancashire Continuum of Need (CON) has been developed to provide help and guidance to practitioners at all levels, working in the statutory, public, voluntary and independent sectors, who work with children, young people and their families. It allows practitioners to identify levels of need and risk through the use of indicators related to outcomes. The CON also supports practitioners in determining how their service can best support and work alongside children, young people and their families by providing guidance as to what assessment and planning procedures to follow at each level to meet or prevent the escalation of need and support de-escalation from statutory services.

2.2 Using the Lancashire Continuum of Need

The CON is a tool which should be used to provide an equitable service response to children, young people and their families.

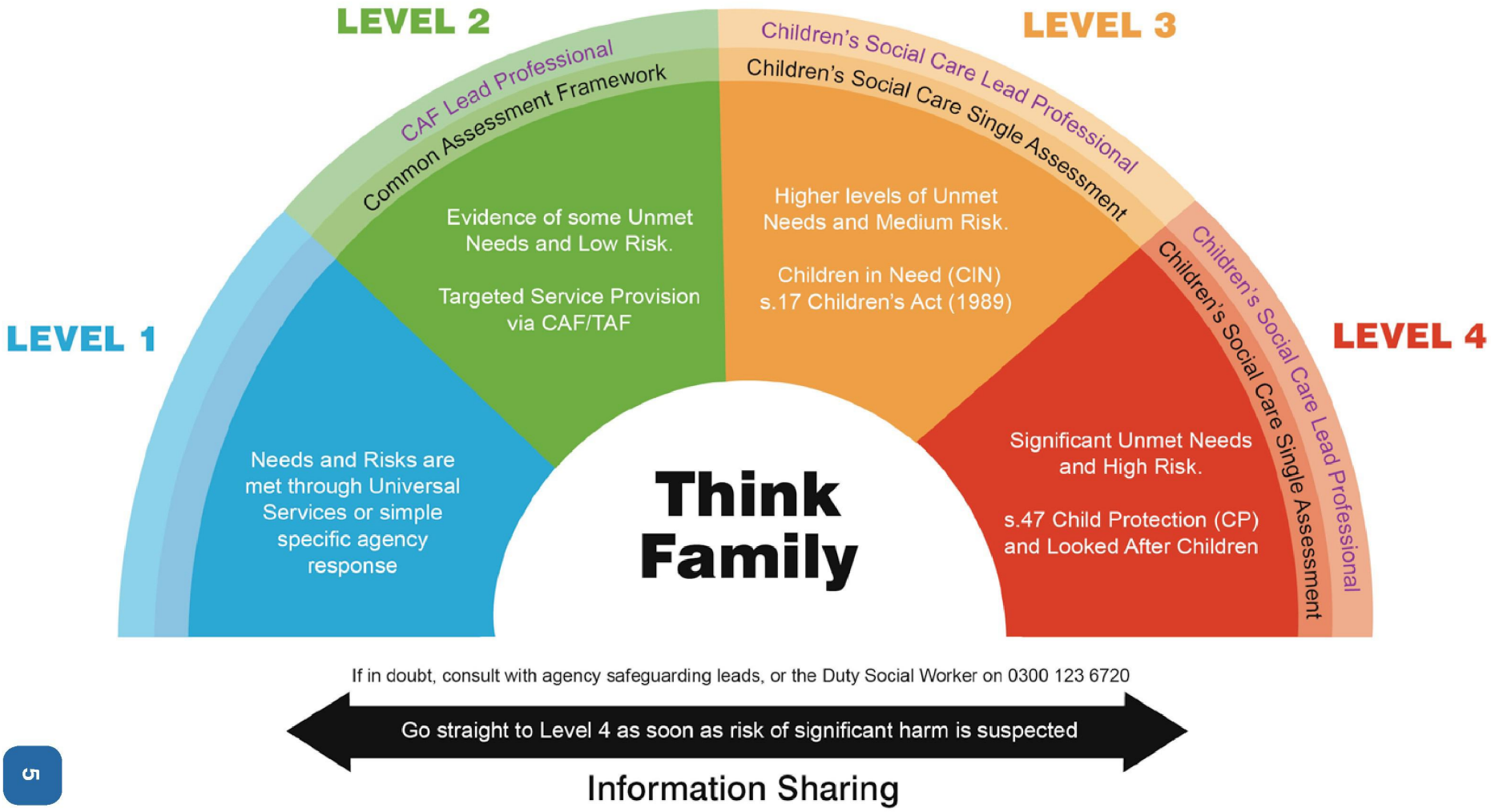
The levels of need are not prescriptive and allow for practitioner judgement.

Examples are provided within each dimension to aid practitioner decision-making – they are examples not definitions and should be used to support a practitioner's assessment. The list of needs is not exhaustive, does not take into account protective factors and is not age specific. There will always be issues that do not easily fit and would benefit from a discussion with agency safeguarding leads, and if still unresolved, with the Duty Social Worker in the MASH and CART team. The CON is a starting point to assist people who work with children young people and families to come to common understanding of what the family needs.



2.3 Diagram of Lancashire Continuum of Need

Lancashire Continuum of Need



LCC001900_0029

3. Thresholds and Level Descriptors

The CON indicators define in detail the four levels of the framework. These needs and risk indicators are illustrative in assisting practitioners having a shared understanding of the whole needs/risk of a child/ young person.

Practitioners' should be aware that this is not an exhaustive list of needs and is provided as a tool to aid practitioners in decision making.

Practitioners when trying to identify the correct level of need should seek advice and guidance from their line manager, and/or agency designated safeguarding lead.

3.1 Information sharing

The collation of information is vital to ensure the holistic needs of the child or young person can be assessed and all risk factors analysed.

Children are best protected when professionals are clear about what is required of them and how they need to work together with the child, family and other agencies. For the sharing of information to be lawful and proportionate practitioners need to have clarity about gaining consent from parents/ carers and children (particularly if aged 16 or over) to enable different agencies to share information with each other. Practitioners must adhere to the statutory requirements of the Data protection and Human Rights Acts.
Consent to share information must be both informed and explicit. Informed means the person understands why the information is being shared, what information is being shared, with whom, and for what purpose. Explicit means the consent has been discussed and this discussion is clearly recorded on case notes.

Consent can be implicit. This refers to situations where a child/parents accepts the need for a service that is recommended and in order to receive this service, information will need to be shared. As consent has been obtained to refer to the service implicit in the agreement is consent to share information. Explicit consent is best practice and ideally should be gained in writing.

In the case of emergencies, what information will be shared with agencies should be explained during the process of providing the emergency service.

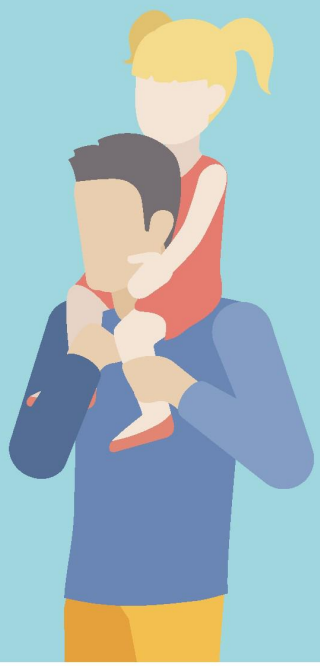
3.2 Risk Sensible

In the course of all referrals for multi-agency action and support it is important to consider issues in relation to children's unmet needs and any risk that may be present. Both underlying and presenting high risk factors.

When undertaking a risk assessment it is necessary that staff should be 'risk sensible' and recognise that no system can fully eliminate risk. Risk assessments are most effective when they are completed on a multi-agency basis and professionals share knowledge of the child and family. This includes, for example, health professionals, GPs, school/nursery, probation, housing, YOT and Adult services including drug and alcohol services, where appropriate.

Following the assessment the information is gathered and analysed (including parental ability and motivation to change) to predict the likelihood and impact of harm. Appropriate plans are made to reduce the risk to which the child or young person is exposed.

It is important to remember that in all circumstances the safety of the child (including unborn) concerned must be the paramount consideration.



3.3 Level Descriptors

Level 1- Universal Children, young people and families whose needs and risks are and can be met by universal services or simple specific agency response.		
Response	Signposting to appropriate universal services, offer of information and advice if necessary. Step up/ Step down	
	Routine single agency assessment	
Information sharing framework	Informed and explicit consent required	
Examples of possible indicators (linked to headings on CAF form)	Health and Wellbeing	• Registered with a GP • Meeting developmental milestones • Good hygiene • Ability to self-care as appropriate to age • Appropriately cared for when ill • Good emotional health and/or well being • Age appropriate social and communication skills • Positive sense of self and abilities
	Safe From Harm	• Positive attachments • Stable home environments • Ability to recognise unsafe activities, places, etc. • Secure relationships
Examples of possible indicators (linked to headings on CAF form)	Contribute and Engage	• Children and young people with regular attendance at school/nursery. • Children and young people who has their social, moral, spiritual and cultural needs met • Children and young people reaching learning milestones • Good relationships with peers and adults • Appropriate stimulation, boundaries and guidance • Good home/school link • Children and young people appear happy, good level of emotional literacy • Good level of self-esteem and confidence
	Aspire and Achieve	• Effective support networks • Confident in social settings • Experiences success and achievement • Positive role models • Planned progression beyond statutory education • Access to learning resources • Parents are able to offer stability • Access to appropriate family supports • Suitable accommodation • Reasonable income, being used appropriately to meet needs • Good access to services



Level 2 - Some Unmet Needs and Low Risk

Children, young people and families whose needs and risks are and can be met by universal services or simple specific agency response.

Response	Targeted Service Provision Response Identified needs requiring targeted support service engagement. Undertake CAF. Identify team around the family (TAF) and Lead Professional Step up / Step down	
	Common Assessment Framework (CAF)	
Information sharing	Informed and explicit consent required Where consent is refused parents/carers should be informed that services will be limited to single agency provision and where 'high' risk indicators emerge, multi -agency information sharing may be undertaken without consent.	
Examples of some unmet needs and low risk indicators	Health and Wellbeing	• Developmental milestones (e.g. below centile chart height and weight) not being met • Early/unsafe sexual activity • Persistently missed medical appointments • Refusal/avoidance of registration with a GP • Some relationship difficulties (e.g. divorce/separation, bereavement) • Unnecessarily accessing health services e.g. walk in clinics/A&E • Children and young people for whom there are emotional, physical/ behavioural health concerns • At risk of self-harm • Experimenting with substances/drugs • Poor development of self-care skills • Parents struggling to address own emotional needs • Poor home routines • Poor housing • Families with poor hygiene causing health/emotional issues • Child or young person who appear hungry in school • Pregnant age 16 years or under • Identified mental health issues for parent or child • Low educational or physical disability for parent or child • Repeated injuries, infections and infestations • Children and young people whose parents are in prison • Identity/gender issues significantly impacting on emotional health and well being where there is lack of support in place.
	Safe From Harm	• Families subject to discrimination/harassment • Change in family circumstances • Families at risk of poverty • Very young parents and inexperienced parents • Parent(s) who are absent • Inappropriate childcare • Basic care is not consistent • Wider family and friends may engage in unsafe activities • At risk of eviction through non-payment of rent/utilities • Children and young people beginning to misuse substances • Lack of evidence of attachment/bonding • Children and young people at risk of entering the Criminal Justice System – engaging in low level offending or anti-social behaviour. • Children and young people who have started going missing from home • Families where there are early concerns about domestic abuse • Families where there are early concerns about substance misuse • Parents who are care leavers • Early indications of potential risks regarding CSE • Early indications of potential risks regarding Radicalisation • Engaging in potentially unsafe online activities



	Contribute and Engage	• Lack of stimulation, boundaries or guidance • Lack of support network/isolation • Some difficulties in building/sustaining relationships with peers and adults • Low/ threatened self-esteem and confidence • Limited access to age appropriate leisure facilities and/or quality education including nursery • Low expectations from community, school and parents/carers • Children and young people presenting challenging behaviour in school • Children and young people refusing to go to school • Bullied or bullying behaviour • Lack of positive role models • Inappropriate responses and actions • Find managing change difficult • Does not always understand how actions impact on others • Sometimes engages in low level offending or anti-social behaviour • Children and young people presenting increasing problems where parents are finding it difficult to manage • Conflicts within the community • Family has recently moved from out of/into the area • Children and young people from migrant families at risk of isolation • Children and young people withdrawing from peers and/or parents • Children and young people disengaging with family, school and peers • Children and young people spending a lot of time alone
	Aspire and Achieve	• Attitudes are affecting their ability to achieve economic well being • Fixed term exclusion • Children and young people who missed important education appointments • Below educational levels/not meeting learning milestones • Children and young people may require a differentiated approach to education, additional to/different from their peers • Irregular attendance and children and young people starting to have significant unauthorised absence from school/nursery • At risk of making ill-informed/inappropriate progression decisions • Not settled in employment, education or training post 16 • NEET – more than 6 weeks • Not completing education/college plan • Has isolated or unsupported carer • High number of children or more than two under 5 • Low income may affect wider family unit • Periods of unemployment may affect wider family unit • Inadequate poor housing/home conditions due to overcrowding, lack of heating or structure • Young Person living alone • Children or young people involved in a “graduated response” to meet their SEN needs ahead of the development of an EHC Plan.





Level 3 – Higher Levels Of Unmet Need And Medium Risk

CHILDRENS SOCIAL CARE STATUTORY SINGLE ASSESSMENT

Children, young people and families are at medium risk and higher levels of unmet need. They are experiencing sustained and persistent problems that has not been possible to resolve at the previous levels.

Response	Child in need, section 17 Children Act 1989 Child with a Disability who is in Need Children and young people unlikely to meet developmental milestones without concerted multi agency support assessed by a social worker. A variety of unmet needs and 'underlying' risk factors (for example DV, alcohol/drug misuse, mental health issues, CSE) There has been resistance at CAF level (2) CYP is vulnerable and unlikely to achieve good outcomes Requires multi-agency CIN plan Step up / Step down	
	Childrens Social Care Statutory single assessment	
Information sharing	Informed consent required. Implicit consent is accepted Where consent is refused parents/carers should be informed that services will be limited to single agency provision and where 'high' risk indicators emerge, multi -agency information sharing may be undertaken without consent.	
Examples of 'underlying risk' indicators	Health and Wellbeing	Carers with chronic ill health or terminal illness that is impacting on child or young person • Obesity or malnourishment (failure to thrive) • Refusal/avoidance to register with GP • Persistent non-attendance at health appointments • Very frequent significant illnesses and infections/minor health injuries/ problems • Children and young people for whom there are emotional, physical/behavioural health concerns • Basic needs not being met • Self- harming behaviour/suicidal ideation • Children and young people using substances/drugs/alcohol • Identity issues significantly impacting on emotional health and well being • Parents/carers with mental health issues impacting on ability to parent • No home routine / boundaries • Hygiene and self -care needs impacting on emotional health • Eating disorder significantly impacting on development and health • Inability of parents to be warm and affectionate, attachment issues • Complex health needs and children with disabilities, they may have involvement from SEND Service and an Education, Health and Care Plan. • Protracting and significant unresolved family breakdown impacting on child or young person
	Safe From Harm	• Problematic substance misuse impacting on the CYP • Risk taking behaviours • Children and young people who are repeatedly missing from home • Children and young people who are risk to self and others • Domestic Abuse • Partner of parent, persistently not visible to professionals and contribution to child uncertain • Privately fostered children • Inadequate supervision • Early indication of potential risk of CSE • Early indication of potential risk of Radicalisation • Early indication of potential risk of Honour Based Violence • Early indication of potential risk of Trafficking • Early indication of potential risk of FGM • Children and young people who are homeless (16/17) • Children and young people whose parent is in prison • Children and young people participating in or vulnerable to 'sexting' or bullying through social media.
	Contribute and Engage	• Young carers who are undertaking caring responsibilities • Poor attachments, parents distressed / distracted significantly • Poor sense of belonging within the family • Poor stimulation, boundaries or guidance • Children and young people with significant unauthorised absence from school/nursery • Children and young people who offend/reoffend/ASSET • Lack of self -control/empathy/violent abusive to others
	Aspire and Achieve	• Challenging and disruptive behaviour impacting on daily life, achievements and relationships. • Income and resources not used to meet CYPs basic needs • NEET • Poor behaviour in school leading to exclusion and alternate provision. • Transience high levels of instability • Isolated and victimized with the community • No wider family support

Level 4 – Significant Unmet Needs and High RisksCHILDRENS SOCIAL CARE STATUTORY SINGLE ASSESSMENT

These children, young people have significant unmet needs and are being subject to 'high' risk factors and without a multi -agency co-ordinated response they will continue to suffer or be at risk of suffering significant harm.

Response	Child Protection and Safeguarding Response through Childrens Social Care	
	• Section 47 Investigation 'reasonable cause to suspect the child is suffering or likely to suffer significant harm • May need a Multi -agency Child Protection Plan • May need to be a Child Looked After (Section 20 Voluntary Accommodation) due to: • Being lost or abandoned, having no person who has PR or person caring for the child is prevented from providing suitable accommodation • May need to be a Child Looked After (Section 31 Care Order) due to: • Child is suffering or likely to suffer (if a court order is not made) significant harm or likelihood of, attributable to the care given to the child • (the care not being what it would be reasonable to expect a parent/carer to provide)	
Information sharing	• Best practice is to share information with Informed and Explicit consent • To overrule this a judgement is required that seeking consent place a child at further risk, prejudice the detection of a crime, or lead to an unjustified delay in making enquiries. • Where consent has not been obtained this should be documented on the case record and clearly provide evidence of one or more reasons as above • Case notes should clearly record: • How consent was sought and refused • How the practitioner and manager decision to proceed with enquiries on the basis of evidence and reasonable cause	
Examples of 'underlying risk' indicators	Health and Wellbeing	• Life threatening and severe health conditions where appropriate treatment has not been sought • Children and young people whose parents/carers fabricate or induce illness resulting in unnecessary medical treatment/intervention • Suspected Non Accidental Injury • Substance misuse issues with chronic impact on health and wellbeing for children and young people • Severe depression, significant self-harm and/or high risks of suicide • Meets criteria for secure accommodation • Unaccompanied asylum seekers who require accommodation • Full time accommodation for young person with complex Special Educational Needs and/or Disability/Complex Health Needs • Parents are deceased and there are no family/friends options • Mental Health/severe bouts of depression/self- harm/Threats of suicide • Children and young people subject or detained under mental health assessment • Bruising on non-mobile babies
	Safe From Harm	• Challenging/disruptive behaviour putting self/ others in danger. • At significant risk of child sexual exploitation • Suffering or at risk of suffering physical, emotional or sexual abuse • Children whose basic needs are persistently neglected • Children and young people assessed as high risk either to themselves or others as a result of their offending behaviour • Children and young people in prison setting • Regularly involved in anti-social and criminal activities • Poor abusive relationship with sibling/ parental relationships • Child is left to care for themselves although they are not able • Parents may have abandoned child • Person identified as posing a risk to children living in the home • Children who disappear or are missing from home regularly/for a long period • Children subject to CP Plan • A child having been previously removed from parents • Family is experiencing domestic violence with significant adverse impact on the child • Serious substance misuse Child/Young Person/Family Member • Dangerous house or accommodation which places child in danger • Children who abuse other children • Parents/ carers have significant learning disability/mental health problem which adversely and significantly impacts on their parenting ability. • Child whose welfare can only be safeguarded through provision of accommodation outside of the family home • 16/17 year old young people presenting as homeless and accommodated under s.20 • Children and young people at significant risk of Forced Marriage • Children and young people at significant risk of Radicalisation • Children and young people at significant risk of Honour Based Violence • Children and young people at significant risk of Trafficking • Children and young people at risk of FGM • Children and young people have been abandoned and there are no family/friends options • Children and young people consistently behaving in a way that places themselves or others at serious risk. • Children and young people remanded to local authority care or remanded to secure children's unit by the court • Parents are in prison and there are no family/friend options
	Contribute and Engage	• Those in need of intensive support- individualised packages because of extreme isolation • Child subject to emotional abuse • Eligible & relevant care leavers
	Aspire and Achieve	• Denied access to stimulation • School exclusion with other risk factors • Subject to care proceedings in family courts • Young person is unable to cope resulting in significant risk of harm with everyday life (including employment) • Homeless and not eligible for temporary housing • Family not entitled to benefits with no means of other support • Extreme financial difficulties (debt) not allowing needs to be met • Chronically socially excluded/extreme isolation

4. Acknowledgements

Thank you to colleagues and partners who have contributed to the development of the Lancashire Continuum of need and Thresholds Guidance.

Special thanks to Blackburn with Darwen and reference made to their Continuum of Need.

Appendix 1
Lancashire Common Assessment Framework (CAF)



Lancashire
Children and Young People's
Trust

a) Overview

The Lancashire Common Assessment Framework (CAF) is a shared assessment and planning tool for use across all children's services in Lancashire. It helps in the early identification of needs for children, young people and families. The CAF promotes a co-ordinated approach on how these needs should be met.

