

# Children, Schools and Families

## ELIGIBILITY AND THRESHOLD GUIDANCE FOR CHILDREN IN NEED

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## **Introduction**

**This document replaces CSF4239 Eligibility Criteria for the Assessment of Children in Need and CSF4240 Service Thresholds for Children in Need.**

This guidance has been developed to help practitioners who have contact with children to work together effectively to meet the needs of children.

From time to time particularly at points of transition or family difficulty, any child may present additional needs. Most of the time you can address these difficulties by talking with the child and his parents or carers and identify the child's additional needs and the action needed to meet them. You need to work with the child and parents or carers to identify specific actions you can all take and then monitor the impact of your plan. There will be a range of support that you can action from within your own agency. Most families with a little support can and do overcome difficulties.

At times a child or family may face a more challenging set of difficulties which they cannot easily sort out. These difficulties may be enduring and do not respond to the actions that you have put in place. In these circumstances you may want to engage help from other professionals in universal or statutory services to provide advice or support to the child and family.

## **The Common Assessment Framework**

The Common Assessment Framework for Children and Young People (CAF) is a shared assessment tool used across agencies which helps practitioners develop a shared understanding of a child and family's needs so that they can work together in a coordinated way to meet the child's needs effectively. The tool is designed to consider the whole range of a child's needs to support effective intervention. You may want to consider the CAF pre assessment checklist to help decide if a CAF is appropriate. The CAF is designed to help you create a collaborative team around the child and family when you are no longer able to address the difficulties as a single agency. (<http://www.ecm.gov.uk/caf> )

You will need to seek consent from the child and family to share information with others and to seek their support in preparation of the CAF in order to help the child and family more effectively. The use of the CAF approach is a voluntary arrangement with children and families. (<http://www.everychildmatters.gov.uk/informationsharing> )

The CAF is already in use in parts of the County and its use will become common across the County.

Children with the following additional needs may benefit from the coordinated response a CAF can offer:

- The child is not making progress in school and you need a better understanding of the obstacles to learning.
- Children showing disruptive or antisocial behaviour.

- In circumstances where there is parental conflict or difficulty setting boundaries for the child.
- The child is getting involved in offending behaviour
- Poor attendance at school or risk of exclusion.
- The child has poor health
- The child has emotional or psychological difficulties, is anxious or depressed.
- The child's parent is having difficulties due to disability, acute health problems, mental health or substance misuse.
- The family face practical difficulties with finance or housing.

**Children with Complex needs and Children who may be suffering from abuse.**

You will have contact with groups of children who have complex needs who may need to be referred directly to statutory services if they are not already known to them. These will include children about whom you have a concern that they may have complex needs arising from special educational needs or children about whom you have a concern that they may be suffering abuse. You do not need to make use of the CAF for these children particularly if you believe a child is at risk of harm you should refer these children directly to Hertfordshire Children's Schools and Families Service.

You will continue to play a part in the multi agency team needed to support children with complex needs although the lead professional responsible for coordinating support may be in another agency.

The following groups need a high level of interagency support to achieve good outcomes particularly in terms of safeguarding, health and educational outcomes:

- Children who are subject to a Child Protection Plan.
- Children who are looked after
- Young people leaving care.
- Children for whom adoption is the plan
- Children with severe and complex special educational needs
- Children with complex disabilities or health needs.
- Children diagnosed with significant mental health needs.
- Young offenders involved with youth justice services.

Practitioners from universal services can feel disempowered when statutory services become involved and withdraw or reduce their support to a young person. It is critical that the child and family have a continuity of support from the person with whom they have a long term relationship who may be still the most appropriate lead professional, particularly if the statutory service intervention may be short term. You may continue to work with the child and have a lead responsibility for the child's learning, health care or other area and have a shared responsibility for ensuring the child achieves good outcomes in your area of expertise.

