

Analysing the learning needs of your staff

Working through these factors will help you assess and meet the learning needs of the staff and volunteers in your organisation.

1. Whose learning needs are you analysing?

List the job titles of the staff/volunteers whose learning needs you are analysing eg children's/youth leaders, play workers, drivers.

2. Purpose of the learning analysis

Write down the reason for doing the analysis. It might be something like:

"The purpose of this learning analysis is to understand and identify the foundation/intermediate/advanced/ongoing (delete as appropriate) learning requirements of children's workers based at (name of group/organisation) to enable them to meet the standard of child protection/ anti-bullying/health and safety practice (delete as appropriate) necessary to their role. The analysis goes on to set out a framework for support/awareness raising/training (delete as appropriate) designed to meet the identified learning needs."

If there has been a specific event or incident that has brought about the analysis (eg a Section 11 review under the Children Act 2004 to ensure the organisation is compliant, a safeguarding audit, a complaint or a "near miss" in terms of child protection or health and safety), this should be stated explicitly.

3. Methods used in the analysis

Write down the methods that you have used to identify and understand the learning needs. This might include:

- reading through person specifications and job descriptions
- reviewing your organisation's policies and procedures, wider research, commissioners' expectations, good practice guidance or government guidance
- discussions with staff, volunteers, parents/carers, children and young people
- reading through objectives and recommendations made in individual staff appraisals and performance reviews.
- If the person reporting the concern wants his/her identity to be kept confidential, you should explain that this will be done if possible, but that it may not be achievable.

Make notes of your discussions with the individual, and check the accuracy of your notes with him/her.

4. Findings from the analysis

Summarise the key points from the work you have done using the various methods you have outlined above.

Here is an example of what might be written:

“Children’s workers are expected to be able to work with children aged five to eight years in small groups of up to eight children at any one time. The work takes place in the community centre for two hours each Sunday. The workers should be able to communicate with children effectively, understand their needs and manage boundaries effectively in the group.

If a child discloses abuse, the workers are expected to know what to do in line with our procedures. Workers should also be able to identify clear signs that a child is vulnerable or unhappy. Workers should be aware of the behaviour code for themselves and for children. They should act within the code and ensure that the children do likewise.

Guidance from our regional office and from the NSPCC safeguarding standards for the voluntary and community sector states that we should ensure that all staff are aware of our policies and procedures on child protection. Department for Education guidance states that all staff working with children should have training and support on communicating with children, child development, keeping children and young people safe and promoting their welfare, multi-agency working and sharing information.

Discussions with staff and volunteers and an examination of performance reviews held during trial periods suggest that staff appointed during the last six months feel unsure about what they should do if they are worried about a child. Some workers feel that they do not know what they should consider to be ‘normal’ behaviour for children in the age group that they work with. Staff that have been working with us for longer can also be unsure at times and need refresher training.

Children and parents have reported that, while they enjoy coming to the group, the workers are not always able to stop some of the more boisterous children from being too rough with the others.”

5. Practical considerations

Write down any practicalities to be considered (such as finance, time, availability or staff commitments) that need to be built into the plan you make to meet staff learning needs. For example:

- the project might not have a budget to fund formal training from an external provider
- workers may have work and family commitments. The best time for them to attend formal briefing sessions may be after or in place of their usual sessions. You may wish to put a time or frequency limit on the training sessions and a crèche may be needed.

6. How the learning needs will be met

This is where you can state how the needs you have identified above can be met. It might include formal group or one-to-one training, online training, briefing sessions, guided reading, mentoring or coaching.

Provide a timescale and, if a more formal option is chosen, specify the materials that will be used. Using the example above, the training plan might look like this:

- July 2016: Briefing session to outline key policies, procedures and behaviour codes
- July 2016: Policies, procedures and behaviour codes to be re-issued. Staff to be given one month to read them and then their level of knowledge and understanding explored and checked in one-to-one supervision during August/September
- August 2016 (over summer holiday period): two further half-day sessions run on Sunday mornings to coincide with period when children's group is not running.