All agencies should be 'risk sensible' when assessing a child's vulnerability, need and risk. Identification of need and risk leading to assessment and service provision must be holistic and integrated so as not to duplicate assessments, interventions and intrude unnecessarily into family life.

The CAF and Lead Professional (LP) are contributing elements for improved outcomes for children, young people and families and support the delivery of services that are integrated and focused around the needs of children and young people.

The CAF is a process that has been designed specifically to help practitioners and families assess needs at an early stage and then work with families, alongside other practitioners, to help them to meet those needs.

The CAF is a process to assist in providing integrated services and should:

- Support earlier support, by providing a method to help practitioners who come into day-to-day contact with children, young people and families, such as those providing ante and post-natal services, those in early years settings, youth work settings or schools and further education, to identify and meet identified needs at an early stage through the lead professional working with the family. This should lead to fewer children and young people in need of specialist assessments and support.
- Improve and build on multi-agency working, by enabling practitioners to maintain a single, overview record of the needs and progress of a child in contact with several agencies; embedding a common language of assessment, need and response through action planning; and improving communications and information sharing between practitioners;
- Reduce bureaucracy for families, by providing practitioners with a fuller overview of a child's needs and responses, thereby reducing the number of inappropriate and duplicate inter-agency requests of service, separate assessments and plans and different agencies working with the child. This means for families that they do not have to tell and re-tell their story every time they come in contact with different agencies. This approach is governed by the rule 'Tell Us Once'

The principles underlying this approach to common assessment and planning is that it:

- Looks at the whole child, in the context of their family, not just the policy focus and statutory obligations of a particular service;
- Takes account of strengths as well as needs and understands the role of parents/ carers and a wide range of family and environmental factors on child development;
- Is simple to use and geared towards the practical delivery of support to children, young people and their family members;
- Is empowering for families, completed in partnership with children and families at all stages,

where possible enabling them to take the lead, and ensuring they have a copy of all the relevant documentation;
- Shifts the emphasis of working with a family, from simply assessment, to assessment and planning – it will provide a simple and straight forward way in which a family is going to plan, progress and develop;
- Enables and encourages information held by agencies to follow the child, e.g. as they get older, change schools or move house, subject to controls to protect confidentiality and their family circumstances;
- Is a tool to support practice; is not used mechanistically or when it adds little value; and supports and enhances ongoing and effective communication within and between agencies and the family. Communication should not end with the completion and forwarding of the CAF, this is the start of engagement to support the family;
- The refreshed Lancashire CAF builds on and develops the pre-existing CAF; building on what was good in the national CAF but adding a new emphasis on working and planning with families and on families solving problems and issues for themselves.

CAF has been designed for use with unborn babies, new babies, children, young people and their families. CAF processes can be extended for young people beyond the age of 18 where it is appropriate to enable a young person to have a smooth transition to adult services or the young person has an identified Special Educational Need or Disability.

The CAF for children and young people is one of the contributing elements to the delivery of integrated frontline services, as outlined in the statutory guidance supporting section 10 (duty to cooperate and promote the wellbeing) and section 11 (duty to safeguard and promote the welfare of children) of the Children Act 2004.

b) Using the CAF as a request for service engagement

The CAF is not a referral form it is an assessment of need and a joint plan of action. Where a child meets the threshold for an early assessment (CAF) and this assessment indicates that a request for service engagement to a targeted or specialist service is needed, then the CAF will contain much of the information necessary for a detailed request for service engagement. It would be appropriate therefore, for the CAF to be shared with that specialist service, subject to consent from the young person/parent/carer; it can and should be shared without this consent only if it is a matter of risk in relation to child protection.

If additional specific information that is not contained in the CAF form is necessary to back up a request for service engagement then a specialist service may ask for more information, which should be kept to a minimum, ideally a single sheet, and this should accompany the CAF.

A CAF should be undertaken based on evidence of some unmet need(s) and low risk to the child(ren).

The decision to undertake a CAF should be based on an assessment using the Continuum of Need (CON).

c) Securing Consent with Families

It is important that services in Lancashire work alongside families. It is crucial that organisations adopt a 'working with' and not 'doing to' approach, when working with families and seek to build family resilience.
The importance of engaging children, young people and families from the outset and of securing their consent to work differently with them is crucial to ensure long term improved outcomes for children and young people.

Child protection concerns are the exception to this and in these circumstances the practitioner should respond in line with Local Safeguarding Children's Board (LSCB) guidance and procedures.



However, where there is need for intervention with a child, young person or family which is below the statutory thresholds, consent from the child/young person/parent/carer to engage with the CAF process must be obtained. This must be informed consent, ensuring that the child/ young person/parent/carer is clear about the aims of the CAF process and the next stages of the process i.e. Team Around the Child (TAC)/Team Around the Family (TAF) or a Family Group Conference.

Consent must also be secured in order to record and share information with other agencies. If the child/ young person/parent/ carer has consented to sharing information with all agencies this should be noted on the CAF, along with the signature of the appropriate people. Where consent has not been given or refused for information sharing with specific agencies it is good practice to note this on the CAF.

d) Completing the CAF

The CAF should always be completed jointly with the child, young person and family. The process of completing a CAF is an opportunity to highlight the strengths within the family and the support and resources they can draw on from each other and within their extended family unit (e.g. friends, neighbours, schools/ pre-school and community). It also allows the practitioner to encourage access to other services where unmet needs are identified, through the action plan.

Ensuring that the family is integral to the action planning process is an important part of the process. We want to encourage families to find their own solutions to problems where possible and recognise and plan to make positive changes and life style choices, which can result in better outcomes for their children and the family as a whole.

It is important therefore to use appropriate positive and supportive language, which is clear and meaningful to the family. The assessment should be informal and the venue should meet the needs of the family and provide a place where they feel comfortable. This will also allow the practitioner the opportunity to make observations about the behaviour and interaction. The practitioner should be flexible with their approach to the CAF process and conduct it in a style that suits the child/young person/parent/ carer and the context, in order for it to be successful. This might mean taking a different approach to the CAF process initially in order to achieve the same results. There are toolkits which are available to use as interactive resources and practitioners also often create their own bank of resources which can be used as a discussion point.

Where there are issues with gaining consent to agree to the CAF process the practitioner should refer to their line manager for operational guidance and support.

e) Building Resilience and Reducing Dependency

Early Support offered through the CAF promotes a way of working to ensure that the needs of children, young people and families, who are vulnerable to poor outcomes, are identified early and that those needs are met using an appropriate Assessment and Plan.

The CAF seeks to build resilience within families and aims to increase their capacity to manage challenging circumstances. The CAF should focus on reducing risk and promoting protective factors within the family.

An early support approach using the CAF offers children, young people and families more than a solution to a specific problem; it offers them the skills to deal with a similar problem if it arises in future and therefore promotes and builds resilience and reduces future dependency.

It must be recognised that the practitioner may meet resistance from the family in accepting their level of need but honest discussion is needed to ensure that a realistic view of where the family is now and where it wishes to be is agreed.



GLOSSARY

A&E Accident and Emergency unit within a hospital or clinical setting

Assessment The process of gathering and interpreting the information needed to decide what action to take to help meet the child's (or their parent or carer) needs. In many cases, it is simply a conversation with the child or young person and/or their parent and carer.

CAF Common Assessment Framework- An Assessment and Planning Tool

CART Contact and Referral Team

CIN Child In Need

CLA Children Looked After by the Local Authority

CON Continuum of Need

CP Child Protection

CYP Children and Young People

Data Protection Act All agencies and practitioners operating the CAF must comply with the Data Protection Act (DPA) 1998. The Act applies irrespective of whether common assessments are held on IT or paper systems. It applies to all processing of assessment information, including collection, use, disclosure and destruction.

To meet the requirements of the DPA, agencies who are processing assessment information ("data controllers") must:

- Notify the Information Commissioner of the purposes for which they are processing personal data. Their notification will appear on the Commissioners website; and
- Comply with the data protection principles. The key principles for the purposes of this guidance are that the data must be:
  - o fairly and lawfully processed
  - o processed only for specified, lawful and compatible purposes
  - o adequate, relevant and not excessive
  - o accurate and where necessary kept up to date
  - o kept for no longer than necessary
  - o shown to the individual when they request it (subject access")
  - o kept secure

In undertaking these responsibilities, agencies should bear in mind the likelihood that:

- They will be processing information about parents and carers as well as children or young people; and
- Some of the information is likely to be sensitive and therefore subject to more stringent control.

To meet DPA requirements, the practitioner undertaking the assessment should always explain to the child or family what the information held on the CAF form means and how it may be used.

D.O.B Date of Birth

ECAF Electronic Common Assessment Framework

EHWB Emotional Health and Well Being

FGC Family Group Conference

FW ASSET Final Warning ASSET – used by YOT

GP General Practitioner

Lead Professional The Lead Professional (LP) is someone who takes the lead to co-ordinate provision and be a single point of contact for a child/young person and their family, when a range of services are involved and an integrated response is required.

LSCB Lancashire Safeguarding Children Board

MASH Multi Agency Safeguarding Hub

MFH Missing from Home

NEET Not in Education, Employment or Training

NFA No Further Action

S17 Section 17, Children Act 1989

S20 Section 20, Children Act 1989

S47 Section 47, Children Act 1989

SEND Special Educational Needs or Disability

TAF Team Around the Family

YOT Youth Offending Team

www.lancashiresafeguarding.org.uk

@LancashireLSCB

Lancashire Safeguarding Children Board

Staff Briefing

Launch of Lancashire Continuum of Need and Risk Sensible Practice Models

Outcomes of the Briefing

- To highlight the changes to the revised Continuum of Need (CON) and Thresholds Guidance
- Explain the changes between the different levels
- To provide an overview of how Lancashire's risk analysis model complements the revised CON
- To explore the opportunities to improve transitions between Levels on the CON (Step up and Step Down)
- To provide an overview of the Troubled Families Unit (TFU) criteria and how this fits with service delivery

Feedback and Questions

- Post-it notes
- Themes
- E-mail all Q & A from the four sessions

  (please make sure you have provided your email address!)

Why has the CON/Thresholds Guidance been refreshed?

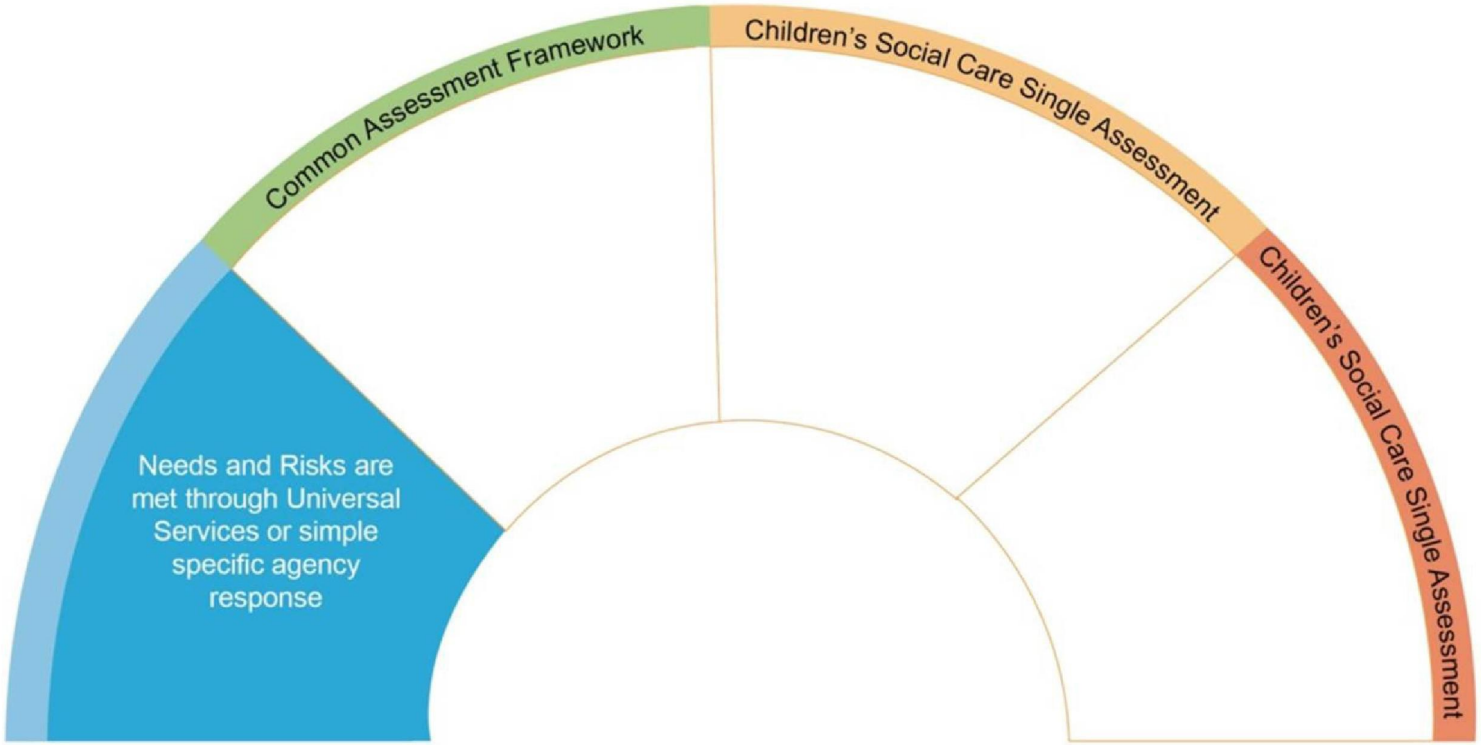
WT to SC (2013) states that there must be clear criteria for taking action and providing help across the continuum and there should be clear thresholds for action which are understood by all professionals…

Therefore following multi agency consultation and input it was agreed;

- To align with other local authorities by having a 4 tier model
- That the model incorporates an agreed set of possible 'unmet needs' alongside 'underlying/high risk factors' as indicators within the Thresholds Guidance to allow for professionals to identify at which level of the CoN the child/young person may be presenting and therefore the action to take.

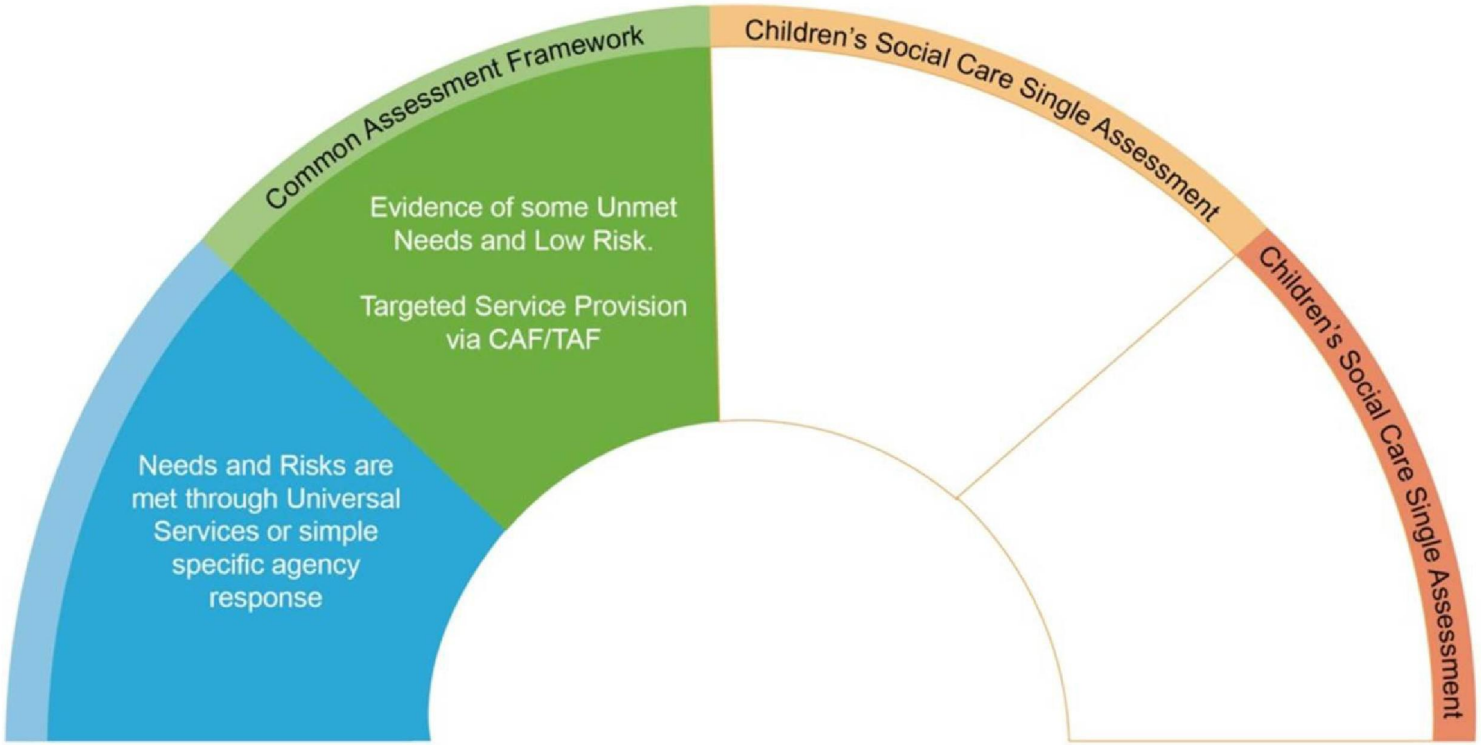
Lancashire Continuum of Need

Level 1 Represents children whose needs are met through accessing universal services



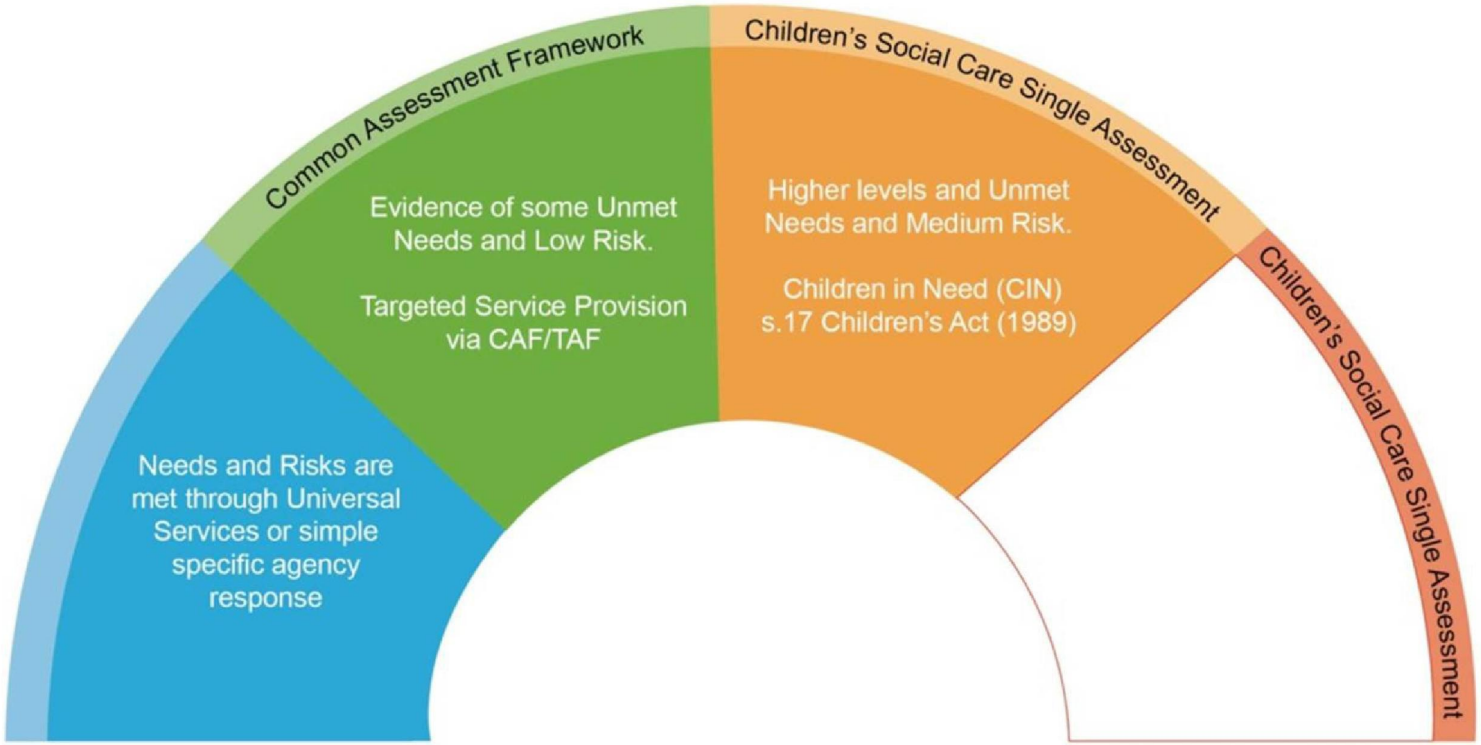
Lancashire Continuum of Need

Level 2 Represents children with additional needs that can be met by single agency targeted service provision or a multi-agency CAF