Achieving good outcomes for children requires all those with responsibility for assessment and the provision of services to work together according to an agreed plan of action. Effective collaboration requires professionals to be clear about:

- Their roles and responsibilities for safeguarding and promoting the welfare of children. Section 11 of the Children Act 2004 and Section 175 of the Education Act 2002 place duties on **all** those working with children to discharge their duties with regard to the need to safeguard and promote children's welfare.
- The purpose of their activity, what decisions are required at each stage of the process and what are the intended outcomes for the child and their family members. Professionals need to work with family members to ensure they also have this clarity to maximise effectiveness.
- Where your tasks fit in the multi agency plan.
- To be clear about the legislative framework in which they work.
- The protocols and procedures to be followed including their agency guidance on sharing information and on effective recording.
- Which agency, team or professional has lead responsibility, and the precise roles of all others involved, including the child and family members.
- Any timescales set down for completion of assessments and reviews of plans.

### **Every Child Matters – Delivering the outcomes**

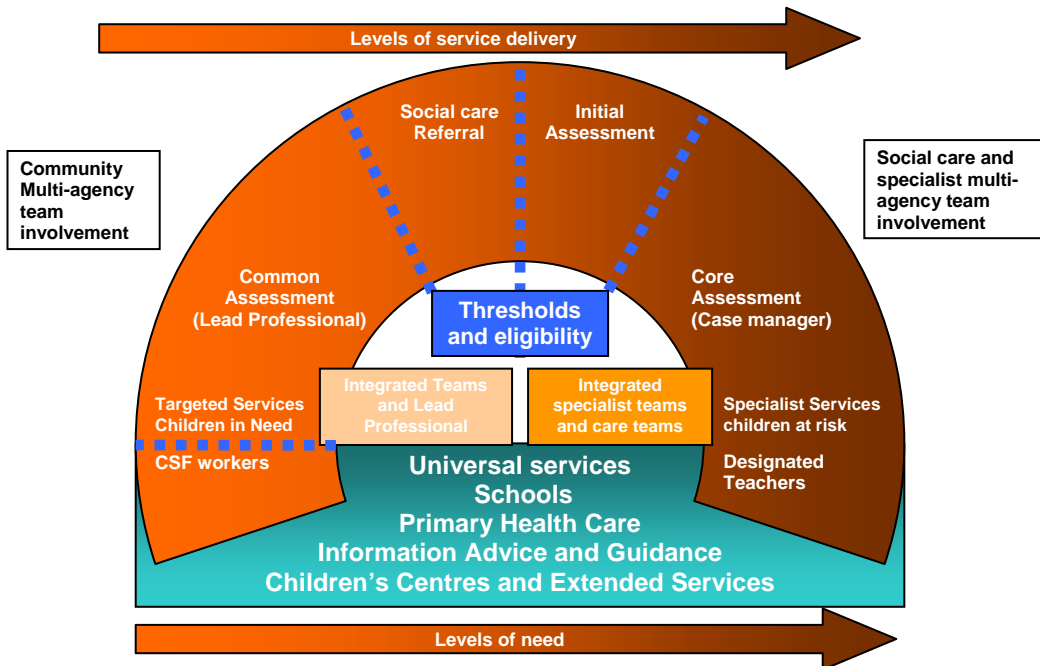
Every Child matters sets out five outcomes that should be achieved by all children. This framework will inform the assessment of children's needs by all agencies and be used to judge the impact of our work with individual children.

- Being Healthy
- Staying safe
- Enjoying and Achieving
- Making a positive contribution
- Achieving economic wellbeing

To be effective it is important that children and families have access to consistent advice and support in a way which focuses on the outcomes to be achieved for the child rather than the outputs or activities agencies traditionally offer. Children and families need to participate in identifying the activities which will make a difference. Professionals and other helping agencies need to coordinate their activities in a way which provides access for the family to a lead professional who can coordinate services around the child.

This diagram illustrates how services operate along the continuum of need.

### A Windscreen for Hertfordshire



## When is it appropriate to refer a child to Children’s Schools and Families Social Care Service?

### Introduction

The Local Authority, Children Schools and Families Service provide a wide range of support services to all children across the spectrum of need.

The Authority works with Agency partners through the Local Safeguarding Board and the Children and Young Peoples Strategic Partnership, or Children’s Trust, to coordinate plans for development of services across agencies, in a way which will ensure all children can achieve the five outcomes. The partnership need to ensure children can access support to reduce the obstacles to achieving the five outcomes when necessary

Social Care Services are established to meet the needs of “Children in Need”, defined in the Children Act 1989.