This to be for all staff/volunteers and will be shared with staff/volunteers from (name of partner project).

7. Involving children, young people and parents/carers

Your chosen method of training will be more relevant and effective if it incorporates perspectives from children, young people and their families. This can be done in many different ways. For example, learners could read comments from children and families, watch film footage in which children and young people and their families are talking, or have a question and answer session with children and families. Simply asking staff and volunteers to be more proactive in seeking views from children, young people and families can also be very effective.

Use this section to say how you will ensure that the perspectives of children and young people will form part of staff learning.

Notes made during the investigation and the report of the investigation, together with any notes relating to the outcome, should be kept on the file of the person at the centre of the concern. If it was requested, these notes should not reveal the identity of the person who reported the concerns.

8. People involved in meeting the learning needs

List the people who will be responsible for making sure that the learning needs of your staff are met. They will include the people who deliver briefing sessions or training days, those organising them, managers, supervisors, mentors and coaches.

9. Certificates and accreditation

It is helpful to have some way of registering the fact that someone has completed a learning process. Certificates are a good way of doing this as they can be placed on the staff member's/volunteer's file.

Write down what you will do to record that the learning has taken place.

Competency grid

This resource is extracted from the Quality framework for child protection training in voluntary and community sector organisations, which can be found in full in the toolbox for the Safer Staff and Volunteers Core Standard.

Part 1: Child protection competencies and levels of responsibility

Roles and Responsibilities

In order to assist with the identification of training and development needs, guidance on child protection training has traditionally grouped audiences together based on their degree of contact with children and/or parents/carers, and their levels of responsibility within an organisation. Although the new version of the government guidance Working Together to Safeguard Children, published in 2013, does not include the same level of detail as its predecessor on how this might be done, it nonetheless reiterates the need to provide safeguarding training to staff appropriate to their role, and many still regard it as best practice to organise child protection training in the way it is set out in the 2010 version of the Working Together guidance. This resource maintains that system, transposing it to fit the types of role that exist within the voluntary and community sector, whilst acknowledging that the spread of responsibilities can vary greatly within the sector, depending on the size and nature of the organisation involved. It should be noted that the four levels of responsibility, and the competencies that correspond to each of them, apply to both the paid and volunteer workforce.

User Guide

It is an employer's responsibility to ensure that staff and volunteers are competent to carry out their child protection and safeguarding duties. This involves all members of the workforce receiving safeguarding children training which suits the individual's role and level of responsibility.

Induction

All staff should receive a mandatory induction, which includes familiarisation with their child protection responsibilities, the policies and procedures to be followed if they have concerns about a child's safety or welfare, and the role of the named person/designated officer for safeguarding. This induction should be complete within a maximum of three months from commencement of work, and may require updating in circumstances where an individual has a change of role.

Training and Development

All staff should be provided with appropriate training opportunities to meet the needs of their role. This will include input on child development and on how to recognise and act on potential signs of child abuse and neglect. Refresher training should be provided at least every three years.

For information relating to local programmes of training including refresher training, visit your Local Safeguarding Children Board (LSCB) website.

Release of staff

Employers should ensure that they release staff to attend the appropriate inter-agency training courses and that they provide staff with time for them to complete inter-agency training tasks and apply their learning in practice.

Employers should also facilitate opportunities for staff to participate in internal, single-agency learning opportunities to enable them to develop a shared understanding of their child protection responsibilities, to maximise the learning derived from inter-agency training, and to consider how to apply this in practice.

Levels of responsibility – User Groups

Level 1

Induction training, and training for staff in infrequent contact with children, young people and/or parents/carers who may become aware of possible abuse or neglect.

Examples: receptionists, community centre staff, recreation assistants.

Level 2

Members of the workforce who work predominantly with children, young people and/or their parents/carers including those who have a period of intense but irregular contact.