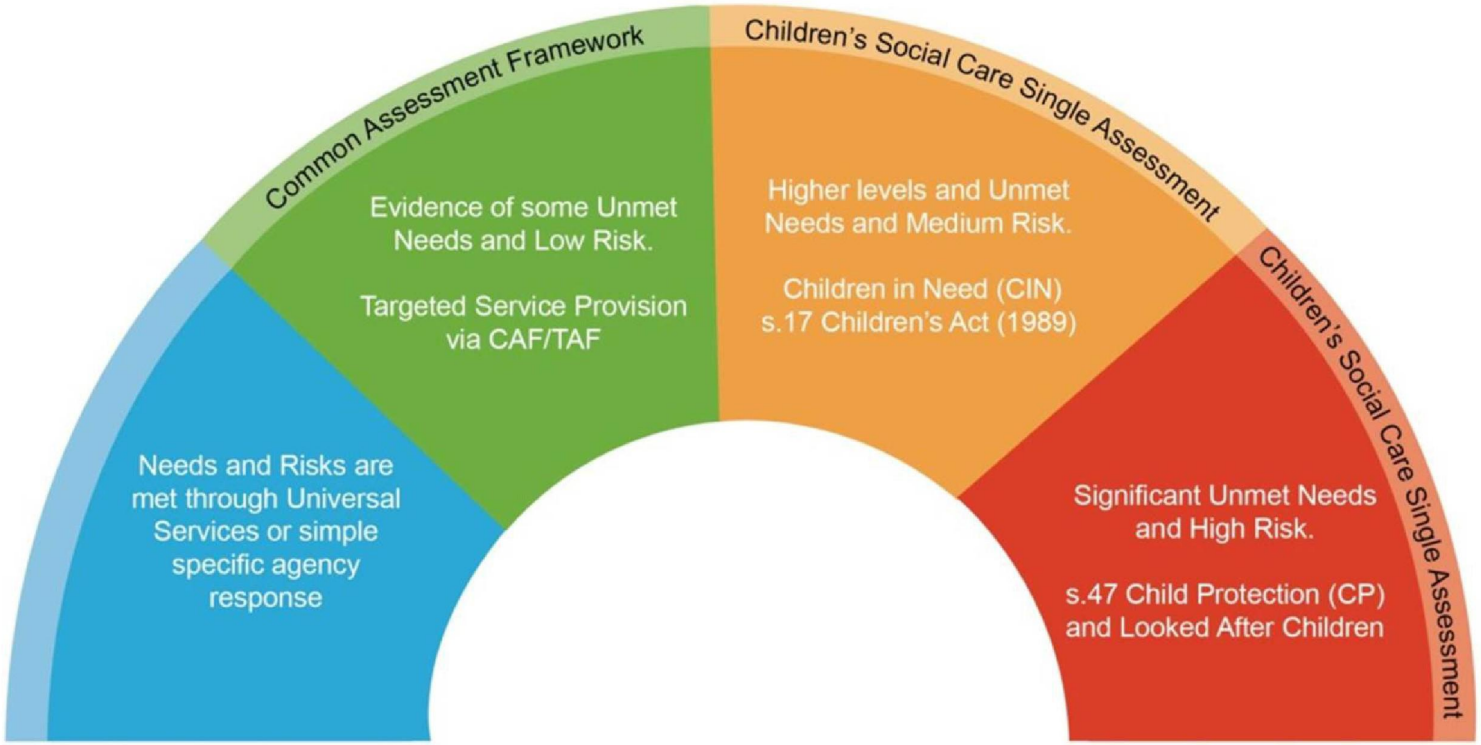
Lancashire Continuum of Need

Level 3 Represents children in need – (CIN) s.17 of the Children Act (1989) – Social Care Lead Professional



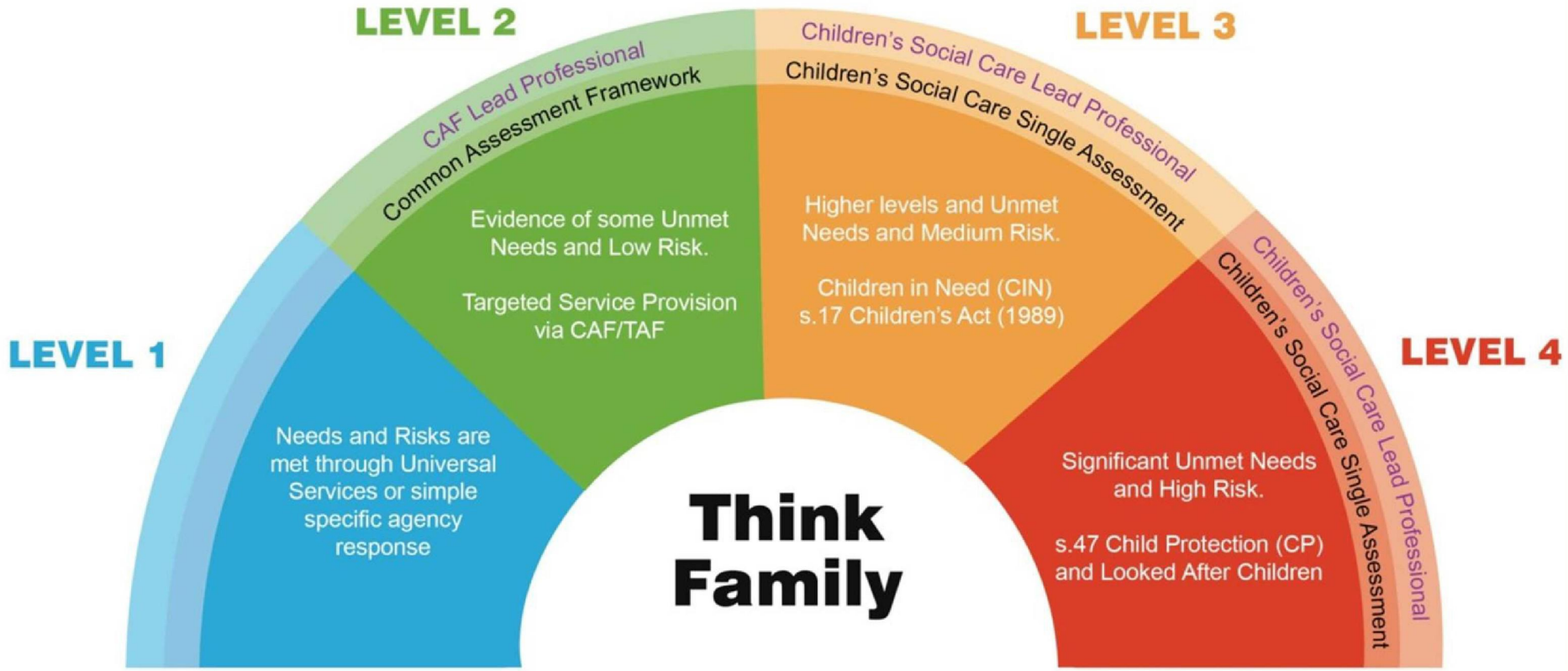
Lancashire Continuum of Need

Level 4 Represents children where there is a reasonable cause to suspect the child is suffering or likely to suffer significant harm, requiring multi-agency management and service provision – s.47 of the Children Act (1989) – Social Care Lead Professional



Lancashire Continuum of Need

The complete Lancashire 'Continuum of Need'



If in doubt, consult with agency safeguarding leads, or the Duty Social Worker on DPA

Go straight to Level 4 as soon as risk of significant harm is suspected

Information Sharing

Risk Management Model and The Continuum
How Does it Fit in?

- Level 2 and 3 will deal with unmet need and Underlying Risk Factors
- Level 4 deals with High Risk Indicators
- Provides a vocabulary for practitioners from all agencies to talk to each other about risk
- Supports an assessment of parental motivation and capacity to change at all levels

Key things to remember…….

The child remains at the same point of the continuum as before the difference is where the services are aligned

Children can enter the continuum of need at:

- any stage in their lives,
- at any time dependent on circumstances.

Children, young people and their families will:

- move between levels as circumstances, risks & needs change
- this may result in changes in the services provided.

The model is not incremental:

- It is a continuum of needs and related responses

Wellbeing, Prevention and Early Help Service

Lancashire County Council

WPEH Service Offer

Future Offer-

- 0-19 years (0-25yrs SEND)
- Targeted support primarily through case work supported by CAF assessment
- Integrated work through Neighbourhood Centres, utilising enhanced and core offer specifications
- Encompasses Children's Centre statutory duties
- Outreach strategy
- Implementation of the Service Offer 1st April 2017

Interim Arrangements-

- Continued service delivery across existing Children's Centre and YPS arrangements
- Continuation of Early Help commissions (Family Support, Emotional Health and Wellbeing, Domestic Abuse) until 31st March 2017

Definition of Early Help

Early Help is intervening early and as soon as possible to tackle problems emerging for children, young people and their families.

Early intervention may occur at any point in a child or young person's life. From the perspective of a child or young person it is clearly best if they receive help before they encounter any minor adverse experiences.

The key principle driving this definition

"The right help, at the right time, in the right place"

Why?

A significant driver for an Early Help approach is Ofsted's framework for the inspection of Local Authority's arrangements to protect children.

The framework sets out the importance and judges the Local Authority and its strategic partners' effectiveness of the early identification and help for children, young people and their families.

Early Help Offer

The most significant review for Children's Services has been the Munro Review of Child Protection (2011).

This sees the case for preventative services and Early Help made clear, both in the sense of offering help to children, young people and families before any problems are apparent and providing help when low level problems emerge.

How will we achieve Early Help?

- Focusing on the identification and access to Early Help opportunities with families.
- Commitment from all professional staff, volunteers and family members to working together.
- Positive interventions and sharing responsibility for the achievement of better outcomes for children, young people and their families.
- Working to overcome barriers to achieving better outcomes for all.
- Promote shared learning across organisations to ensure that what we do is based on good evidence.

How will Early Help be implemented?

- **CAF:** The underpinning tool for the implementation of Early Help is the Common Assessment Framework process, known as CAF
- **Partner Commitment to CAF**
- **Lead Professionals**
- **Team Around the Family (TAF)** approach where more than one agency is involved
- **Services Pathways:** smooth and uninterrupted for children and families

‘Step Up’ and ‘Step Down’

- Demand for specialist services rapidly increase against a back drop of dramatically reducing resources.
- Whenever possible the service response must;
  - Be directed at reducing risk and vulnerability
  - Meet needs at the appropriate, least intrusive level of intervention.
- The availability of and access to effective early intervention and preventative services is essential in order to achieve this.
- This is reflected in the Risk Sensible model that is being embedded in Children’s Social Care.

Troubled Families agenda

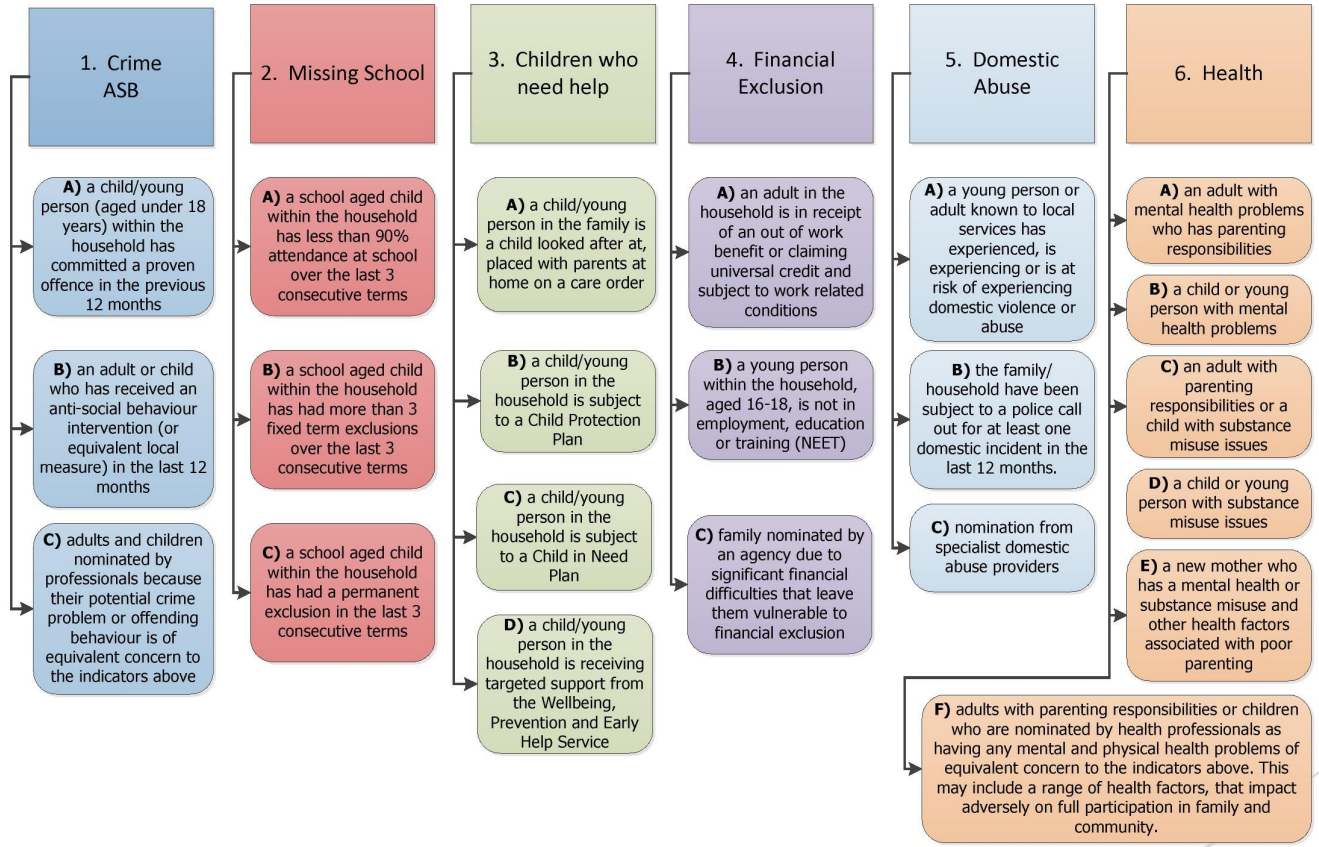
- Expanded Troubled Families programme launched with 400,000 families being worked with nationally.
- There are principles for the programme which councils have to apply when engaging families on the programme:
- There will have been an assessment that takes into account the needs of the whole family.
- There will be an action plan that takes account of all (relevant) family members.
- There will be a lead worker for the family that is recognised by the family and other professionals
- The objectives in the family action plan will be aligned to those in the areas Troubled Families Outcomes plan.

Troubled Families agenda

To be eligible for the expanded programme, each family must have at least two needs out of the 6 criteria listed below:

1. Parents or children involved in crime or anti social behaviour
2. Children who have not been attending school regularly.
3. Children who need help (CiN, CP, Early Help)
4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness.
5. Families affected by domestic violence and abuse.
6. Parents or children with a range of health problems

Troubled Families outcomes plan



Lancashire's approach to the Troubled Families Programme

- Lancashire have been accepted into the programme. Targets set to work with and achieve significant and sustained progress with 8,640 families over the course of the 5 year programme.
- 2016/2017 need to attach 2,833 families to the programme who meet 2 or more criteria.
- 2016/2017 need to achieve significant and sustained progress with 1,320 families against the identified needs.
- Embedding the work within existing processes around Early Help.

Process for identifying and reporting families.

Early Help and CAF Summary

- Vital that partner agencies embrace the Early Help approaches, including CAF assessment and supporting step-down to CAF when statutory intervention is no longer appropriate.

- Benefits for children, young people and their families such as:
  - It ensures continuation of co-ordinated support
  - There is a better chance of sustained positive outcomes which in turns reduces the chances of re-referral into social care
- Recent research and the Munro review highlights non statutory intervention is much more beneficial for children and families

“Early Help is everybody's responsibility”



Lancashire Continuum of Need and Thresholds Guidance

October 2018

Lancashire Safeguarding Boards

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1. Introduction and Foreword

The previous edition of the Continuum of Need (CON) and Thresholds Guidance was introduced in 2016, following recommendations as part of the local authority inspection improvement plan, and to ensure the guidance fully aligned with the Risk Sensible Assessment Model.

Since 2016, the CON and supporting Thresholds Guidance has undergone further review following an agreement of the pan-Lancashire LSCB Chairs and Directors of Children's Service which tasked the three LSCBs with exploring the alignment of the three Continuum of Needs and supporting Thresholds Guidance documents, with the possibility of one single approach being agreed.

Initial exploration took place in July 2017, which resulted in all three areas adopting the same Continuum of Need (see page 4). Due to some ongoing differences in local working arrangements, it was agreed that the alignment of the supporting Thresholds Guidance is not fully achievable at this time. However an exercise has been undertaken to ensure that example 'risk indicators' given against each level across the three local authority areas do not cause contradiction about the level at which the need or risk should sit on the CON.

In the case of Lancashire, the exercise highlighted that there were some further updates required to ensure the Thresholds Guidance was fully aligned with new ways of working, and that it appropriately addresses emerging themes which may be a risk to children and young people.

This edition was published in autumn 2018 and replaces all previous versions. The latest revisions include:

- The adoption of the Pan-Lancashire Continuum of Need;
- The inclusion of Underlying Risk Factors and High Risk Indicators, to further strengthen links with the Risk Sensible Model;
- Strengthening information sharing guidance, following changes to General Data Protection Regulations;
- Amendments to level descriptors/risk indicators have been made as follows:
- 'Basic Needs' indicator has been added at each level, escalating in severity as needs/ risk increase. This reinforces the message of what the 'basic needs' are, and has allowed for the consolidation of duplicated indicators;
- Alignment to the new CAF headings to allow for consistency;
- Revised/streamlined level descriptors – based on discussions and consultation with multiagency task and finish group meetings.

The refreshed guidance provides a clearer and more aligned framework for assessing and responding to need and risks of children and young people at the most appropriate level.

Signature

Jane Booth Independent Chair Lancashire Safeguarding Children Board

2. Pan-Lancashire Continuum of Need (CoN)

2.1 Overview

The Lancashire Continuum of Need (CON) provides help and guidance to practitioners at all levels, working in the statutory, public, voluntary and independent sectors, who work with children, young people and their families. It allows practitioners to identify levels of need and risk through the use of indicators related to outcomes. The CON also supports practitioners in determining how their service can best support and work alongside children, young people and their families by providing guidance as to what assessment and planning procedures to follow at each level to meet or prevent the escalation of need and support de-escalation from statutory services.

2.2 Using the Lancashire Continuum of Need

The CON is a tool which should be used to provide an equitable service response to children, young people and their families.



The levels of need are not prescriptive and allow for practitioner judgement.

Examples are provided within each to level aid practitioner decision-making – it should be noted that they are examples – not definitions – and should be used to support a practitioner's assessment. The list of needs is not exhaustive, does not take into account protective factors and is not age specific.

There will always be issues that do not easily fit and would benefit from a discussion with agency safeguarding leads and/or the duty social worker in the Multi Agency Safeguarding Hub (MASH). If an agreement cannot be reached, practitioners should seek advice and guidance from their line manager, and refer to the Resolving Professional Disagreements Guidance or single agency policies as required.

The CON is a starting point to assist people who work with children young people and families to come to common understanding of what the family needs.

2.3 Diagram of Lancashire Continuum of Need

Pan - Lancashire Continuum of Need



3. Thresholds and Level Descriptors

The CON indicators define in detail the four levels of the framework. These needs and risk indicators are illustrative in assisting practitioners having a shared understanding of the whole needs/risk of a child/young person.

Practitioners' should be aware that this is not an exhaustive list of needs and is provided as a tool to aid practitioners in decision making.

Practitioners, when trying to identify the correct level of need, should seek advice and guidance from their line manager, and/or agency designated safeguarding lead.

3.1 Risk Sensible assessments

In the course of all referrals for multi-agency action and support it is important to consider issues in relation to children's unmet needs and any risk that may be present. Both underlying risk factors and presenting high risk indicators.

When undertaking a risk assessment it is necessary that staff should be 'risk sensible' and recognise that no system can fully eliminate risk.

Risk assessments are most effective when they are completed on a multi-agency basis and professionals share knowledge of the child and family. This includes, for example, health professionals, GPs, schools/nurseries, probation services, housing, youth offending teams, and adult services including drug and alcohol services, where appropriate.

Following the assessment, the information is gathered and analysed (including parental ability and motivation to change) to predict the likelihood and impact of harm. Appropriate plans are made to reduce the risk to which the child or young person is exposed.

It is important to remember that in all circumstances the safety of the child (including unborn) concerned must be the paramount consideration.