### **Eligibility criteria for assessment of a Child in Need**

Under the Children Act 1989, it is the general duty of every local authority with social service responsibilities to safeguard and promote the welfare of children within their area who are ‘in need’; and to promote the upbringing of such children, wherever possible by their families, through providing an appropriate range of services.

The definition of a ‘child in need’ under the Children Act 1989 states that 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 maintain, a reasonable standard of health or development without the provision of services under this section of the Act.
- b) His/her health or development is likely to be significantly impaired, or further impaired, without the provision of such services.
- c) S/he is disabled.

The definition of a disabled child, as agreed in the Joint Disability Strategy, by Children Schools and Families and our Health Partners is:

*“A child or young person should be regarded as disabled if he or she has special needs in the area of health, education, or physical, intellectual, emotional, social or behavioural development due to:*

- *Multiple and complex health needs*
- *Special sense impairment*
- *A significant learning disability*
- *A physical disability*
- *A chronic physical illness*
- *Autism (autistic spectrum disorder) and communication disorder*
- *A significant pre-school developmental delay”.*

Disabled children are by definition ‘children in need’. There is a Children, Schools & families leaflet, ‘*Disabled Children and their Families: when we can help*’, which describes the services available to disabled children and their families.

The effect that caring for a disabled child can have on parents/carers and the child’s siblings are always considered in assessing the needs of a disabled child.

Children who are unable to live with their family who are “looked after” by Social Services and those whose names are on the Child Protection Register are always ‘children in need’.

The definition of a ‘child in need’ has the potential to include large numbers of children, but not all children will receive an assessment or direct casework intervention from Children, Schools and Families under our social services

responsibilities. This is due to the wide range of universal and community based services which meet the varied needs of children and families throughout Hertfordshire. These services are intended to be easily accessible to children and families and to prevent the majority of children in Hertfordshire ever becoming 'children in need'.

Where it appears that a child may be a 'child in need' and require the direct intervention of children, Schools & Families, under our social service responsibilities, in order to receive the services they require we will always undertake an assessment of the child's needs.

To achieve a consistent assessment of 'children in need' Children, Schools & Families use the 'Framework for the Assessment of Children in Need and their Families' (Department of Health,2000). All assessments consider the child's developmental needs, parenting capacity and wider family and environmental factors. The initial assessment will determine whether the child is a 'child in need' and if so, what services are required, from where and within what timescales and whether a more detailed assessment is required.

The decision to undertake an Initial Assessment or to make a different response, such as providing information and advice or referral to another agency or another part of Children, Schools & Families will be made within 24 hours and the referring person will be informed of the outcome.

If it is decided to undertake an Initial Assessment, it will be carried out within 7 working days of the date of referral. Children, young people, parents and carers will be fully involved in the assessment and will be given a copy of the assessment record. If it is identified that services are required to meet the child's needs, a plan will be drawn up with the child and family to detail the services that are needed, who will provide them, when and how the outcome for the child will be measured and reviewed.

### **Services that can be accessed without an Initial Assessment.**

Children, Schools & Families will respond to a request for services under its social services responsibilities without undertaking an Initial Assessment of need in the following cases:-

- A request for access to Children, Schools & Families records.
- A request for birth records counselling.
- An application to be assessed as a foster carer or adoptive parent.
- Adoption support services.
- A request for a court report under Sections 7 or 37 of the Children Act 1989.
- When a child whose name is on the child protection register of another local authority moves into Hertfordshire.
- A child or young person remanded into the care of the local authority.

## **Eligibility and Priority Framework**

The framework describes factors which would influence the priority for allocation and assessment within social care services based on assessment of risk. The framework reflects the needs that all children have and the factors are indications that needs are not being met to the extent that the child is unlikely to achieve good outcomes.

**Children in the lowest Priority 3 needs group** would benefit from coordination of support through universal services by using the CAF. In some cases contribution of social care to the CAF may be appropriate. Direct referrals are likely to be dealt with through provision of advice and or referral to another single agency.