This group is focused on those who may be in a position to identify concerns about maltreatment, including those that may arise from the use of local assessment frameworks for early help such as the Common Assessment Framework (CAF), or from the use of innovative referral/information sharing systems such as the Multi-agency Safeguarding Hub (MASH) model being used in some parts of the country. Staff/volunteers in this group may also contribute to assessing, planning, intervening and reviewing the needs of a child and parenting capacity where there are safeguarding concerns;

Examples: housing, YOT staff and staff in secure settings, sports development officers, disability specialists, faith groups, community youth groups, those working in the early years sector, residential staff, probation staff, sports club welfare officers, those working with young adults in, for example, learning disability, mental health, alcohol and drug misuse services, other health-related services, or those working in community play schemes.

Level 3

Members of the workforce who have particular operational management responsibilities in relation to front line management and ensuring implementation of policy and procedure, including professionals who may be named and designated lead professionals (please also note that Safe Network is developing a blended learning package for named/designated safeguarding officers in the voluntary and community sector – see www.safenetwork.org.uk for further details).

Level 4

Senior managers responsible for the strategic management of services. Examples: members of the senior management team, directors, and executive board members. This level includes trustees, but please note that Safe Network has also developed a specific resource to address their child protection training needs – see www.safenetwork.org.uk for more information on this

Core Competency Framework

The 4 levels of responsibility within the framework have been designed so that they reflect the different competencies that employees (paid workforce and volunteers) would be expected to meet at each level; for example, level 4 will generally reflect those working at a very strategic level in an organisation. This could mean a senior person within an organisation, or a role that is very technical or specialist. All employees and volunteers should be working at a minimum of level one across the framework. The competencies are designed to build upon each other; for example, a member of staff working at responsibility level 3 should also be able to demonstrate competence at levels 1 and 2. It is acknowledged that in many smaller voluntary organisations, some of these levels may overlap and the framework will need to be used flexibly..

Policy statement

The organisation supports the right of all to be protected from harm, and recognises that safety and welfare are paramount. We are committed to ensuring that all children and young people engaged in services provided by our organisation are kept safe from harm. We have adopted this competency framework to help us ensure that our workforce is able to respond to concerns regarding the safeguarding and protection of children and young people aged under 18 years, with special consideration being given to those within vulnerable groups.

Competencies	Level of responsibility			
	Level 1 Examples: receptionists, community centre staff, recreation assistants	Level 2 (+ Level 1) Examples: face to face practitioners and volunteers in community and residential settings	Level 3 (+ Levels 1/2) Examples: frontline managers, policy development officers, named /designated leads for child protection	Level 4 (+ Levels 1/2/3) Examples: senior managers and board members
	<ul style="list-style-type: none"> • Able to describe what is meant by safeguarding, protecting and promoting the welfare of children. • Alert to potential indicators of abuse or neglect • Alert to the risks which individual abusers, or potential abusers may pose to children • Ability to report concerns in line with organisation's procedures • Demonstrates knowledge of organisational policies and procedures and how to apply these in practice • Demonstrates a basic knowledge of child 	<ul style="list-style-type: none"> • Able to describe the different ways in which children and young people can be harmed • Able to communicate effectively and develop working relationships with other staff, volunteers, children and parents to safeguard, protect and promote the welfare of children • Able to describe the roles of other practitioners and agencies in supporting and advising families and safeguarding and promoting the welfare of children. • Demonstrates knowledge of national legislation and guidance relevant to role • Demonstrates understanding and ability to contribute to multi agency processes to 	<ul style="list-style-type: none"> • Able to advise others working with children on implementation of organisational child protection policies and procedures • Able to support others working with children to respond appropriately to concerns about children's welfare or safety • Able to maintain and develop child protection policies and procedures • Able to implement child protection procedures • Able to contribute to the development of organisational plans to protect children • Able to create and/or maintain relevant records in line with organisational procedures • Able to effectively communicate internally and 	<ul style="list-style-type: none"> • • Able to help organisation to develop child protection policies and procedures for children and young people • Able to implement child protection policies and procedures for children and young people • Able to evaluate and improve child protection policies and procedures • Able to ensure and be strategically accountable for the development and implementation of child protection policies • Able to ensure strategic accountability for effective implementation of organisational child protection and safe recruitment policies and procedures • Able to represent the organisation's approach to child protection at internal