Lancashire's Risk Sensible Framework for Multi-Agency Partners is available on the Lancashire Safeguarding Board website, and a full list of underlying risk factors, and high risk indicators can be found on the next page.

Underlying Risk Factors

Those elements that are often present in risk situations but which do not, of themselves, constitute risk.

• Poverty	• Poor housing
• Lack of support network/isolation (e.g. previously looked after child or care leaver)	• Experiences of poor parenting (e.g. Adverse Childhood Experiences)
• Low educational attainment (adult/child)	• Physical/learning disability (adult/child)
• Mental health difficulties (adult/child)	• Drug and alcohol use/misuse
• Victimisation from abuse/neglect	• Disordered/discordant relationships (e.g. domestic abuse, attachment issues)
• Previous history of offending	• Rejecting/antagonistic to professional support
• Behavioural/emotional difficulties in child	• Young, inexperienced parents
• Physical ill health (adult/child)	• Unresolved loss or grief
• Living in communities with potentially harmful values (Female Genital Mutilation (FGM), Honour Based Violence (HBV), excessive chastisement)	

High Risk Indicators

Those elements which, by their presence, do constitute a risk, therefore consideration must be given to undertaking s.47 referrals to Children's Social Care.

• Previous involvement in child physical and sexual abuse/neglect	• History of being significantly harmed through neglect as a child
• Seriousness of abuse (and impact on the child)	• Age of the child (particularly if less than 3 years old)
• Incidence of abuse (how much and over how long a period of time)	• Record of previous violent/sexual offending (against both children and adults)
• Evidence of disorganised attachment in the adult	• Other children removed or relinquished
• Unexplained bruising (particularly in pre mobile babies)	• Uncontrolled mental health difficulties (inc. periods of hospitalisation)
• Personality disorders	• Chaotic drugs/alcohol misuse
• Denial/failure to accept responsibility for abuse/neglect	• Unwillingness/inability to put child's needs first and take protective action
• Cognitive distortions about the use of violence and appropriate sexual behaviour	• Inability to keep self-safe
• Unrealistic, age inappropriate expectations of the child	• Evidence of domestic abuse, HBV, FGM and Forced Marriage.

From the work of Dalgleish and Drew

3.2 Information sharing

The collation of information is vital to ensure the holistic needs of the child or young person can be assessed and all risk factors analysed.

Children are best protected when professionals are clear about what is required of them and how they need to work together with the child, family and other agencies. For the sharing of information to be lawful and proportionate, practitioners need to have clarity about gaining consent from parents/ carers and children (particularly if aged 16 or over) to enable different agencies to share information with each other. Practitioners must adhere to the statutory requirements of the General Data Protection Regulation (GDPR) and Data Protection Act 2018 and the Human Rights Act 1998.

The Government's Information Sharing Guidance released July 2018 states clearly that "the GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe". It also sets out seven 'golden rules' to sharing information as follows:

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (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.

3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, 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 individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).

7. 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.

Informed and explicit consent

Consent to share information must be both informed and explicit:

- Informed consent – the person understands why the information is being shared, what information is being shared, with whom, and for what purpose.
- Explicit consent – the consent has been discussed and agreed and the discussion is clearly recorded on case notes.

Explicit consent is best practice and ideally should be gained in writing, and always recorded on case notes.

In the case of emergencies, what information will be shared with agencies should be explained during the process of providing the emergency service.



3.3 Level Descriptors

Level 1 – Universal – needs and risks are met through universal services or simple single agency response.

Response	Information sharing framework
Signposting to appropriate universal services, offer of information and advice if necessary. Routine single agency assessment Universal SEND support	Informed and explicit consent required

Examples of possible needs and risk indicators:

BASIC NEEDS
Basic needs are being met by the family, or can be supported via universal services/single agency response For example (list not exhaustive): • Suitable and stable housing/accommodation • Reasonable income being used appropriately to meet needs • Children are well fed and nourished • Good levels of hygiene/appropriate clothing • Accessing learning/education regularly and punctually • Good routines/boundaries

Health
Accessing universal health care services as required, including GP; dentist; midwives; health visitor/ school nurse
Developmental milestones are being met
Appropriately cared for when ill
Good emotional health and/or well being



Education
Children and young people with regular and punctual attendance at school/nursery.
Good home/school link
Children and young people reaching learning milestones
Experiences success and achievement
Planned progression beyond statutory education
Access to learning resources

Emotional and behavioural development
Confident in social settings as appropriate to age
Appropriate stimulation, boundaries and guidance
Children and young people appear happy, good level of emotional literacy

Identity
Positive sense of self and abilities
Children and young people who has their social, moral, spiritual and cultural needs met
Good level of self-esteem and confidence

Family and Social Relationships
Appropriate social behaviour and confidence in social settings
Positive attachments and secure relationships
Stable, affectionate relationship with care givers
Good relationships with peers and adults
Effective support networks
Positive role models
Parents are able to offer stability
Access to appropriate family supports

Social Presentation
Child or young person missing from home on one occasion, whose needs can be addressed via a Return Home Interview and universal services.

Self-care skills and independence
Ability to self-care as appropriate to age
Ability to recognise unsafe activities, places, etc.

Level 2 – Early Help – Evidence of some unmet needs and low risk, to be addressed by targeted service provision via Common Assessment Framework / Team Around the Family (TAF) / Early Help Assessments

Response	Information sharing framework
Common Assessment Framework (CAF) Early Help Service Officer Targeted Service Provision Response Targeted SEND support Identified needs requiring targeted support service engagement. Undertake CAF. Identify TAF and Lead Professional Step up / Step down	Informed and explicit consent required Where consent is refused parents/carers should be informed that services will be limited to single agency provision and where 'high' risk indicators emerge, multi-agency information sharing may be undertaken without consent.

BASIC NEEDS
Issues which have potential to impact upon the child's wellbeing, meaning basic needs are not being met, and there are concerns regarding parenting capacity and/or motivation to change. For example (list not exhaustive): • Poor housing/unsuitable accommodation • Frequent house moves, leading to social exclusion • No or Low income/not entitled to benefits, with no means of other support • Children appear hungry or malnourished • Unsuitable levels of hygiene/inadequate clothing • No/limited access to learning/education • Lack of, or poor routines/boundaries

Health
Developmental milestones not being met.
Early/unsafe sexual activity
Refusal/avoidance of registration with health care services (e.g. GP, dentist, midwife, health visitor/ school nurse, opticians, speech/language), inc. timely booking of pregnancy (16 weeks) and post-pregnancy appointments; or persistent non-attendance at medical appointments or failure to seek medical advice for minor health needs
Unnecessarily accessing health services e.g. walk in clinics/A&E
Repeated injuries, infections and infestations
Children and young people for whom there are emotional, physical/behavioural health concerns, inc. potential self-harming behaviours
Identified mental health issues for parent or child, which are not being addressed or consistently managed.
Child or young person beginning to experiment with alcohol/substances
Families where there are early concerns about parental substance misuse
Pregnant aged 16 years or under

Education
Low educational or physical disability for parent or child
Children and young people presenting challenging behaviour in school
Children and young people refusing to go to school
Child or young person has multiple fixed term exclusions
Children and young people who missed important education appointments
Below educational levels/not meeting learning milestones
Irregular attendance, or punctuality, and children and young people starting to have significant unauthorised absence from school/nursery
At risk of making ill-informed/ inappropriate progression decisions
Not settled in employment, education or training post 16
Child or young person is Not in Education, Employment or Training (NEET), for a period longer than 6 weeks
Not completing education/college plan
Children or young people involved in a "graduated response" to meet their SEN needs ahead of the development of an Education Health Care Plan

Emotional and behavioural development
Child or young person is being bullied or displaying bullying behaviour
Inappropriate responses and actions and does not always understand how this impact on others
Find managing change difficult
Children and young people presenting increasing problems where parents are finding it difficult to manage
Parents struggling to address own emotional needs
Low expectations from community, school and parents/carers

Identity
Early concerns around identity/gender issues
Low/ threatened self-esteem and confidence



Family and Social Relationships
Families subject to discrimination/harassment/conflicts within the community
Change in family circumstances, or relationship difficulties (e.g. divorce/separation, bereavement)
Inappropriate childcare or inappropriate levels of parental supervision
Parent(s) who are absent
Wider family and friends may engage in unsafe activities
Parent appears to lack affection, attachment or bonding (inc. during pregnancy)
Early concerns about domestic abuse, instability or violence within the home
Parents who are care leavers
Lack of support network/isolation
Lack of positive role models
Has isolated or unsupported carer
Children and young people from migrant families at risk of isolation
Child or young person has difficulties building/sustaining relationships or is withdrawing from family, peers, school and is spending a lot of time alone
High number of children or more than two under age 3, where basic needs aren't being met, in conjunction with other indicators.
Very young and inexperienced parents, where basic needs aren't being met, in conjunction with other indicators.
Child or young person whose primary carer is in prison and requires support through targeted service provision

Social Presentation
Child or young person is displaying early indications of potential risk of Child Sexual Exploitation (CSE); Child Criminal Exploitation (CCE) or Radicalisation
Engaging in potentially unsafe online activities
Children and young people at risk of entering the Criminal Justice System – engaging in low level offending or anti-social behaviour.
Child or young person missing from home on one occasion where needs cannot be met by a Return Home Interview or universal services, requiring more targeted support.

Self-care skills and independence
Poor development of self-care skills

Level 3 – Children in need – higher levels of unmet needs and medium risk, which have been unresolvable at previous levels and should be addressed via Child in Need processes under s.17 of the Children Act (1989).

Response	Information sharing framework
Child in Need, s.17 Children Act 1989 Child with a disability who is in need Specialist SEND support Unmet needs and underlying risk factors Resistance to CAF at Level 2 Step up/Step Down	Informed consent required Where consent is refused parents/carers should be informed that services will be limited to single agency provision and where 'high' risk indicators emerge, multi-agency information sharing may be undertaken without consent, and concerns escalated to level 4.

BASIC NEEDS
Issues which are impacting upon the child's wellbeing meaning basic needs are not being met, and there are concerns regarding parenting capacity and/or motivation to change. For example (list not exhaustive): • Poor housing/unsuitable accommodation • Frequent house moves, leading to social exclusion • No or Low income/not entitled to benefits, with no means of other support • Children appear hungry or malnourished • Unsuitable levels of hygiene/inadequate clothing • No/limited access to learning/education • Lack of, or poor routines/boundaries

Health
Carers with chronic ill health or terminal illness that is impacting on child, young person or pregnancy
Child or young person accommodated by a health authority for a consecutive period of 90 days, requiring specialist support
Obesity and/or malnourishment which is impacting on the child's health and development, where there are concerns about compliance, rejection or inability to take on support/treatment.
Refusal/avoidance of registration with health care services (e.g. GP, dentist, midwife, health visitor, opticians, speech/language), inc. late booking of pregnancy (24 weeks) and antenatal/ post-pregnancy appointments; or persistent non-attendance at medical appointments resulting in suffering or the child's needs escalating
Frequent health needs which is impacting on health and development of the child, with concerns around parental willingness to engage.
Frequent injuries as a result of inadequate supervision
Self-harming behaviour (inc. eating disorder) escalating in severity, frequency or typology that requires specialist assessment and/or there is no parental engagement.
Child or young person is at risk due to their own alcohol/substance use
Pregnant aged 16 or under, and there is no wider family support and/or lack of engagement with health services
Parents have learning disability/ mental health or substance/alcohol dependency problems that compromise their ability to parent at an acceptable standard.
Children with complex health needs and/or disabilities, which raises concerns about health and development, and there is a need for specialist support which is not being accessed/responded to.

Education
Children and young people who are Not in Education, Employment or Training, which is beginning to impact on development, and are unwilling to engage with support.
Challenging behaviour in school leading to exclusion and alternate provision as a result of lack of engagement and ability to change.
Children and young people with significant unauthorised absence from school/nursery and the family are unwilling to engage

Emotional and behavioural development
Young carers who are undertaking caring responsibilities, for other family members, which is impacting on their life and development
Persistent inadequate supervision, including children who are overly chastised with unrealistic expectations of good behaviour
Inability of parents to be affectionate and attentive and there are attachment issues (inc. during pregnancy), which is impacting on the child's sense of self and health and development, where parents continue to deny/fail to change their own behaviour

Identity
Identity/gender issues impacting on emotional health and well being where there is lack of, or non-acceptance of, support in place.

Family and Social Relationships
Children who are privately fostered
Domestic abuse, instability or violence within the home which is impacting on the health and development of the child/unborn, and the support provided is failing to have an impact (inc. poor, abusive relationships with siblings).
There are concerns around the family and the partner of parent is persistently not visible to professionals and family is resistant to intervention/support
Child or unborn is living in communities with potentially harmful values such as Honour Based Violence (HBV), or Female Genital Mutilation (FGM), or the mother has disclosed a history of FGM.
Child and young person whose primary carer is in prison and meets the CIN threshold
Chaotic and inconsistent family support networks, where parents/carers are unable to focus on meeting child's need/or are unwilling to engage and there are concerns about the child's health and development
Child or young person is isolated/socially excluded within the community, and there is no wider family support.

Social Presentation
Child or young person is at risk of engaging in/victim of criminal activity and/or antisocial behaviour; or has a history of offending/reoffending, which may impact on their safety and that of others, or an unborn child.
Child or young person, with more than 5 missing from home episodes within 90 days, or fewer episodes but the nature of the incident warrants a child and family assessment.
Child or young person is displaying behaviours or engaging in activities which suggest there is potential risk of CSE; Child Criminal Exploitation (CCE) or Radicalisation
Children and young people participating in, and are becoming harmed as a result of 'sexting' or bullying through social media.
CYP with severe and disruptive behaviour, lack of self-control/empathy and/or sexual behaviour that is potentially harmful to themselves, others, or the unborn.
Children and young people who are homeless (16/17) who have not been accommodated by the local authority but have been assessed as a homeless young person



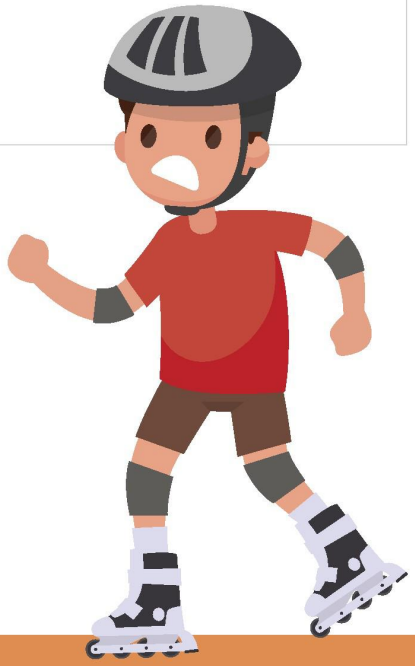
Level 4 – Child Protection – Child/young person is suffering, or at risk of suffering significant harm due to unmet needs and high risks. Issues have been unresolved at previous levels and require a multi-agency response via Child Protection processes under s.47 of the Children Act (1989).

Response	Information sharing framework
Child Protection and safeguarding response through Children's Social Care S.47 investigation: 'reasonable cause to suspect the child is suffering or likely to suffer significant harm' May require: • Multi-agency Child Protection Plan • Child Looked After under s.20 Voluntary Accommodation • Child Looked After under s.31 Care Order • Acute SEND response	Consent is not required, however best practice is to share information with Informed and Explicit consent To overrule this a judgement is required that seeking consent place a child at further risk, prejudice the detection of a crime, or lead to an unjustified delay in making enquiries. Where consent has not been obtained this should be documented on the case record and clearly provide evidence of one or more reasons as above Case notes should clearly record: • How consent was sought and refused • How the practitioner and manager decided to proceed with enquiries on the basis of evidence and reasonable cause

BASIC NEEDS

Issues which are significantly impacting upon the child's wellbeing meaning basic needs are not being met, and there are concerns regarding parenting capacity and/or motivation to change.
For example (list not exhaustive):

- Poor housing/unsuitable accommodation
- Frequent house moves, leading to social exclusion
- No or low income/not entitled to benefits, with no means of other support
- Children appear hungry or malnourished
- Unsuitable levels of hygiene/inadequate clothing
- No/limited access to learning/education
- Lack of, or poor routines/boundaries



Health
Obesity and/or malnourishment which is significantly impacting on the child's health and development, where there are concerns about compliance, rejection or inability to take on support/ treatment.
Unwillingness/inability to put child's needs first and take protective action
Suspicion or evidence of a parent or carer fabricating the symptoms of, or deliberately inducing, illness in a child
Suspected Non Accidental Injury (NAI) to child or unexplained/inconsistent explanation of bruising in non-mobile babies and children
Chaotic parental drug/alcohol misuse with chronic impact on health and wellbeing for children and young people, and that of unborn babies.
Uncontrolled parental mental health difficulties which may include periods of hospitalisation.
The child/ young person has significant unmet mental health needs.
Meets criteria for secure accommodation
Parents have learning disability/ mental health or substance/alcohol dependency problems which is impacting on their ability to parent, placing their child at risk of significant harm.
Child or young person is at risk of significant harm due to their own alcohol/substance use
There is evidence of a child/young person has been or will be subjected to HBV
Evidence of FGM/significant risk of FGM which reaches threshold for "mandatory reporting"
Concealed or Denied pregnancies, following the LSCB multi-agency guidance
Child under 13 years engaged in sexual activity/child has sexually transmitted infection

Education
Parents/Carers deny access to stimulation and are not able to meet physical, emotional and developmental needs
School exclusion where parents are inappropriately or intermittently engaged with child's education and lack awareness of their responsibilities.

Emotional and behavioural development
Child is left to care for themselves inappropriately, including abandonment.
Sexual behaviour that is harmful to the child, young person and/or their peers.
Inability of parents to be affectionate and attentive and there are attachment issues (inc. during pregnancy), which is significantly impacting on the child's sense of self and health and development, where parents continue to deny/fail to change their own behaviour and unwilling to engage with support.

Family and Social Relationships
Parents are deceased and there are no family/friends options
Person within the home is identified as posing a risk to children or unborn babies.
Domestic abuse and/or violence within the family which is having significant adverse impact on the child/unborn
A person convicted for domestic abuse related murder, manslaughter, or serious assault is known to be developing a relationship with a parent or guardian of a child or young person.
A child or young person is living in a home where domestic abuse related assaults and incidents are a regular occurrence for agencies, or a referral to MARAC has taken place
Children who are living in dangerous conditions, i.e. around drugs, alcohol.
Child or young person whose primary carer is in prison and there are no family/friend options
Child is suffering extreme isolation and/or social exclusion and there is no wider family support

Social Presentation
Inability to keep self-safe. Child is engaged in inappropriate and dangerous risk taking/ offending behaviour, which impacts on their health and safety and that of others.
Child or young person is suffering or at risk of suffering physical, emotional or sexual abuse or neglect.
Child is involved in/victim of criminal activity and/or significant antisocial behaviour, which is putting themselves or others, inc. unborn babies, at high risk of harm as a result of their offending behaviour.
Child or young person who is persistently missing from home
Child or young person with severe disruptive behaviour, lack of control/empathy and/or abusive/ sexual behaviour that is impacting on other children
16/17 year old young people presenting as homeless and accommodated under s.20 of the Children Act.
Child/young person is displaying behaviours or engaging in activities which suggest there is significant risk of exploitation, including – Child Criminal Exploitation (CCE): CSE; Radicalisation; Trafficking; Modern Slavery
There is evidence of a child/young person has been or will be subjected to forced marriage

Appendix 1 – Lancashire Common Assessment Framework (CAF)

a) Overview

The Lancashire Common Assessment Framework (CAF) is a shared assessment and planning tool for use across all children's services in Lancashire. It helps in the early identification of needs for children, young people and families. The CAF promotes a co-ordinated approach on how these needs should be met.

All agencies should be 'risk sensible' when assessing a child's vulnerability, need and risk. Identification of need and risk leading to assessment and service provision must be holistic and integrated so as not to duplicate assessments, interventions and intrude unnecessarily into family life.

The CAF and Lead Professional (LP) are contributing elements for improved outcomes for children, young people and families and support the delivery of services that are integrated and focused around the needs of children and young people.

The CAF is a process that has been designed specifically to help practitioners and families assess needs at an early stage and then work with families, alongside other practitioners, to help them to meet those needs.