**Children facing moderate risk in Priority 2 needs group** will be allocated for at least an initial assessment and in cases where appropriate a core assessment. The work is likely to be focussed and time limited. This group will include families in short term crisis where additional support and advice is needed to avoid family breakdown. The focus will be on reunification of children with their family if they need to be looked after. This family may be linked to the voluntary sector to maintain support. Looked after children in stable placements will receive long term support, as will care leavers. This moderate risk group will include privately fostered children.

**Children facing high risk in Priority 1 needs group** will be allocated at least for initial assessment but commonly for core assessment. Work with children and families in this group will receive the highest priority and is likely to be of greater intensity and of longer duration. This group will include children on the child protection register; children subject to Care Proceedings and children who are looked after long term; and children where adoption or guardianship is the plan.

## Needs of Children and Young People

<b>NEEDS</b>	<b>PRIORITY 1 Greatest Risk</b>	<b>PRIORITY 2 Moderate Risk</b>	<b>PRIORITY3 Mild Risk</b>
<b>Health and Safety</b>	Life endangered; significant injury/illness; gross neglect; child less than 8yrs home alone, exploitation, abuse; self harm, injury; high risk to self/others due to behaviour, beyond control and risk to self /others; high risk substance misuse; child subject to a child protection plan; young person in Secure accommodation.	Significant / chronic illness/disability; child home alone 8 to 11yrs; Risk of harm to self others; chronic non-attendance/exclusion from school without alternative provision; abandoned; persistent anti- social behaviour.	Parents unable to secure some aspects of health or development; poor health, poor school attendance exclusion from school; behavioural problems.
<b>Development Emotional, social, behavioural, educational, social presentation</b>	Risk of long term psychological damage/deprivation; evidence of impaired development; unstable/anxious attachment to care figures; child looked after without stable attachment to family members or carers.	Behaviour reflecting unmet developmental needs or delay; young carer; looked after child; privately fostered child.	Inhibited restricted development opportunities in own home/community; young carer
<b>Daily Living Basic care, Self care</b>	Basic survival needs not met for shelter, food, warmth; unsanitary/dangerous home conditions	Young person homeless, insufficient income to live independently with friends extended family; inappropriate living condition inadequate diet or clothing.	Poor physical care or health; poor diet, Poor accommodation.
<b>Relationship Emotional warmth, stimulation, stability, identity, family and social relationships</b>	Scapegoating, low emotional warmth; emotional abuse; high level of stress; conflict; instability of relationship; identity issues; absence of appropriate stimulation.	Relationships strained; development constrained by environmental factors limited opportunities for social interaction. Privately fostered child.	Insufficient stimulation; limited play/social opportunities; difficult peer relationships; bullying.

## Needs of Parents/Carers

<b>NEEDS</b>	<b>PRIORITY 1 Greatest risk</b>	<b>PRIORITY 2 Moderate risk</b>	<b>PRIORITY 3 Mild risk</b>
<b>Health and Safety</b>	Extreme violence endangering life and limb of carer and potentially child; domestic violence where child under 1 year present; poor impulse control linked with drugs/alcohol; rejection of child ; significant, unstable mental health or substance misuse; psychosis; unable to cope with disability of child;	Domestic violence repeat referral children over 1year; parent has poor practical skills childcare; poor awareness health and safety risks; Parent has difficulty coping with demands due to child's disability / ill health; Difficulties due to parents health/ disability; periodic mental health substance misuse problem.	Parental health/ disability affect parenting.
<b>Daily Living</b>	Parent unable to meet child's basic care needs due to poverty or neglect; parent overwhelmed by demands of child to a point where the child needs to be looked after; high risk of abandonment of child;	Parent has poor housekeeping skills; poverty; debt; intolerable living conditions; family crisis threatening ability to cope; threatened with intentional homelessness	Recurring financial crises; poverty; poor housing; deprived community.
<b>Relationship</b>	Unstable relationship with partners; confusing unrealistic expectations of child; poor attachment unable to prioritise child's needs; dependant on child; social isolation; no family or peer support; poor problem solving.	Passive, negative relationships with family, neighbours, community; family under acute/chronic stress.	Relationships with others periodically result in conflict, crises; limited support from partner, family, neighbours.