	development	<p>promote the welfare of children, assess their needs and to protect children from abuse (<i>for those working with children in multi agency settings/ projects e.g. social inclusion projects, working in schools, on health programmes, children centres</i>)</p> <ul style="list-style-type: none"> • Demonstrates a detailed knowledge of child development • Demonstrates commitment and ability to work in a child or young person centred way 	<p>with other organisations regarding specific concerns about a child or children and regarding the organisation's approach to protecting children</p> <ul style="list-style-type: none"> • Able to maintain a focus on the child or young person in all matters relating to safeguarding and child protection • Able to research and identify best child protection practice for children and young people 	<p>meetings and discussions</p> <ul style="list-style-type: none"> • Able to communicate the approach of the organisation to protecting children and young people to other organisations including government departments and other public bodies. • Able to ensure that the organisation works collaboratively with external agencies on strategic child protection plans • Demonstrates influencing skills • Able to ensure that the organisation's strategic plans integrate a culture of listening to children and putting their needs first • Able to challenge constructively the information presented by those in a less senior role to ensure that practice is safe and appropriate • Demonstrates awareness of a trustee's legal safeguarding role in the context of charity law (note: this competency is for trustees only)
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Ref: London Boards guidance - Competence Still Matters: Safeguarding training for all employees and volunteers
Ref: Children's Links Core Competency Framework 2012

Part 2: Content of child protection training for staff at each level of responsibility

User guide

Employers can use the table below to ensure that all relevant employees and volunteers receive timely, appropriate training whether provided in-house, by their LSCB or by other training providers.

LSCBs can use the table to inform the development of any local, multi-agency training programme for the voluntary and community sector, with the focus on the outcomes indicated against the content for each level of training.

When designing training programmes, employers and LSCBs should ensure that, in addition to the topics suggested in the table below, specific or specialist topics relevant to their service or to roles within the workforce are covered.

Training programmes should be regularly reviewed to ensure the inclusion of legislative and policy change, learning and development from Serious Case Reviews and government inquiry reports.

Whilst the content element may be similar at different levels, the focus of the content needs to reflect the specific role of the participants. For example, those in a practitioner role will need a more detailed and different emphasis on the 'listening to children' element from those whose role does not normally bring them into direct contact with children.

Content of training programmes at Level 1, 2, 3 & 4

Content element	Level 1	Level 2	Level 3	Level 4
Definitions of abuse.	✓	✓	✓	✓
Child development.	✓	✓	✓	✓
Signs and symptoms of possible abuse and neglect.	✓	✓	✓	✓
Organisation's basic child protection children procedures.	✓	✓	✓	✓
Whom within the organisation should be contacted regarding any concern about a child's safety or welfare.	✓	✓	✓	✓

Organisation's procedures for reporting concerns about a colleague's behaviour.	✓	✓	✓	✓
Expected standards of behaviour by staff towards children.	✓	✓	✓	✓
Organisation's processes and documentation for recording concerns about children and action taken.	✓	✓	✓	✓
Principles of a child centred focus	✓	✓	✓	✓
How discrimination can impact on children and families in the child protection process and to develop anti oppressive practice	✓	✓	✓	✓
Listening to children and young people and taking account of their wishes and feelings in a safeguarding context		✓	✓	✓
Role of the named/designated officer for child protection			✓ (named/ designated officer only)	
Impact of issues such as domestic abuse, alcohol/substance misuse and parental mental health on parenting and child safety		✓	✓	✓
Documentation to be used when making referrals to the local authority.		✓	✓	✓
Threshold criteria for the levels of intervention		✓	✓	✓
Current legislation and government guidance regarding the responsibility to co-operate with the local authority and other agencies where there are child protection concerns		✓	✓	✓
Factors that impact on the vulnerability of children		✓	✓	✓
Importance of family history and functioning.		✓	✓	✓
Worker and agency factors that may impact on family cooperation.		✓	✓	✓
Purpose of the initial assessment and workers' role in sharing relevant information and opinion.		✓	✓	✓
Definition of complex (organised or multiple) abuse.		✓	✓	✓
Developing, implementing and reviewing child protection arrangements			✓	✓
Developing, implementing and reviewing safe recruitment policy and procedures			✓	✓
Supervising staff involved in child protection issues			✓	✓
Identifying circumstances when swift action is needed to secure the immediate safety of a child;			✓	✓
Advising others working with children and young people on the implementation of organisation's policy			✓	✓
Managing allegations against staff and volunteers			✓	✓
Offering constructive challenge to safeguarding practice				✓