The CAF is a process to assist in providing integrated services and should:

- Support earlier support, by providing a method to help practitioners who come into day-to-day contact with children, young people and families, such as those providing ante and post-natal services, those in early years settings, youth work settings or schools and further education, to identify and meet identified needs at an early stage through the lead professional working with the family. This should lead to fewer children and young people in need of specialist assessments and support.
- Improve and build on multi-agency working, by enabling practitioners to maintain a single, overview record of the needs and progress of a child in contact with several agencies; embedding a common language of assessment, need and response through action planning; and improving communications and information sharing between practitioners;
- Reduce bureaucracy for families, by providing practitioners with a fuller overview of a child's needs and responses, thereby reducing the number of inappropriate and duplicate inter-agency requests of service, separate assessments and plans and different agencies working with the child. This means for families that they do not have to tell and re-tell their story every time they come in contact with different agencies. This approach is governed by the rule 'Tell Us Once'

The principles underlying this approach to common assessment and planning is that it:

- Looks at the whole child, in the context of their family, not just the policy focus and

statutory obligations of a particular service;
- Takes account of strengths as well as needs and understands the role of parents/ carers and a wide range of family and environmental factors on child development;

- Is simple to use and geared towards the practical delivery of support to children, young people and their family members;
  - Is empowering for families, completed in partnership with children and families at all stages, where possible enabling them to take the lead, and ensuring they have a copy of all the relevant documentation;
  - Shifts the emphasis of working with a family, from simply assessment, to assessment and planning – it will provide a simple and straight forward way in which a family is going to plan, progress and develop;
  - Enables and encourages information held by agencies to follow the child, e.g. as they get older, change schools or move house, subject to controls to protect confidentiality and their family circumstances;
  - Is a tool to support practice; is not used mechanistically or when it adds little value; and supports and enhances ongoing and effective communication within and between agencies and the family. Communication should not end with the completion and forwarding of the CAF, this is the start of engagement to support the family;
  - The refreshed Lancashire CAF builds on and develops the pre-existing CAF; building on what was good in the national CAF but adding a new emphasis on working and planning with families and on families solving problems and issues for themselves.

CAF has been designed for use with unborn babies, new babies, children, young people and their families. CAF processes can be extended for young people beyond the age of 18 where it is appropriate to enable a young person to have a smooth transition to adult services or the young person has an identified Special Educational Need or Disability.

The CAF for children and young people is one of the contributing elements to the delivery of integrated frontline services, as outlined in the statutory guidance supporting section 10 (duty to cooperate and promote the wellbeing) and section 11 (duty to safeguard and promote the welfare of children) of the Children Act 2004.



b) Using the CAF as a request for service engagement

The CAF is not a referral form, it is an assessment of need and a joint plan of action. Where a child meets the threshold for an early assessment (CAF) and this assessment indicates that a request for service engagement to a targeted or specialist service is needed, then the CAF will contain much of the information necessary for a detailed request for service engagement. It would be appropriate therefore, for the CAF to be shared with that specialist service, subject to consent from the young person/parent/carer; it can and should be shared without this consent only if it is a matter of risk in relation to child protection.

If additional specific information that is not contained in the CAF form is necessary to back up a request for service engagement then a specialist service may ask for more information, which should be kept to a minimum, ideally a single sheet, and this should accompany the CAF.

A CAF should be undertaken based on evidence of some unmet need(s) and low risk to the child(ren).

The decision to undertake a CAF should be based on an assessment using the Continuum of Need (CON).

c) Securing consent with families

It is important that services in Lancashire work alongside families. It is crucial that organisations adopt a 'working with' and not 'doing to' approach, when working with families and seek to build family resilience.

The importance of engaging children, young people and families from the outset and of securing their consent to work differently with them is crucial to ensure long term improved outcomes for children and young people.

Child protection concerns are the exception to this and in these circumstances the practitioner should respond in line with Local Safeguarding Children's Board (LSCB) guidance and procedures.

However, where there is need for intervention with a child, young person or family which is below the statutory thresholds, consent from the child/young person/parent/carer to engage with the CAF process must be obtained. This must be informed consent, ensuring that the child/ young person/parent/carer is clear about the aims of the CAF process and the next stages of the process i.e. Team Around the Child (TAC)/Team Around the Family (TAF) or a Family Group Conference.

Consent must also be secured in order to record and share information with other agencies. If the child/young person/parent/carer has consented to sharing information with all agencies this should be noted on the CAF, along with the signature of the appropriate people. Where consent has not been given or refused for information sharing with specific agencies it is good practice to note this on the CAF.

d) Completing the CAF

The CAF should always be completed jointly with the child, young person and family. The process of completing a CAF is an opportunity to highlight the strengths within the family

and the support and resources they can draw on from each other and within their extended family unit (e.g. friends, neighbours, schools/ pre-school and community). It also allows the practitioner to encourage access to other services where unmet needs are identified, through the action plan.

Ensuring that the family is integral to the action planning process is an important part of the process. We want to encourage families to find their own solutions to problems where possible and recognise and plan to make positive changes and life style choices, which can result in better outcomes for their children and the family as a whole.

It is important therefore to use appropriate positive and supportive language, which is clear and meaningful to the family. The assessment should be informal and the venue should meet the needs of the child and family and provide a place where they feel comfortable. This will also allow the practitioner the opportunity to make observations about the behaviour and interaction.

The practitioner should be flexible with their approach to the CAF process and conduct it in a style that suits the child/young person/ parent/carer and the context, in order for it to be successful. This might mean taking a different approach to the CAF process initially in order to achieve the same results. There are toolkits which are available to use as interactive resources and practitioners also often create their own bank of resources which can be used as a discussion point.

Where there are issues with gaining consent to agree to the CAF process the practitioner should refer to their line manager for operational guidance and support.

e) Building resilience and reducing dependency

Early Support offered through the CAF promotes a way of working to ensure that the needs of children, young people and families, who are vulnerable to poor outcomes, are identified early and that those needs are met using an appropriate assessment and plan.

The CAF seeks to build resilience within families and aims to increase their capacity to manage challenging circumstances. The CAF should focus on reducing risk and promoting protective factors within the family.
An early support approach using the CAF offers children, young people and families more than a solution to a specific problem; it offers them the skills to deal with a similar problem if it arises in future and therefore promotes and builds resilience and reduces future dependency.

It must be recognised that the practitioner may meet resistance from the family in accepting their level of need but honest discussion is needed to ensure that a realistic view of where the family is now and where it wishes to be is agreed.



GLOSSARY

Assessment	The process of gathering and interpreting the information needed to decide what action to take to help meet the child's (or their parent or carer) needs. In many cases, it is simply a conversation with the child or young person and/or their parent and carer.
CAF	Common Assessment Framework – an assessment and planning tool
CIN	Child In Need
CLA	Children Looked After by the Local Authority
CON	Continuum of Need
CCE	Child Criminal Exploitation
CSE	Child Sexual Exploitation
CP	Child Protection
CYP	Children and Young People
FGM	Female Genital Mutilation
GP	General Practitioner
EHCP	Education Health Care Plan
Lead Professional	The Lead Professional (LP) is someone who takes the lead to co-ordinate provision and be a single point of contact for a child/young person and their family, when a range of services are involved and an integrated response is required.
LSCB	Lancashire Safeguarding Children Board
MASH	Multi Agency Safeguarding Hub
MFH	Missing from Home
NEET	Not in Education, Employment or Training
S17	Section 17, Children Act 1989
S20	Section 20, Children Act 1989
S31	Section 31, Children Act 1989
S47	Section 47, Children Act 1989
SEND	Special Educational Needs or Disability
TAF	Team Around the Family
YOT	Youth Offending Team



Lancashire Safeguarding Boards

REFRESHED
Lancashire Continuum of Need and Thresholds Guidance
AND
CAF / CON eLearning

Access the revised guidance and training at the links below from

Thursday 1 November 2018

Continuum of Need and Thresholds Guidance

CAF / CON eLearning



WHAT'S CHANGED?

- A re-design to differentiate from previous versions
- Adoption of the Pan-Lancashire Continuum of Need;
- Inclusion of Underlying Risk Factors and High Risk Indicators;
- Strengthened information sharing guidance, following changes to GDPR;
- Amendments to level descriptors/risk indicators as follows:
    - 'Basic Needs' indicator added at each level, escalating in severity as needs/risk increase – reinforcing what the 'basic needs' are, and consolidating duplicated indicators;
    - Alignment to the new CAF headings;
    - Revised/streamlined level descriptors.

Guidance on differentiating between Level 3 Intensive and Level 4 Specialist referrals and Child in Need and Child Protection within Level 4 Specialist support.

All practitioners should know our Working Well with Families in Lancashire Guidance (CON), Working Together (2018), and our Tri-X Manual. This guidance is to supplement these core documents providing specific tips around differentiating Level 3 Intensive and Level 4 Specialist referrals.

Legal Definitions

Section 17 –

- Child in Need Section 17 – A child shall be taken to be in need if:

- A) s/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development.
- B) her/his health or development is likely to be significantly impaired, or further impaired, without the provision for her/him of such services; or
- C) s/he is disabled

Section 47 –

- Section 47 – Duty to Investigate
- Where a local authority –
- A) Are informed that a child who lives, or is found, in their area and is the subject of an emergency protection order; or is in police protection.
- B) Have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm.

Definitions of Level 3 intensive support and Level 4 specialist support

Level 3 Intensive support –

(Family Intensive Support)

- A small number of children, young people and families will experience significant difficulties and will need coordinated support from experts working with them to find sustainable solutions that reduce the impact of challenge on the wellbeing and development of children and young people.

Level 4 Specialist support –

(Child in Need, Child Protection, Pre-Proceedings, Care Proceedings)

- In exceptional cases families need specialist, statutory support that is designed to maintain or repair relationships and keep families together wherever possible. In some very specific circumstances, the needs are so great that children need to be away from their family to ensure that they are

protected from harm and in these circumstances the local authority becomes their “corporate parent”.

Top Tips in determining between Child in Need and Child Protection within Level 4 Specialist Support.

When deciding whether to support a child/ren and family under Child in Need or Child Protection considerations should be given to the following:

- What are the identified strengths of the family.
- Do the strengths and protective factors outweigh the current worries?
- What support has previously been offered? Did this bring about change and make a difference to the child's life? If not, why not?
- Are there any barriers to engagement that haven’t been considered?
- Evidence of previous positive engagement may suggest a Child in Need Plan would be successful. However, consideration should also be made as to whether there is evidence to suggest they can maintain the changes made.
- Previous poor engagement doesn't necessarily mean that positive changes won't be achieved. Current presentation should be the determining factor when making a judgement in terms of where the parents/carers are on the Cycle of Change.
- What are the children saying about their lived experience?
- What are the views of the family and what are their solutions to the needs identified?
- What are the views of other agencies and have they considered and identified the strengths of the family?
- The strength of the evidence you have, its' source, quality and accuracy.
- Any historical evidence we and other agencies have.
- Take a holistic view – use a breadth of evidence, consider the child's environment and circumstances, capture strengths and protective factors as well as concerns.
- Be child-focused in applying the significant harm threshold – consider the impact, what the information you have actually means for that specific child.
- Lack of consent should not on its own lead to the concerns becoming a level 4 decision (see Consent Top Tips on our Tri-X Local Resources Page).

Other factors to consider determining between Child in Need and Child Protection is ***having reasonable cause to suspect a child is suffering or is likely to suffer significant harm.*** When considering reasonable cause, the assessment should take

into account all of the above points and analyse the impact on the child, the parents understanding of the issues and their willingness to engage with support. There is no absolute criteria for what constitutes significant harm, but the key to making good decisions is a sound understanding of the significant harm definition:

- What constitutes 'likely'? More likely than not – probable, consider past events, put these into context with the current situation.
- What constitutes 'significant'? Likely to have serious and lasting effects rather than minor deficits but consider the wider context and implications (e.g. accidental broken leg vs intentional cigarette burn).
- Consideration of the severity of ill-treatment may include the degree and extent of the physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child/young person.
- It is important to consider factors such as age and context.
- Babies and young children may be considered more vulnerable.
- Parental factors such as a significant history of domestic abuse, substance misuse or mental illness where this is clearly impacting on the child.
- Significant harm could occur where there is a single event, such as a violent assault or sexual abuse.
- More often significant harm is identified when there have been a number of events which have compromised the child or young person's physical and psychological wellbeing; for example, when health and development is significantly impaired through neglect.
- Are the parents or carers doing what you would reasonably expect to meet the child's needs and manage complex behaviours? If yes, then this is unlikely Child Protection
- When considering contextual safeguarding, do parents recognise and understand risks and are they accepting of agency support? If yes, then this is unlikely Child Protection, but there may be mitigating factors due to the nature of the concerns around contextual safeguarding.

All local authorities publish CON guidance, please refer to our current guidance for examples that are Level 3 Intensive and Level 4 Specialist and Child in Need and Child Protection.

WORKING WELL WITH CHILDREN AND FAMILIES IN LANCASHIRE

Including Blackpool, Blackburn with Darwen and Lancashire Local Authorities

Guide for staff

How to support families, children and young people who experience challenge

Logos

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Part One – Summary and Overview

Purpose

This guide is for everyone who works with children and young people and their families in Lancashire, Blackpool and Blackburn with Darwen. It is publicly available for anyone to access, and is particularly key for organisations including –

- Health
- The Police
- Local Authorities
- Schools
- Colleges
- Nurseries
- Voluntary and peer group organisations working with children and families
- Providers of support for children and families.

The guide is about families, children and young people, but it is relevant to staff working in a wide range of service areas such as adult mental health, community health, adult social care, housing and leisure.

The guide is made up of **three parts**. There is the summary document (Part One). The summary document gives an overview of the levels of need that families and children might experience through their lives in Lancashire, and broadly who should respond to these need and how. Part Two provides some more detailed information about levels of need and some examples to provide context and Part Three is different for each local authority area (Lancashire, Blackpool and Blackburn with Darwen) and talks about how services are organised and delivered in each area.

This guide talks about how we can work with families to build on their strengths and come together across agencies to put the child at the centre of our work. It is designed to ensure that we give

families who are experiencing challenges the advice, information and support they need that helps them make a positive difference to their lives.

Introduction

Across Lancashire, we all believe that every child should have the opportunity to reach their full potential and that children are best supported to grow and achieve within their own families. The work of people who are alongside families when they experience challenge should be geared toward building strong foundations and developing assets and resilience so that children thrive. Equally, there will be times when, despite everyone's best efforts to support families, children need our protection to stop them from being harmed. When this is the case, local authority children's services will work with partners to provide this protection. This guide should help practitioners working with families to make sure they are using their resources to best effect, as early as possible when problems emerge and to help them get access to more help for families if it is needed.

Different local authorities across the county might use different words to describe how they work with families, children and young people, but all of the ways of working have the common belief that families are better together at their core.

By working together in our communities we will ensure that there is a range of flexible, localised services which are responsive to children's and families' needs and provide the **right** level of intervention at the **right** time by the **right** person. This approach will help to build purposeful relationships which help develop effective interventions and support for children, young people and their families at an earlier stage.

Professionals working across Lancashire are committed to the following values which inform the way we work with children and families:

- **Being respectful and building relationships** by working alongside parents, children and young people and seeking their informed consent and agreement;
- **Being understanding, kind and empathetic. Recognising and working to families' strengths –** especially those of parents and carers and take the time to understand their needs fully.
- **Being purposeful. Focusing on preventing problems** before they occur and offer flexible responsive, constructive support when and where it is required;
- **Being constructive. Helping to build the resilience** of parents, children, young people and communities to support each other;
- **Being open and transparent with each other as well as with families. Work together across the whole system** engaging well with communities and aligning our resources so we can best support families and do what needs to be done when it needs to be done;
- **Being fair. Base all that we do on evidence and analysis** of both what is needed and of what works and be brave enough to stop things that are wrong;
- **Being honest. Being clear and consistent about the outcomes** we expect, and judge what we do against them.

How Families, Children and Young People are Supported in their Communities

Universal Services seek to work with families to meet all the needs of children and young people so that they are happy, healthy and able to learn and develop securely. Universal services are provided as of right to all children, including those with additional and intensive needs. However, some children, either because of health needs, disabilities or because of less advantageous circumstances, will need extra help from universal services to be healthy, safe and to achieve their potential.

All families can access **Universal Services** such as –

- maternity services at birth;
- health visiting, (Image of baby in arms)
- funded childcare hours;
- primary education,
- school nursing (Image of young family)
- family support delivered from Family Hubs
- secondary school,
- further education and (image of young peoples)
- youth services for older children.

Across Lancashire, we want to offer help and support our families who experience challenge at an early point in a voluntary way that does not leave them feeling singled out as different. We call this "**early help**". A large amount of public money is invested in a wide range services for children and families across the county in universal services and early help. It is important that when families experience challenges practitioners work together so that we use that public money and staff resources effectively to bring about positive changes led by families and their communities. Early help may occur at any point in a child or young person's life and includes both interventions early in life as well as interventions early in the development of a problem for a family. It includes help for adults in a family to help them support their children well and understand their needs – together we want to offer support early to help families meet challenges and reduce the impact of problems that may have already emerged.

To do this everyone needs to work together in an open and transparent way with families and their children to identify strengths and needs, to find practical and achievable solutions, and to provide the right amount of information, advice and support.

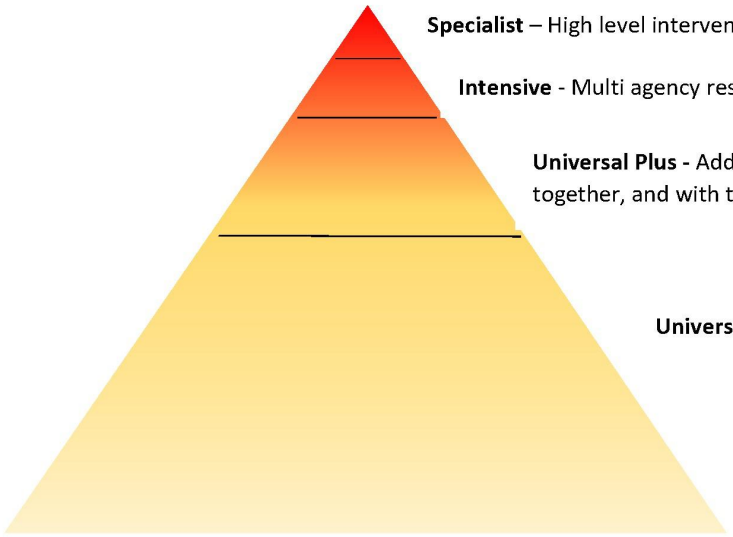
Levels of Need

In this guide we have identified four broad levels of need:

- **Level 1 needs - Universal,**
  - ***Most*** *families, children and young people will experience challenges in their lives that impact on their wellbeing.* ***Most*** *families will be able to weather these challenges (are resilient to them) either without help from services, or with advice, guidance and support from universal services, including empathy and understanding.*
- **Level 2 needs - Universal Plus,**
  - ***Some*** *families, children and young people will need support from people who know them well and have established relationships with them to meet some challenges where advice and guidance has not been enough to help the family achieve change* ***or*** *where a child or young person needs additional support to help them to thrive.*
- **Level 3 needs - Intensive**
  - *A* ***small number*** *of families, children and young people will experience significant challenges and will need coordinated support from experts working with them to find sustainable solutions that reduce the impact of challenge on the wellbeing and development of children.*
- **Level 4 needs - Specialist.**
  - *In* ***exceptional*** *cases families need specialist, statutory support that is designed to maintain or repair relationships and keep families together wherever possible. In some very specific circumstances the needs are so great that children need to be*

away from their family to ensure that they are protected from harm and in these circumstances the local authority becomes their "corporate parent".

Levels of Need – At a Glance



Services for children with **universal plus** and **intensive** needs are sometimes known as **targeted services**. Targeted services bring expertise and additional attention to universal services and include valued services such as behaviour and or learning support in schools, extra support to parents in early years from family hubs or focussed help to involve young people experiencing particular challenges through youth services. They are delivered by a range of people in different organisations across health, schools, the council, police, voluntary agencies, community groups and many others.

Across Lancashire, all partners share the belief that families, children and young people with **universal plus** needs are best helped to find the right solution by those who already work with them, such as their health visitor, nursery or school. They are able to support the family by coordinating additional support with local partners as needed. When someone is supporting children and family in this way, shared assessments, an **Early Help Plan** and a **named lead** are helpful tools to gather and analyse relevant information and co-ordinate work alongside the child and family. Services who are working with, or can be engaged to work with, adults in the family should be included in this plan as it helps coordinate how everyone is working to a common aim.

Early Help Plans can be developed using existing assessment and planning processes within organisations. For example, schools may choose to use a Special Education Needs (SEN) Support Plan. Each local area can provide you with planning templates developed in their area, and you can find these in Part Three of this guide.

For children whose needs are **Intensive**, a coordinated multi-disciplinary approach where people from different organisations with different skills, knowledge and experience work together with a family, may be best. These approaches need careful coordination to make sure the children and the family are always at the centre of the work, and will need assessments and a **Plan** which identifies a **named person** to work closely with the child and family to ensure they receive all the support they

require. Examples of intensive services are children's mental health services, children with additional needs and disabilities, and the families in need service.

By working together effectively with families and children and young people with emerging needs at the earliest opportunity and by providing coordinated multi-disciplinary/agency support and services for those with intensive needs, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services.

Specialist services are where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services are **Children's Social Care** or **Youth Offending Service**.

Part Two – Detailed Guide to Working Well with Children and Families in Lancashire

Our principles for working with Families, Children and Young People.

Across Lancashire, there are two unitary authorities who have Social Care responsibilities (Blackpool and Blackburn with Darwen). All other areas of Lancashire are supported by the County Council. There is one Integrated Care System covering Lancashire and South Cumbria, and x Integrated Care Partnerships which support health delivery and commissioning. There is one Police Force, with **x** tactical delivery localities across Lancashire.

In each local authority area, the way that the services delivered and commissioned for families, children and young people work with people has a slightly different focus and can sometime use different language – this is because it is based on the differing needs and priorities in these communities. However, these ways of working are all underpinned by a common set of principles which span across the authorities and the partnership of health, police and provider services. These principles are-

- That we should work **WITH** families, not do things to them.
- That children are at the heart of what we do, and we should never lose sight of the impact
- That we should seek to support children within their family network wherever possible.
- That children and young people with additional needs and disabilities, and children and young people who are vulnerable because of their family circumstance, should be supported to have equity of aspiration and outcomes with their peers.
- That the anchors in a families life, the school they chose for their children, the community that they choose to live in and the people around them can help to build assets, capacity and resilience for families when problems are identified early and addressed with honesty and collaborative working.
- That families should not have to tell their stories to a range of different professionals through their lives to get help. People involved in supporting families should share information and plans (with the knowledge, and when appropriate, consent of the family) to help them work effectively together.

Across the local authority areas, we have agreed the levels of need and the broad description of how services can and should respond. We have agreed common set of tools and guidance so that our partner agencies, particularly schools, health and the police who work pan- Lancashire do not need to access three different sources of information to help guide their work with families.

The model illustrates how agencies should respond to the requirements of children and families across four levels of need **(Universal, Universal Plus, Intensive and Specialist).** In this model, all services and interventions seek to work openly with the family (or with young people on their own where it is age appropriate) in order to support them to identify, talk honestly about and address their needs at the lowest possible level. We agree to actively work with children and families to prevent their needs escalating to a higher level. We will only request services at a higher level after we have exhausted the resources and expertise at the earliest level of intervention.

The Levels of Need table on pages X to X and the more detailed indicators of need set out on pages x to x, together illustrate how Early Help operates across Lancashire and clarifies the threshold between each level. This guide seeks to give clear advice to all professionals and the public on the levels of need and thresholds for different responses in Lancashire.

However, we recognise that each child and family member is an individual, and each family is unique in its make-up, so reaching decisions about levels of needs and the best intervention requires discussion, reflection and professional judgement.

Levels of Need –

Level of identified Need and way of accessing the service	Who it is for	Examples of the services and support available	Why is support provided?
Level 1			
Universal Open access to Provision for all families	All children and families who live in Lancashire.	Early years, education, primary health care, maternity services, housing, community health care, youth centres, leisure services. Children are supported by their family and in universal services to meet all of their needs.	To ensure that our Children and young people make good progress in most areas of development.
Level 2			
Universal Plus One or more services provide voluntary additional support to meet the child and family needs. This is co-ordinated by a service that knows the child/family best. An Early Help Plan and coordination meeting is helpful to bring the family and involved services together to share information and agree what would be helpful. Individual agency internal routes to access additional supports or to request external services	Children and families with additional needs who would benefit from or who require extra help to: • Improve education • Improve parenting and/or behaviour • Meet specific health or emotional needs of the child and/or parent • Improve their Material situation • Respond to a short-term crisis such as bereavement, parental separation	Parenting support; commissioned early help services School holiday and short breaks provision for disabled children; Extra health support for family members; behavioural support; Housing support; Additional learning support; Special Education Needs (SEN) Support plan; help to find education and employment; Emotional Wellbeing Mental Health Service support to schools; Speech and Language Therapy; family hubs;	So that the life chances of children and families are improved by offering early life and early help additional support.

Level of identified Need and way of accessing the service	Who it is for	Examples of the services and support available	Why is support provided?
		Targeted youth work Drug and alcohol services Services provided on a voluntary basis	
Level 3			
Intensive A multi-disciplinary team to support the family led by a Lead Professional, shares information and co-ordinates intensive services and support to meet the child and family needs. An Early Help Plan / Shared Family Assessment Family is necessary to set out how the family and involved services will work together to meet the child's needs. Individual agency internal routes to access intensive support and/or referral to targeted support services available in area.	Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect Children with significant impairment of function/learning and/or life limiting illness Children whose parents and wider family are unable to care for them Families involved in crime/misuse of drugs at a significant level Families with significant mental or physical health needs	Youth Offending Service Criminal Justice System Emotional Wellbeing and Mental Health Service In patient and continuing health care Targeted Intervention Services including edge of care and services to support families in their home and community to prevent escalation of concerns. Health care for children with life limiting illness Services for children with profound and enduring disability	
Level 4			
Specialist Children`s Social Care, Child Protection Care Proceedings, Youth Treatment Orders/ Custody/ Hospital in-patient	Children and young people who have suffered or are likely to suffer **significant** harm as a result of abuse or neglect Children with **significant**	Children's Social Care, Youth Offending Service Criminal Justice system Emotional Wellbeing	Because without the intervention of specialist services, sometimes in a statutory role, Children and /or family

Level of identified Need and way of accessing the service	Who it is for	Examples of the services and support available	Why is support provided?
Access via Request for service to Children's Social Care using the local request for service form Statutory notifications to Youth Offending Service Statutory health assessments	impairment of function/learning and/or life limiting illness Children whose parents and wider family are unable to care for them Families involved in crime/misuse of drugs at a significant level Families with significant mental or physical health needs	and Mental Health Service In patient and continuing health care Fostering and residential care Health care for children with life limiting illness Services for children with profound and enduring disability	members are likely to suffer significant harm/ removal from home/ serious and lasting impairment.

Good engagement with families, children and young people

There are several factors that are essential to achieving good outcomes when working with families, children and young people.

- **An open, honest and transparent approach to supporting children and their families**

Parents are usually the best people to understand their child's needs; however, parenting can be challenging. Families deserve support when they request it. Asking for help should be seen as a sign of responsibility rather than failure. Families tell us that support works well when they are respected and listened to by the people who work with them or they approach for help. In the majority of cases, it should be the decision of the parents when to ask for help or advice but there are occasions when practitioners may need to engage parents and families actively to help them to prevent problems from becoming more serious. This is more likely to be successful when practitioners show empathy and work with families to explore how problems have come about and how to make change. All practitioners need to work honestly and openly with families, acknowledge strengths, discuss any concerns with them and ensure that they are involved in decision making. It is important they acknowledge and respect the contribution of family members in the work that they do.

- **Early, solution-focused and evidence-based interventions**

It is important that any problems are identified early, so that the child and their family receive appropriate support in a timely way to prevent the problem from escalating.

Everyone who works with families will work with them as soon as any difficulties become apparent, to help them to identify the things they want to change and the support they need. The most effective support is tailored to the family's needs and provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little intrusion into and disruption to family life as possible.

- **A joint working approach to assessment, support and intervention**

Protecting and promoting the welfare of children is the responsibility of everyone in Lancashire who works or has contact with children and their families no matter what organisation they work for. The joint working approach ensures that children and families are understood and responded to in the round, so that they receive the right support and practical help in a co-ordinated way, when they need it. Partners and professionals who work with children and their families should, usually with informed parental consent, consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.

- **A confident workforce with a common core of knowledge and understanding about children's needs and the skills to work with families**

Appropriate, effective and timely support for children and families cannot be achieved without the professional judgement and expertise that all practitioners working with children bring to their role. Across Lancashire agencies will engage in training and development to support confident practitioners who can work in an open, non-judgemental way with families to enable them to make choices and changes.

When families need additional help.
Level 2 – Children and Families with Needs at Universal Plus

If a family have needs which broadly indicate that they are "universal plus" practitioners are expected to work together to meet the family, child or young person's additional needs and they may need to share information and engage with other services to do so. Practitioners should work alongside the family and secure their informed consent to share information with others.

Practitioners can access services at Level 2 Universal Plus, using their own agency internal guidelines or by using specific request for service forms/letters when requesting involvement of other additional need services. Parents should always sign to give consent to the request for service and to information sharing. We should also ask young people who demonstrate Fraser competency, especially those aged over 15, to give their consent.

Where the problems or needs are more complex, practitioners should consider completing an **Early Help Plan (EHP)** with the family. An **Early Help Plan** is a tool to use with the family to discuss and record the needs, strengths, goals and views that they identify, leading to a plan to support them. There are many different types of early help planning tools. An early help template can be found in part three. Alternatively, practitioners may choose to use or amend assessment and planning tools from within their own agency.

Where there is more than one service working alongside a child and family, it is helpful for the family and involved services to hold a **multi-agency family** meeting, to share information and co-ordinate an **Early Help Plan** together. Careful planning should take place to make sure that the family are fully engaged in this process and drive the plan. In whatever format, completed **Early Help Plan** remains the responsibility of the supporting agency/service to retain, in accordance with their own record keeping procedures. An **Early Help Plan** should be registered with the relevant local authority. Guidelines for registering an Early Help Plan can be found in part three. A copy of the completed **Early Help Plan** should be given to all family members that were involved, including children and young people (age and understanding permitting).

Children & Families Hubs/ Multi Agency Safeguarding Hubs

Across Lancashire, local authorities and partners deliver hubs that facilitate advice and guidance to support practitioners working with families. Although they will all work slightly differently in order to meet their local needs, these hubs are all designed to support practitioners and agencies to meet the needs of children, young people and families across all four levels of need and all offer a "consultation line" for professionals to discuss concerns if they need to before deciding a way forward. At levels 1, 2 & 3; information, advice and guidance is available to practitioners (and families) about services and support available as well as the opportunity to discuss the best course of action or signpost to available help.

Contact details for the Hubs across Lancashire can be found in part three.

Level 3 – Intensive Support

Prior to requesting services at level 3, **Intensive**, practitioners are expected to have worked together with the family to meet the **Universal Plus** needs of the child and their family using an **Early Help Plan** and **multi-agency meetings.**

If, after a period of working with the plan practitioners identify that a child and their family would benefit from a more intensive multidisciplinary response than they can provide or coordinate; they should discuss this with the family and update the **Early Help Plan** and complete a request for service form. The **Early Help Plan** and **request for service form** should be sent to the relevant local authority Hub, who will triage the request and either provide advice and guidance to practitioners about continuing to work at level 2, pass to the local Targeted Intervention team or identify an alternative level 3 service.

Level 4 – Specialist Support

Children's Social Care (CSC) has a responsibility to children in need under section 17 of the Children Act 1989. That is, children whose development would be significantly impaired if services are not provided. This includes children who have a long lasting and substantial disability, which limits their ability to carry out the tasks of daily living.

For children in need, a request to Children's Social Care is appropriate when more substantial interventions are needed: where a child's development is being significantly impaired because of the impact of complex parental mental ill health, learning disability or substance misuse, or very challenging behaviour in the home.

A social care request is also appropriate where parents need practical support and respite at home because of a disabled child's complex care needs. In these situations, Children's Social Care will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent problems escalating to a point that statutory child protection intervention is needed.

The second area of Children's Social Care responsibility is **child protection**; that is where Children's Social Care must make enquiries under section 47 of the Children Act 1989, to determine whether a child is suffering or is likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There is no absolute criteria on which to rely upon when judging what constitutes **significant harm**. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable – and parental factors such as history of significant domestic abuse, substance misuse or mental ill-health. Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

Professionals in all agencies have a responsibility to make a request to Children's Social Care when it is believed or suspected that the child:

- Has suffered significant harm – child protection

- Is likely to suffer significant harm – child protection
- Has significant developmental or disability needs, which are likely only to be met through provision of Children's Social Care family support services (with agreement of the child's parent) – children in need

When Children's Social Care undertakes a S.47 child protection enquiry, the Pan Lancashire Safeguarding and Child Protection Procedures are followed.

The difference between Child Protection and Children in Need

Children's Social Care engagement with children in need is on a voluntary basis. Parents, or young people who are Fraser Competent, can refuse some or all such offers of assistance. Often, families prefer a lower level of support such as that offered through their school or health centre because this is less stigmatising or intrusive.

An Early Help Plan, Team Around the Family meetings and Shared Family Assessment is a useful way of engaging children in need and their families on a voluntary basis and many problems can be resolved this way.

When you are considering making a request for service to children's social care, unless there is immediate risk of significant harm, you should consult with the family and tell them that you are making a request, and why. Where there is doubt about the most appropriate service pathway to take, anyone concerned about the welfare of a child should, before they make a request, consult with their own manager and/ or designated safeguarding lead and, where they remain unsure, speak to a qualified social worker in the relevant local authorities contact hub (see Part Three for details).

Completing an Early Help Plan or Family Assessment should not delay the process if a professional is concerned that a child is, or may be, suffering significant impairment to their development or significant harm. In such cases, the professional should make a request to the relevant local authority hub.

If a child is considered to be at IMMEDIATE risk of significant harm professionals should telephone the relevant hub and ask to speak to a social worker.

WORKING WELL WITH CHILDREN AND FAMILIES IN LANCASHIRE

Including, Blackburn with Darwen, Blackpool and Lancashire Local Authorities

This document contains Part One and Two of Three parts of the guidance.



NHS

Lancashire Constabulary
police and communities together

Blackburn with Darwen Borough Council

Blackpool Council

Lancashire County Council

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PART ONE – SUMMARY AND OVERVIEW

Purpose

This guide is for everyone who works with children and young people and their families in Blackburn with Darwen, Blackpool and Lancashire local authority areas. It is publicly available for anyone to access, and is particularly key for organisations including –

- Health
- The Police
- Local Authorities
- Schools
- Colleges
- Nurseries
- Voluntary and peer group organisations working with children and families
- Providers of support for children and families.

The guide is about families, children and young people, but it is relevant to staff working in a wide range of service areas such as adult mental health, community health, adult social care, housing and leisure.

The guide is made up of three parts. There is the summary document (Part One). The summary document gives an overview of the levels of need that families and children might experience through their lives in Lancashire, and broadly who should respond to these need and how. Part Two provides some more detailed information about levels of need and some examples to provide context and Part Three is different for each local authority area (Lancashire, Blackpool and Blackburn with Darwen) and talks about how services are organised and delivered in each area including contact details.

This guide talks about how we can work with families to build on their strengths and come together across agencies to put the child at the centre of our work. It is designed to ensure that we give families who are experiencing challenges the advice, information and support they need that helps them make a positive difference to their lives.

This guide does not sit in isolation. Each local authority has strategies which support areas of work that are relevant to all professionals and that are locally developed with partners, including Early Help, Exploitation and Neglect Strategies. Within organisations and across the Pan Lancashire Safeguarding Partnership there will be guides and training about how to identify, assess and support children and families who are experiencing challenge, contact details for safeguarding leads or champions.

Working Together (2018) is the document issued nationally that describes how partners need to work together to support children and families. This document has been developed in line with the Working Together Principles.

Introduction

Across Lancashire, we all believe that every child should have the opportunity to reach their full potential and that children are best supported to grow and achieve within their own families. The work of people who are alongside families when they experience challenge should be geared toward building strong foundations and developing assets and resilience so that children thrive. Equally, there will be times when, despite everyone's best efforts to support families, children need our protection to stop them from being harmed. When this is the case, local authority children's services will work with partners to provide this protection. This guide should help practitioners working with families to make sure they are using their resources to best effect, as early as possible when problems emerge and to help them get access to more help for families if it is needed.

Different local authorities across the county might use different words to describe how they work with families, children and young people, but all of the ways of working have the common belief that families are better together at their core.

By working together in our communities we will ensure that there is a range of flexible, localised services which are responsive to children's and families' needs and provide the right level of intervention at the right time by the right person. This approach will help to build purposeful relationships which help develop effective interventions and support for children, young people and their families at an earlier stage.

Professionals working across Lancashire are committed to the following values which inform the way we work with children and families:

- Being respectful and building relationships by working alongside parents, children and young people and seeking their informed consent and agreement;
- Being understanding, kind and empathetic. Recognising and working to families' strengths – especially those of parents and carers and take the time to understand their needs fully.
- Being purposeful. Focusing on preventing problems before they occur and offer flexible responsive, constructive support when and where it is required;
- Being constructive. Helping to build the resilience of parents, children, young people and communities to support each other;
- Being open and transparent with each other as well as with families. Work together across the whole system engaging well with communities and aligning our resources so we can best support families and do what needs to be done when it needs to be done;
- Being fair. Base all that we do on evidence and analysis of both what is needed and of what works and be brave enough to stop things that are wrong;
- Being honest. Being clear and consistent about the outcomes we expect, and judge what we do against them.

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How Families, Children and Young People are Supported in their Communities

Universal Services seek to work with families to meet all the needs of children and young people so that they are happy, healthy and able to learn and develop securely. Universal services are provided as of right to all children, including those with additional and intensive needs. However, some children, either because of health needs, disabilities or because of less advantageous circumstances, will need extra help from universal services to be healthy, safe and to achieve their potential.

All families can access Universal Services such as –

- maternity services at birth;
- health visiting,
- funded childcare hours;
- primary education,
- school nursing
- family support delivered from Family Hubs
- secondary school,
- further education and youth services for older children.

Across Lancashire, we want to offer help and support our families who experience challenge at an early point in a voluntary way that does not leave them feeling singled out as different. This is because we want to prevent, wherever possible, situations escalating to the point that the family no longer feel, or indeed, are, fully in control. We want to ensure that children and families know about and are able to access their community assets and that they support them well. We call this “early help”. A large amount of public money is invested in a wide range services for children and families across the county in universal services and early help. It is important that when families experience challenges practitioners work together so that we use that public money and staff resources effectively to bring about positive changes led by families and their communities. Early help may occur at any point in a child or young person’s life and includes both interventions early in life as well as interventions early in the development of a problem for a family to prevent it getting worse. It includes help for adults in a family to help them support their children well and understand their needs – together we want to offer support early to help families meet challenges and reduce the impact of problems that may have already emerged.

To do this everyone needs to work together in an open and transparent way with families and their children to identify strengths and needs, to find practical and achievable solutions, and to provide the right amount of information, advice and support.

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Levels of Need

In this guide we have identified four broad levels of need:

Level 1 needs - Universal

- **Most** families, children and young people will experience challenges in their lives that impact on their wellbeing. **Most** families will be able to weather these challenges (are resilient to them) either without help from services, or with advice, guidance and support from universal services, including empathy and understanding.

Level 2 needs - Universal Plus

- **Some** families, children and young people will need support from people who know them well and have established relationships with them to meet some challenges where advice and guidance has not been enough to help the family achieve change or where a child or young person needs additional support to help them to thrive.

Level 3 needs - Intensive

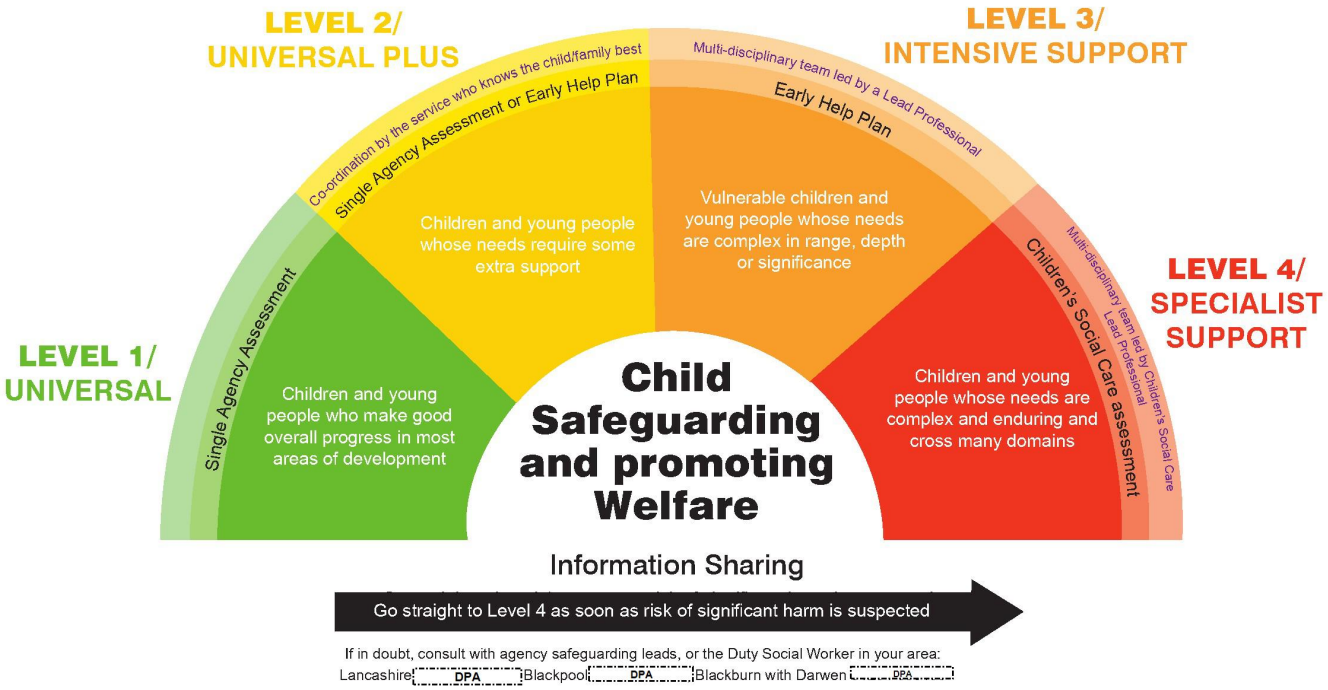
- **A small number** of families, children and young people will experience significant challenges and will need coordinated support from experts working with them to find sustainable solutions that reduce the impact of challenge on the wellbeing and development of children.