Legal context of safeguarding for trustees				✓ (trustees only)
Role of senior/board level lead for child protection				✓(senior lead only)

Part 3: Is your child protection training plan for your staff group working well?

Positive indicators of a workforce that is competent in child protection, and an organisational culture that promotes safe practice

- Children and young people feel safe
- Staff and service users are alert to potential indicators of abuse and neglect
- Staff and service users know what to do if they are concerned that a child may be being abused or that someone may pose a risk to a child or children generally.
- Staff and service users know the importance of sharing information and the dangers of not sharing information
- Staff and service users know what to do if they experience barriers to reporting concerns
- Staff have appropriate knowledge of national legislation and guidance relevant to role
- Staff know and understand the boundaries of their own competence, their role and responsibilities, and when to involve others
- Staff and service users know how to respond to a child or other person disclosing abuse or concerns about abuse

Warning signs that competence in child protection may be an issue in the workforce, and/or that the organisational culture does not support safe practice

- Children and young people are at risk
- Children at risk are not responded to
- Children and parents don't know who to talk to if they are worried
- Policies and procedures are not followed and/or there is a lack of awareness of what they are
- Staff are unaware of their duties of care
- Incidents are not reported
- Policies and procedures for child protection do not exist or are never reviewed
- There is a view prevalent in the organisation that 'it could never happen here'.

NSPCC

Early Help Intervention Record

Child / Young Persons details	
Name	
Date of birth	
Current address (inc postcode)	
Phone number	
Email address	
Parent / carer details	
Name	
Current address (inc postcode)	
Phone number	
Agency details	
Lead Worker	
Name of agency	
Address	
Phone number	
Email address	
Start date of Early Help Intervention:	
Meeting Date:	

1. New or emerging information from referring or other agency since last intervention

Relevant information or actions:

Child / Young Persons Outcomes Plan

Issue	Brief description of current progress / situation	Describe any support / actions provided so far and contact details of any key workers/agencies involved.	Describe key areas of concern and / or successful outcomes
Self esteem and confidence			
Involvement in crime / ASB			

Cannabis Use			
Risky behaviours			
Other			

Name of Worker

Date

Agreed date for review meeting.....

Example of information that could be given to staff and volunteers about identifying children who may be in need of early help

What does 'early help' mean in this context?