Level 4 needs - Specialist

- In **exceptional** cases families need specialist, statutory support that is designed to maintain or repair relationships and keep families together wherever possible. In some very specific circumstances the needs are so great that children need to be away from their family to ensure that they are protected from harm and in these circumstances the local authority becomes their "corporate parent".



Levels of Need – At a Glance



see page 28 for larger version

Services for children with **universal plus** and **intensive** needs are sometimes known as **targeted services**. Targeted services bring expertise and additional attention to universal services and include valued services such as behaviour and or learning support in schools, extra support to parents in early years from family hubs or focussed help to involve young people experiencing particular challenges through youth services. They are delivered by a range of people in different organisations across health, schools, the council, police, voluntary agencies, community groups and many others.

Across Lancashire, all partners share the belief that families, children and young people with **universal plus** needs are best helped to find the right solution by those who already work with them, such as their health visitor, nursery or school. They are able to support the family by coordinating additional support with local partners as needed. When someone is supporting children and family in this way, shared assessments, an **Early Help Plan** and a **named lead** are helpful tools to gather and analyse relevant information and co-ordinate work alongside the child and family. Services who are working with, or can be engaged to work with, adults in the family should be included in this plan as it helps coordinate how everyone is working to a common aim.

Early Help Plans can be developed using existing assessment and planning processes within organisations. For example, schools may choose to use a Special Education Needs (SEN) Support Plan. Each local area can provide you with planning templates developed in their area, and you can find these in Part Three of this guide.

For children whose needs are Intensive, a coordinated multi-disciplinary approach where people from different organisations with different skills, knowledge and experience work together with a family, may be best. These approaches need careful coordination to make sure the children and the family are always at the centre of the work, and will need assessments and a Plan which identifies a named person to work closely with the child and family to ensure they receive all the support they require. Examples of intensive services are children's mental health services, children with additional needs and disabilities, and the families in need service.

By working together effectively with families and children and young people with emerging needs at the earliest opportunity and by providing coordinated multi-disciplinary/agency support and services for those with intensive needs, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services.

Specialist services are where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services are Children's Social Care or Youth Offending Service.

PART TWO – DETAILED GUIDE TO WORKING WELL WITH CHILDREN AND FAMILIES IN LANCASHIRE

OUR PRINCIPLES FOR WORKING WITH FAMILIES, CHILDREN AND YOUNG PEOPLE.

Across Lancashire, there are two unitary authorities who have Social Care responsibilities (Blackburn with Darwen and Blackpool). All other areas of Lancashire are supported by the County Council. There is one Integrated Care System covering Lancashire and South Cumbria, and 5 Integrated Care Partnerships which support health delivery and commissioning. There is one Police Force, with 3 tactical delivery localities across Lancashire.

- In each local authority area, the way that the services are delivered and commissioned for families, children and young people work with people has a slightly different focus and can sometime use different language – this is because it is based on the differing needs and priorities in these communities. However, these ways of working are all underpinned by a common set of principles which span across the authorities and the partnership of health, police and provider services. These principles are -
- That we should work **WITH** families, not do things to them.
- That children are at the heart of what we do, and we should never lose sight of the impact
- That we should seek to support children within their family network wherever possible.
- That children and young people with additional needs and disabilities, and children and young people who are vulnerable because of their family circumstance, should be supported to have equity of aspiration and outcomes with their peers.
- That the anchors in a family's life, the school they chose for their children, the community that they choose to live in and the people around them can help to build assets, capacity and resilience for families when problems are identified early and addressed with honesty and collaborative working.



- That families should not have to tell their stories to a range of different professionals through their lives to get help. People involved in supporting families should share information and plans (with the knowledge, and when appropriate, consent of the family) to help them work effectively together.
- Across the local authority areas, we have agreed the levels of need and the broad description of how services can and should respond. As far as we are able, we have agreed common set of tools and guidance so that our partner agencies, particularly schools, health and the police who work pan- Lancashire do not need to access three different sources of information to help guide their work with families. Whilst there are variations in service delivery and ways of accessing (outlined in part three) the overall principles and values outlined in parts one and two apply across the county.
- The model illustrates how agencies should respond to the requirements of children and families across four levels of need **(Universal, Universal Plus, Intensive and Specialist).** In this model, all services and interventions seek to work openly with the family (or with young people on their own where it is age appropriate) in order to support them to identify, talk honestly about and address their needs at the lowest possible level. We agree to actively work with children and families to prevent their needs escalating to a higher level. We will only request services at a higher level after we have exhausted the resources and expertise at the earliest level of intervention.
- The Levels of Need table on pages 11 to 13 and the more detailed indicators of need set out on pages 20 to 27, together illustrate how Early Help operates across Lancashire and clarifies the threshold between each level. This guide seeks to give clear advice to all professionals and the public on the levels of need and thresholds for different responses in Lancashire.
- However, we recognise that each child and family member is an individual, and each family is unique in its make-up, so reaching decisions about levels of needs and the best intervention requires discussion, reflection and professional judgement applied in the context of the lived experience of the children and family.

Consent

Throughout this document, and in others that you will read, you will see reference to consent. Consent is needed from families and young people at key points in their journey – and can only be disposed of when there is an overriding concern for the welfare of children or families and their safety. Even when this is the case, only in exceptional circumstances should families details be discussed and shared with other agencies without their knowledge.

Meaningful consent is important. It is crucial in helping families feel that they are important in the process that services are working with them and not doing things to them. It supports them to know that they can and should be in the driving seat of the support available to them. It should be informed consent – if you are planning to or need to share their information with more than one organisation, you should be specific about this. **Tell them what information you are going to share, who with and why you think it is the right thing to do.** If a family or individual refuses to give consent but you are sufficiently concerned about a child or vulnerable person and feel you need to share information anyway, you should usually explain this to the family unless you are concerned that in doing so, you are placing the child, yourself or anyone else at risk.

You need consent to –

- Make a referral or request for a service to another agency or arrange a multi-agency meeting
- Consult with other agencies about a family to help you to determine what support they might need where you are sharing their personal details.

You do not need consent to –

- Have a conversation with the Children and Families Hub Consultation line where you do not share identifiable details of the family.
- You do not need consent but should usually inform the family when –
- You are concerned that a child, family member or other person has come to, or is likely to come to significant harm and you need to share this with other agencies so that they can take steps to ensure their safety.



Levels of Need

Level of identified Need and way of accessing the service	Who it is for	Examples of the services and support available	Why is support provided?
Level 1 - Universal			
Open access to Provision for all families	All children and families who live in Lancashire.	Early years, education, primary health care, maternity services, housing, community health care, youth centres, leisure services. Children are supported by their family and in universal services to meet all of their needs.	To ensure that our Children and young people make good progress in most areas of development.
Level 2 - Universal Plus			
One or more services provide voluntary additional support to meet the child and family needs. This is co-ordinated by a service that knows the child/family best. An Early Help Plan and coordination meeting is helpful to bring the family and involved services together to share information and agree what would be helpful. Individual agency internal routes to access additional supports or to request external services	Children and families with additional needs who would benefit from or who require extra help to: • Improve education • Improve parenting and/or behaviour • Meet specific health or emotional needs of the child and/or parent • Improve their Material situation • Respond to a short-term crisis such as bereavement, parental separation	Parenting support; commissioned early help services School holiday and short breaks provision for disabled children; Extra health support for family members; behavioural support; Housing support; Additional learning support; Special Education Needs (SEN) Support plan; help to find education and employment; Emotional Wellbeing Mental Health Service support to schools; Speech and Language Therapy; family hubs; Targeted youth work Drug and alcohol services Services provided on a voluntary basis	So that the life chances of children and families are improved by offering early life and early help additional support.



Level of identified Need and way of accessing the service	Who it is for	Examples of the services and support available	Why is support provided?
Level 3 - Intensive			
A multi-disciplinary team to support the family led by a Lead Professional, shares information and co-ordinates intensive services and support to meet the child and family needs. An Early Help Plan/ Family Assessment is necessary to set out how the family and involved services will work together to meet the child's needs. **Individual agency** internal routes to access intensive support and/or referral to targeted support services available in area.	Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who: • Have a disability resulting in complex needs • Exhibit anti-social or challenging behaviour • Suffer neglect or poor family relationships • Have poor engagement with key services such as school and health • Are not in education or work long-term • Families involvedin crime/misuse of drugs at a significant level	Youth Offending Service Emotional Wellbeing and Mental Health Service In patient and continuing health care Targeted Intervention Services including edge of care and services to support families in their home and community to prevent escalation of concerns. Health care for children with life limiting illness Services for children with profound and enduring disability Adult health services Substance misuse services	Vulnerable children and families likely to face impairment to their development and life chances will be supported by services to enable them to achieve good outcomes. Issues will be prevented from escalating into safeguarding concerns requiring statutory intervention.

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Level of identified Need and way of accessing the service	Who it is for	Examples of the services and support available	Why is support provided?
Level 4 - Specialist			
Children`s Social Care, Child Protection Care Proceedings, Youth Treatment Orders/ Custody/ Hospital in-patient Access via Request for service to Children's Social Care using the local request for service form Statutory notifications to Youth Offending Service Statutory health assessments	Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect Children with significant impairment of function/learning and/or life limiting illness Children whose parents and wider family are unable to care for them Families involved in crime/misuse of drugs at a significant level Families with significant mental or physical health needs that impact in a way which may be significantly harmful to their children.	Children's Social Care, Youth Offending Service Emotional Wellbeing and Mental Health Service In patient and continuing health care Fostering and residential care Health care for children with life limiting illness Services for children with profound and enduring disability Adult health services Substance misuse services	Because without the intervention of specialist services, sometimes in a statutory role, Children and /or family members are likely to suffer significant harm/ removal from home/ serious and lasting impairment.

Working well with families, children and young people

There are several factors that are essential to achieving good outcomes when working with families, children and young people.

- **An open, honest and transparent approach to supporting children and their families**

Parents are usually the best people to understand their child's needs; however, parenting can be challenging. Families deserve support when they request it. Asking for help should be seen as a sign of responsibility rather than failure. Families tell us that support works well when they are respected and listened to by the people who work with them or they approach for help. In the majority of cases, it should be the decision of the parents when to ask for help or advice but there are occasions when practitioners may need to engage parents and families actively to help them to prevent problems from becoming more serious. This is more likely to be successful when practitioners show empathy and work with families to explore how problems have come about and how to make change. All practitioners need to work honestly and openly with families, acknowledge strengths, discuss any concerns with them and ensure

that they are involved in decision making. It is important they acknowledge and respect the contribution of family members in the work that they do.

- **Early, solution-focused and evidence-based interventions**

It is important that any problems are identified early, so that the child and their family receive appropriate support in a timely way to prevent the problem from escalating.

Everyone who works with families will work with them as soon as any difficulties become apparent, to help them to identify the things they want to change and the support they need. The most effective support is tailored to the family's needs and provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little intrusion into and disruption to family life as possible.

- **A joint working approach to assessment, support and intervention**

Protecting and promoting the welfare of children is the responsibility of everyone in Lancashire who works or has contact with children and their families no matter what organisation they work for.

The joint working approach ensures that children and families are understood and responded to in the round, so that they receive the right support and practical help in a co-ordinated way, when they need it. Partners and professionals who work with children and their families should, usually with informed parental consent, consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.

- **A confident workforce with a common core of knowledge and understanding about children's needs and the skills to work with families**

Appropriate, effective and timely support for children and families cannot be achieved without the professional judgement and expertise that all practitioners working with children bring to their role. Across Lancashire agencies will engage in training and development to support confident practitioners who can work in an open, non-judgemental way with families to enable them to make choices and changes.

WHEN FAMILIES NEED ADDITIONAL HELP

Level 2 – Children and Families with Needs at Universal Plus

If a family have needs which broadly indicate that they are "universal plus" practitioners are expected to work together to meet the family, child or young person's additional needs and they may need to share information and engage with other services to do so. Practitioners should work alongside the family and secure their informed consent to share information with others. Work at level 2 should seek to help families build on the assets they have, to do work with them so that they can help themselves to improve a situation or make change, rather than do things around or to them.

Practitioners can access services at Level 2 Universal Plus, using their own agency internal guidelines or by using specific request for service forms/letters when requesting involvement of other additional need services. Parents should always sign to give consent to the request for service and to information sharing. We should also ask young people who demonstrate Gillick competency, especially those aged over 15, to give their consent.

Where the problems or needs are more complex, practitioners should consider completing an **Early Help Plan (EHP)** with the family. An **Early Help Plan** is a tool to use with the family to discuss and record the needs, strengths, goals and views that they identify, leading to a plan to support them. There are many different types of early help planning tools. An early help template can be found in part three. Alternatively, practitioners may choose to use or amend assessment and planning tools from within their own agency.

Where there is more than one service working alongside a child and family, it is helpful for the family and involved services to hold a **multi-agency family** meeting, to share information and co-ordinate an **Early Help Plan** together. Careful planning should take place to make sure that the family are fully engaged in this process and drive the plan. In whatever format, completed **Early Help Plan** remains the responsibility of the supporting agency/service to retain, in accordance with their own record keeping procedures. An **Early Help Plan** should be registered with the relevant local authority. Guidelines for registering an Early Help Plan can be found in part three. A copy of the completed **Early Help Plan** should be given to all family members that were involved, including children and young people (age and understanding permitting).

Children & Families Hubs/ Multi Agency Safeguarding Hubs

Across Lancashire, local authorities and partners deliver a central point of access that facilitate advice and guidance to support practitioners working with families. Although they will all work slightly differently in order to meet their local needs, these hubs are all designed to support practitioners and agencies to meet the needs of children, young people and families across all four levels of need and all offer a "consultation line" for professionals to discuss concerns if they need to before deciding a way forward. At levels 1, 2 & 3; information, advice and guidance is available to practitioners (and families) about services and support available as well as the opportunity to discuss the best course of action or signpost to available help.

Contact details for the Hubs across Lancashire can be found in part three.

Level 3 – Intensive Support

Prior to requesting services at level 3, **Intensive**, practitioners are expected to have worked together with the family to meet the **Universal Plus** needs of the child and their family using an **Early Help Plan** and **multi-agency meetings**.

Sometimes, despite the best efforts of professionals to work purposefully with and alongside families and children to support them to make change, concerns about outcomes for children do not improve. If, after a period of working with the family practitioners identify that a child and their family would benefit from a more intensive multidisciplinary response than they can provide or coordinate; they should discuss this with the family and update the **Early Help Plan** and complete a **request for service** form. The **Early Help Plan** and **request for service form** should be sent to the relevant local authority Hub, who will triage the request and either provide advice and guidance to practitioners about continuing to work at level 2, pass to the local Targeted Intervention team or identify an alternative level 3 service.

Intensive support should again be focussed on working with families, children and young people. Support for families should not be designed to "rescue" them from situations, but to help them to restore family life with evidence based interventions that help them to make long term, lasting change that they are in control of.

Level 4 – Specialist Support

Children's Social Care (CSC) has a responsibility to children in need under section 17 of the Children Act 1989. That is, children whose development would be significantly impaired if services are not provided. This includes children who have a long lasting and substantial disability, which limits their ability to carry out the tasks of daily living.

For children in need, a request to Children's Social Care is appropriate when more substantial interventions are needed: where a child's development is being significantly impaired because of the impact of complex parental mental ill health, learning disability or substance misuse, or very challenging behaviour in the home.

A social care request is also appropriate where parents need practical support and respite at home because of a disabled child's complex care needs. In these situations, Children's Social Care will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent problems escalating to a point that statutory child protection intervention is needed.

The second area of Children's Social Care responsibility is **child protection**; that is where Children's Social Care must make enquiries under section 47 of the Children Act 1989, to determine whether a child is suffering or is likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There is no absolute criteria on which to rely upon when judging what constitutes **significant harm**. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable – and parental factors such as history of significant domestic abuse, substance misuse or mental ill-health. Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

Professionals in all agencies have a responsibility to make a request to Children's Social Care when it is believed or suspected that the child:

- Has suffered significant harm – child protection
- Is likely to suffer significant harm – child protection
- Has significant developmental or disability needs, which are likely only to be met through provision of Children's Social Care family support services (with agreement of the child's parent) – children in need

When Children's Social Care undertakes a S.47 child protection enquiry, the Pan Lancashire Safeguarding and Child Protection Procedures are followed.

The difference between Child Protection and Children in Need

Children's Social Care engagement with children in need is on a voluntary basis. Parents, or young people who are Gillick Competent, can refuse some or all such offers of assistance. Often, families prefer a lower level of support such as that offered through their school or health centre because this is less stigmatising or intrusive.

An Early Help Plan, multi-agency meetings and Family Assessments are useful ways of engaging children in need and their families on a voluntary basis and many problems can be resolved this way.

When you are considering making a request for service to children's social care, unless there is immediate risk of significant harm, you should consult with the family and tell them that you are making a request, and why. Where there is doubt about the most appropriate service pathway to take, anyone concerned about the welfare of a child should, before they make a request, consult with their own manager and/ or designated safeguarding lead and, where they remain unsure, speak to a qualified social worker in the relevant local authorities contact hub (see Part Three for details).

Completing an Early Help Plan or Family Assessment should not delay the process if a professional is concerned that a child is, or may be, suffering significant impairment to their development or significant harm. In such cases, the professional should make a request to the relevant local authority hub using the guidance in Part Three.

If a child is considered to be at IMMEDIATE risk of significant harm professionals should always telephone the relevant hub and ask to speak to a social worker.

What happens to a request for support at Level 4 (Social care)

In the Children & Families Hubs across Lancashire Children's Social Care staff answer phone calls from members of the public and priority phone calls from professionals. Each children and families hub will work slightly differently to meet the needs of their community and details can be found in Part 3. There are common principles that all will share, for instance it is always the case that calls on open cases will be recorded on the child's electronic record and passed to the allocated worker to provide a response. Where a public or priority call indicates a child is at immediate risk of significant harm, a contact record recommending a referral and statutory assessment is created on the Children & Families electronic record system and electronically transferred to the local Assessment & Intervention Team.

Where a Contact is potentially a child in need request or a child protection referral, a social worker will gather further information from the family and relevant practitioners and decide within 24 hours on normal working days what action is necessary. Where the team decides a statutory assessment is required, the contact is electronically passed to the local Children's Social Care Assessment Team recommending a referral. Some contacts may be dealt with by advice regarding provision of additional support using an Early Help Plan, signposting or the provision of an immediate solution. Outcomes can include -

- No further action
- Advice and information given
- Recommendation to involved services to provide additional support through an Early Help Plan
- Signposted to other services
- Accepted as a referral and passed on to a social worker in the relevant local Assessment and Intervention team for an assessment
- Accepted as a referral for Targeted Intervention Services and passed to the team.

The outcome of the request will be fed back to the referrer. When a referral is received in the local Assessment team, it will usually be allocated to a social worker. There are occasions when the manager of the local Assessment Team will decide to close a referral before an assessment is undertaken. This can be because new information about the referral is received or the team knows relevant information from their previous involvement with the child and family. If a referral is closed by the Assessment Team, they will inform the referrer.

In most cases, a single assessment will be undertaken; this will include seeing the child alone (where age appropriate), meeting parents and discussing concerns and gathering current and historical information from all relevant professionals to form a judgment about needs and risks in order to develop a plan or agree further actions to support the child. The outcome may be:

- The provision of advice
- Referral to relevant provision in the community
- A child in need plan
- Step down to a targeted intervention service
- Step down to involved services to provide additional support using a Team Around the Family and Early Help Plan
- No further action
- A s47 child protection investigation

With parental consent the outcome of the referral will be fed back to the referrer and to any agencies from whom information has been sought. The single assessment usually takes 20 working days to complete and may lead to a child in need plan or, if the situation is complex, the single assessment will be extended to 45 working days to enable more detailed information from other agencies and detailed exploration into family background and dynamics and the needs of the children.

Whenever there are concerns a child has, or is likely to suffer significant harm, a section 47 child protection enquiry is undertaken. This will involve liaison with police, health and other agencies and will include a strategy discussion, preferably through a meeting, to share full information, decide and plan the actions needed. An assessment of the child's circumstances, including risks and needs, is undertaken following the strategy meeting. This may lead to a decision that:

- There are no concerns
- A voluntary child in need plan will support the child and family
- Further statutory intervention, often through an initial child protection conference.

If an initial child protection conference (ICPC) is required, this is usually within fifteen days of the strategy meeting. If the conference agrees, a child protection plan is put in place. The child protection plan will make clear to the parents what changes they have to make to ensure the child does not suffer significant harm. Should the circumstances of the child/young person not improve or where further serious incidents occur, a decision may be made to apply to the court for care proceedings. The first step in this process is usually to have a legal planning meeting and issue parents with a formal Public Law Outline (PLO) letter stating what must improve to avoid care proceedings. Once Children's Social Care and other specialist

intervention has successfully reduced the level of need for the child or young person, Universal or targeted services will be expected to continue to support the child and family through the 'working well with families and children" processes described earlier in this guide.

Consulting with Professionals to support a family, like Education, Health and Social Care

Consultation is the act of sharing information to obtain the perspective of another practitioner. It is not a referral to another service unless, during the consultation, it is decided that a referral would be the best course of action. Consultation helps to bring context to a set of circumstances that may be concerning to professionals. Consultation may take different forms, from a telephone call to a series of meetings between two or more practitioners. Consultation is best undertaken by speaking to each other and not just by email. Whenever consultation takes place, it is important that practitioners follow the principles of information sharing, parental consent and confidentiality.

If the consultation is internal (between practitioners in the same organisation) practitioners should ensure that they follow their own agency's procedures for information sharing. If the consultation is external (between practitioners from different organisations) you should use the Pan Lancashire Information Sharing Framework to decide whether information should be shared. In most cases, unless the child would be at significant risk, before personally identifiable details are shared the child and their family should give consent to the consultation taking place and where appropriate, be given the opportunity to be involved.

Principles of consultation:

- Should be open to all agencies who work with children, young people and their families
- Should take place when there is a clear benefit to the child or young person and their family
- An important tool in helping agencies and practitioners work together to achieve the best possible outcomes for children and young people
- A two-way process that demonstrates an acknowledgement of different but equally valid knowledge and expertise
- Be able to explain to the family why you feel it would be helpful to consult with other agencies. Families should whenever possible be aware of, give consent to, and be involved in consultations and also be informed of outcomes and decisions taken as a result
- Information should be shared in the spirit of openness, transparency and honesty between practitioners, the child and their family; however it is important that you have due regard for the principles of confidentiality and parental consent

All consultations should be recorded by the practitioner who has initiated the consultation to ensure clarity and allow you to evidence any decisions that have been made as a result of other professionals input.

Children & Families Hub consultation

If as a professional working with children and families in Lancashire you have concerns about a child and want an opportunity to talk these through with a social worker before deciding the best course of action, please contact the Children & Families Hub for the relevant authority using the contact details in part three and ask for the Consultation line.

The Children & Families Hubs also support partners' Early Help activity at level 2 and 3. The Consultation Line social worker can provide information, advice and guidance about having difficult conversations, Early Help Plans, multi-agency meetings and additional external services available.

All consultations with the Children & Families Hub must be recorded by the caller. This is because the Children & Families Hubs will only create records for children where a service request which meets the threshold for Level 3 or 4 services has been received AND the relevant consent criteria is met. If during a consultation it becomes clear that a child is at immediate risk of significant harm the caller will be transferred to the Priority Line and the process for accessing urgent Level 4 services will be followed. If, following a consultation, a practitioner wishes to submit a Request for Services (RFS) form, they should follow the process outlined within this document for accessing Level 3 or 4 services. At any time during the Early Help Plan or Assessment process, it is important that practitioners feel they can ask for help and advice and draw on the expertise of other practitioners. All practitioners and services, schools and settings, working with families should feel able to consult with one another in a meaningful, purposeful way at any time before deciding on a course of action or way forward.

Indicators of Possible Need

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context, familial assets and the factors behind the need, will the practitioner be able to form a judgement as to the level of support needed. Holding a multi-agency meeting and completing an Early Help Plan or Family Assessment is a helpful way to share information and gain an understanding of the child and family needs. The indicators are a guide and not a pre-determined level of response

Level 1 - UNIVERSAL: Children and young people who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.	
Health • Physically well • Nutritious diet • Adequate hygiene & dress • Developmental & health checks/ immunisations up to date • Developmental milestones & motor skills appropriate • Sexual activity age-appropriate • Good emotional and mental health **Emotional Development** • Good quality early attachments • Able to adapt to change • Able to understand others' feelings	**Basic care, ensuring safety and protection** • Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care • Protection from danger and significant harm. **Emotional warmth and stability** • Shows warm regard, praise and encouragement • Ensures stable relationships **Guidance, boundaries and stimulation** • Ensure the child can develop a sense of right and wrong • Child/young person accesses leisure facilities as appropriate to age and interests

Level 1 - continued

Behavioural Development

- Takes responsibility for behaviour
- Responds appropriately to boundaries and constructive guidance

Identity and Self-Esteem

- Can discriminate between safe and unsafe contacts

Family and Social Relationships

- Stable and affectionate relationships with family
- Is able to make and maintain friendships

Learning

- Access to books and toys
- Enjoys and participates in learning activities
- Has experiences of success and achievement
- Sound links between home and school
- Planning for career and adult life

Family functioning and well-being

- Good relationships within family, including when parents are separated

Housing, work and income

- Accommodation has basic amenities and appropriate facilities, and can meet family needs
- Managing budget to meet individual needs

Social and community including education

- They have friendships and are able to access local services and amenities
- Family feels part of the community

Level 2 – UNIVERSAL PLUS: Children and young people whose needs require some extra support. A single universal or targeted service or two services are likely to be involved; these services should work together. A Team Around the Family meeting to share information and agree an Early Help Plan to support the child and family is helpful. No need for specialist services.

Health

- Inadequate, limited or restricted diet; e.g. no breakfast, no lunch money; being under or overweight
- Missing immunisations/checks
- Child is continually slow in reaching developmental milestones
- Minor concerns re: diet, hygiene, clothing
- Dental problems untreated / decay
- Missing routine and non-routine health appointments

Identity and Self Esteem

- Some insecurities around identity expressed e.g. low self-esteem, sexuality, gender identity
- May experience bullying
- May be perpetrating bullying behaviour
- Lack of confidence is incapacitating
- Child/young person provocative in behaviour/ appearance e.g. in appropriately dressed for school

Level 2 – UNIVERSAL PLUS: Children and young people whose needs require some extra support. A single universal or targeted service or two services are likely to be involved; these services should work together. A Team Around the Family meeting to share information and agree an Early Help Plan to support the child and family is helpful. No need for specialist services.

Health

- Concerns about developmental progress: e.g. bedwetting/soiling; speech impediment
- Vulnerable to emotional problems, perhaps in response to life events such as parental separation e.g. child seems unduly anxious, angry or defiant for their age
- Experimenting with tobacco, alcohol or illegal drugs
- Frequent accidents
- Standard risk of child sexual exploitation identified using the Child Sexual Exploitation (CSE) risk and vulnerabilities assessment

Emotional Development

- Some difficulties with family relationships
- Some difficulties with peer group relationships and with adults, e.g. 'clingy', anxious or withdrawn
- Some evidence of inappropriate responses and actions
- Limited engagement in play with others / Has few or no friends

Behavioural Development

- Not always able to understand how own actions impact on others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries / constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts
- Additional needs from Emotional Well Being and Mental Health Services
- One-off / occasional short period missing from home

Identity and Self Esteem

- Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities
- Victim of crime or bullying

Family and Social Relationships

- Lack of positive role models
- Child has some difficulties sustaining relationships
- Low levels of parental conflict / infrequent incidents of domestic dispute
- Unresolved issues arising from parents' separation, step-parenting or bereavement
- Occasional low level domestic abuse
- Children affected by parental imprisonment

Self-care skills and independence

- Disability limits amount of self-care possible
- Periods of inadequate self-care, e.g. poor hygiene
- Child is continually slow to develop age appropriate self-care skills

Learning

- Have some identified specific learning needs with targeted support and / or Special Education Needs and disabilities - Education, Health and Care Plan
- Language and communication difficulties
- Regular underachievement or not reaching education potential
- Poor punctuality / pattern of regular school absences
- Not always engaged in play / learning, e.g. poor concentration
- No access to books / toys
- Some fixed term exclusion

Level 2 – continued

Basic care, ensuring safety and protection

- Basic care is not provided consistently
- Parent/carer requires advice on parenting issues
- Some concerns around child's physical needs being met
- Young, inexperienced parents
- Teenage pregnancy
- Inappropriate child care arrangements and/or too many carers
- Some exposure to dangerous situations in the home or community •
- Unnecessary or frequent visits to GP or unplanned care settings e.g. Emergency Department
- Parent/carer stresses starting to affect ability to ensure child's safety

Emotional warmth and stability

- Inconsistent responses to child/young person by parent/carer
- Parents struggling to have their own emotional needs met
- Child/young person not able to develop other positive relationships
- Starting to show difficulties with attachments

Family functioning and well-being

- A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings
- No effective support from extended family
- Adopted

Guidance, boundaries and stimulation

- Parent/carer offers inconsistent boundaries
- Lack of routine in the home
- Child/young person spends considerable time alone, e.g. watching television
- Child/young person is not often exposed to new experiences; has limited access to leisure activities
- Child/young person can behave in an anti-social way in the neighbourhood, e.g. petty crime

Housing, work and income

- Family seeking asylum or refugees
- Periods of unemployment of parent/carer
- Financial/debt problems
- Poor state of repair, temporary or overcrowded, or unsafe housing
- Intentionally homeless
- Serious debts/poverty impact on ability to have basic needs met
- Rent arrears put family at risk of eviction or proceedings initiated
- Not in Education, Employment or Training post-16

Social and community including education

- Some social exclusion or conflict experiences; low tolerance
- Community characterised by negativity towards children/young people
- Difficulty accessing community facilities



Level 3 - INTENSIVE: Vulnerable Children. Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate need at Level 3. More than one service is involved, using a Team Around the Family approach, Early Help Plan or Shared Family Assessment and a Lead Professional to co-ordinate multi-agency support. Family Solutions can support at this level and access is through the Children & Families Hub using a Request for Support form (RFS).

Health

- Child has some chronic/recurring health problems; not treated, or badly managed
- Regularly misses appointments for serious medical condition
- Developmental milestones are not being met due to parental care
- Regular substance misuse
- Lack of food
- 'Unsafe' sexual activity
- Self-harming behaviours
- Child has significant disability
- Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming
- Standard risk Child Sexual Exploitation with multiple vulnerabilities or medium risk of child sexual exploitation identified using the CSE risk and vulnerabilities assessment Emotional Development
- Sexualised behaviour
- Child appears regularly anxious, angry or phobic and demonstrates a mental health condition
- Caring responsibilities affecting development of self-behavioural Development
- Persistent disruptive/challenging behaviour at school, home or in the neighbourhood
- Starting to commit offences/re-offend
- Additional needs met by Emotional Wellbeing and Mental Health Services
- Prosecution of offences resulting in court orders, custodial sentences or Anti-Social Behaviour Orders or Youth Offending early intervention

Guidance, boundaries and stimulation

- Parents struggle/refuse to set effective boundaries e.g. too loose/tight/physical chastisement
- Child/young person behaves in anti-social way in the neighbourhood

Housing, work and income

- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term substance misuse

Family functioning and well-being

- Family have serious physical and mental health difficulties impacting on their child
- Community are hostile to family
- Emerging involvement in gang or other activities which risks future exploitation
- Young person displays regular physical violence towards parents

Learning

- Consistently poor nursery/school attendance and punctuality
- Young child with few, if any, achievements
- Not in education (under 16)

Family and Social Relationships

- Relationships with carers characterised by unpredictability
- Misses school consistently
- Previously had periods of Local Authority accommodation
- Young person is main carer for family member Self-care skills and independence

Level 3 - continued

Health

- Repeated short incidents of missing from home (less than 3 incidents in 90 days) Identity and Self-Esteem
- Presentation (including hygiene) significantly impacts on all relationships

Child/young person experiences persistent discrimination; internalised and reflected in poor self-image**Basic care, ensuring safety and protection**

- Parent/carer is failing to provide adequate care
- Parents have found it difficult to care for previous child/young person
- Domestic abuse, coercion or control in the home
- Parent's mental health problems or substance misuse significantly affect care of child/young person
- Non-compliance of parents/carers with services
- Child/young person may be subject to neglect
- Child has no positive relationships
- Child has multiple carers; may have no significant relationship to any of them
- Child at risk of Female Genital Mutilation and other harmful traditional/cultural practices, Forced Marriage or Honour Based Abuse where a protective parent is engaging with targeted services to seek protection

Child at risk of Modern Slavery and/or Human Trafficking but parents are accessing support and services

Family and Social Relationships

- Disability prevents self-care in a significant range of tasks
- Child lacks a sense of safety and often puts him/herself in danger



Level 4 - SPECIALIST: Children and young people whose needs are complex and enduring and cross many domains. More than one service is normally involved, with a co-ordinated multi-agency approach and a Lead Professional, commonly in a non-statutory role. At times statutory intervention may be required.

Health

- Child/young person has severe/chronic health problems
- Failure to thrive/faltering growth with no identified medical cause
- Refusing medical care endangering life / development
- Seriously obese / seriously underweight
- Serious dental decay requiring removal of multiple teeth through persistent lack of dental care
- Persistent and high risk substance misuse
- Dangerous sexual activity and/or early teenage pregnancy
- Sexual abuse
- Evidence of significant harm or neglect
- Non-accidental injury
- Unexplained significant injuries
- Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode
- Physical / learning disability requiring constant supervision
- Disclosure of abuse from child / young person
- Disclosure of abuse / physical injury caused by a professional
- High risk of child sexual exploitation or actual abuse known to be happening

Emotional Development

- Puts self or others in danger e.g. missing from home inappropriate relationships
- Severe emotional/behavioural challenges
- Puts self or others at risk through aggressive behaviour

Emotional warmth and stability

- Parent's own emotional experiences significantly impacting on their ability to meet child/young person's needs
- Child has no-one to care for him/her
- Requesting young child be accommodated by local authority

Guidance, boundaries and stimulation

- No effective boundaries set by parents / carers
- Multiple carers
- Child beyond parental control
- Persistent and regular incidents of missing from home (three or more incidents in 90 days)
- Missing from home for long periods of time
- Family functioning and well-being
- Significant parental / carer discord and persistent domestic violence and discord between family members
- Child / young person in need where there are child protection concerns
- Individual posing a risk to children in, or known to, household
- Family home used for drug taking, prostitution, illegal activities

Housing, work and income

- Homeless - or imminent if not accepted by housing department
- Housing dangerous or seriously threatening to health
- Physical accommodation places child in danger
- Extreme poverty / debt impacting on ability to care for child

Level 4 - continued

Emotional Development

- Behavioural Development
- Persistent disruptive/challenging at school, home or in the neighbourhood resulting in repeated school placement breakdown and/ or family breakdown
- Regular and persistent offending and reoffending behaviour for serious offences resulting in custodial sentences or high risk public protection concerns
- Mental health needs resulting in high risk self-harming behaviours, suicidal ideation and in-patient admissions

Learning

- No school placement due to parental neglect
- Child/young person is out of school due to parental neglect

Other indicators

- Professional concerns – but difficulty accessing child / young person
- Unaccompanied refuge / asylum seeker Privately fostered
- Abusing other children
- Young sex offenders
- Serious or persistent offending behaviour likely to lead to custody / remand in secure unit/ prison
- Trafficked child with no family support or protection
- Forced criminality, forced labour
- Family and Social Relationships
- Relationships with family experienced as negative ('low warmth, high criticism')
- Rejection by a parent/carer; family no longer want to care for - or have abandoned –child / young person
- Periods accommodated by local authority
- Family breakdown related to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse or neglect
- Younger child main carer for family member

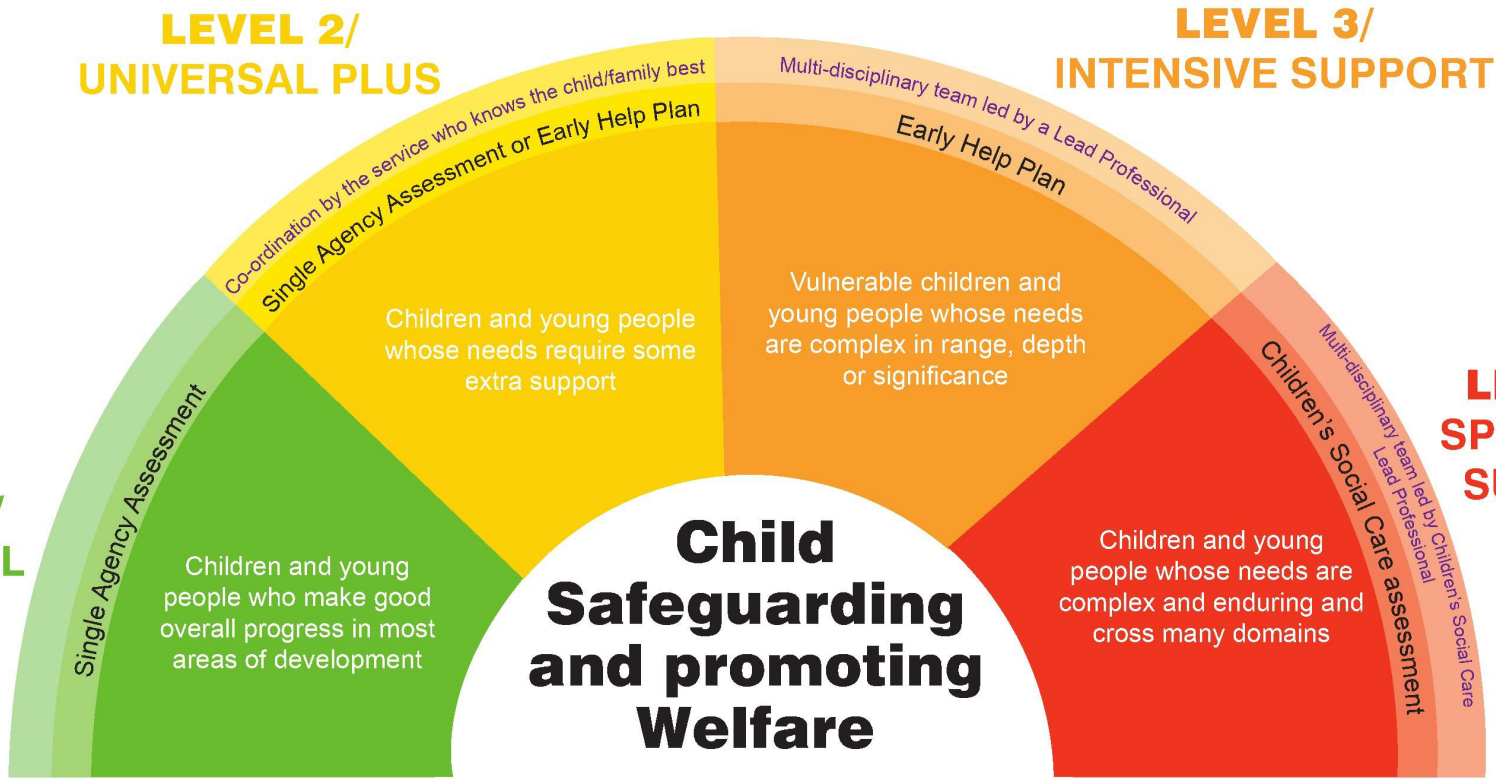
Identity and Self-Esteem

- Failed Education Supervision Order – three prosecutions for non-attendance: family refusing to engage
- Child/young person likely to put self at risk
- Evident mental health needs
- Young person exhibiting extremist views, threats, suggestions or behaviour which meets PREVENT criteria
- Young person involved / closely associating with gangs

Basic care, ensuring safety and protection

- Parent / carers mental health or substance misuse significantly affect care of child
- Parents / carers unable to care for previous children
- Instability and violence in the home continually
- Parents / carers involved in violent or serious crime, or crime against children
- Parents/carers own needs mean they are unable to keep child / young person safe
- Severe disability – child / young person relies totally on other people to meet care needs
- Chronic and serious domestic abuse involving child/young person
- Disclosure from parent of abuse to child / young person
- Suspected/evidence of fabricated or induced illness
- Young person at risk of Female Genital Mutilation and other harmful traditional/ cultural practices, Forced Marriage or Honour Based Abuse with family who lack willingness to protect
- Medium risk of Child Sexual Exploitation and parents/carers lack willingness to protect

Levels of Need – At a Glance



Information Sharing

Go straight to Level 4 as soon as risk of significant harm is suspected

If in doubt, consult with agency safeguarding leads, or the Duty Social Worker in your area:

Lancashire DPA Blackpool DPA Blackburn with Darwen DPA

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NOTES



WORKING WELL WITH CHILDREN AND FAMILIES IN LANCASHIRE

Including, Blackburn with Darwen, Blackpool and Lancashire Local Authorities

This document contains Part One and Two of Three parts of the guidance.