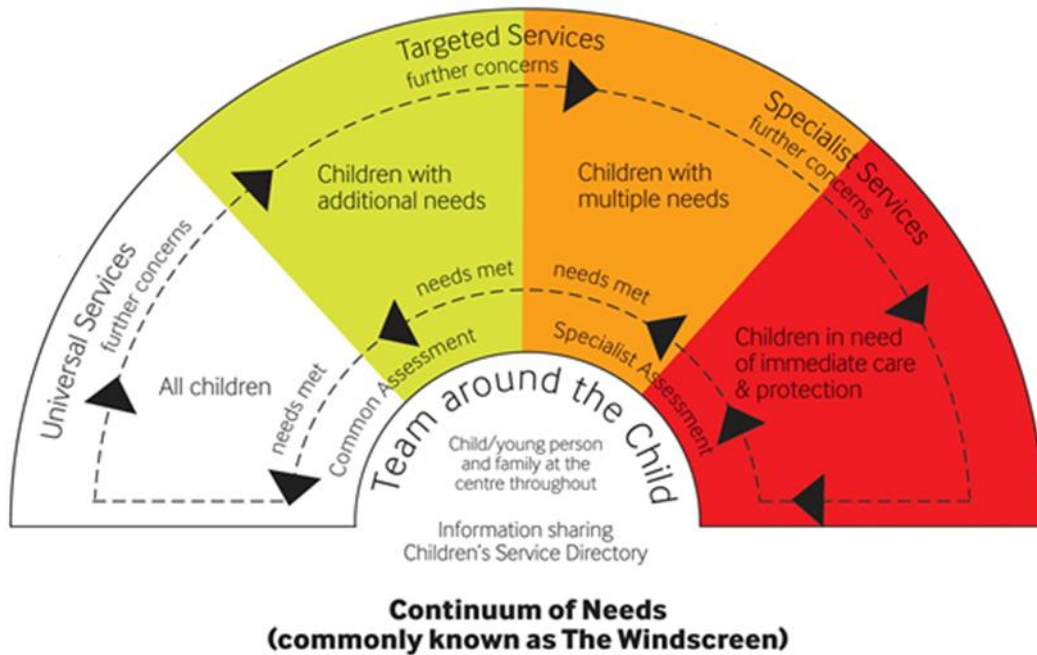
The Munro Review of Child Protection: final report – a child-centred system, published by the Department for Education in 2011 and written by Professor Eileen Munro, presents a strong argument in favour of preventative or 'early help' services for children and families. Professor Munro states that,

Services offering early help are not aimed just at preventing abuse or neglect but at improving the life chances of children and young people in general. 'Early help' is an ambiguous term, referring both to help in the early years of a child or young person's life and early in the emergence of a problem at any stage in their lives. Both meanings are relevant in the review.

In revising Working Together to Safeguard Children, a guide to inter-agency working to safeguard and promote the welfare of children (published in 2013), the government drew heavily on the Munro Review, defining early help as,

Providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

This level of provision is similar to that which the previous government categorised as 'targeted services' for 'children with additional needs', represented by the green segment of the 'windscreen' diagram below. This diagram was originally developed by the then Department for Children, Schools and Families:



Working Together 2013 pinpoints three stages in the early help process, all of which require local agencies to work together. They are:

- identifying children and families who would benefit from early help;
- undertaking an assessment of the need for early help; and
- providing targeted early help services to address the assessed needs of a child and their family.

What are the indicators that a child and/or their family might benefit from early help services?

The Child Assessment Framework: a guide for practitioners, published by the CWDC in 2009 suggests that over and above access to high quality universal services, some children and young people have additional needs relating to their development, education, health, social welfare or other areas. It points out that,

These needs will in many cases be cross-cutting and might be associated with:

- disruptive or anti-social behaviour
- overt parental conflict or lack of parental support/boundaries
- involvement in, or risk of, offending
- poor attendance or exclusion from school
- experiencing bullying
- special educational needs
- disabilities
- disengagement from education, training or employment post-16
- poor nutrition or inadequate clothing
- ill health

- substance misuse anxiety or depression
- experiencing domestic violence
- housing issues
- teenage pregnancy and parenthood (including the risk of pregnancy and early parenthood, as well as actual pregnancies and parenthood among young people)
- young carers who exhibit additional needs which are as a direct result of their caring responsibilities, eg. truancy/lateness, ill health, housing issues

Clearly, these are examples rather than an exclusive list, and in many cases (eg substance misuse or mental health issues) may relate to problems experienced either by the child or young person themselves or by someone close to them.

What should I do if I think that a child, young person or family might benefit from early help services?

1. Make a note of the indicators that suggest that the child, young person or family might benefit from early help provision. These should include strengths as well as concerns. For example:

Jack has become unsettled in the group. He has been bullying other children and seems unable to concentrate on any activity for very long, saying that it is boring or that he feels unwell. He is reluctant to talk to anyone about what is going on for him, but his mum asked to speak to me yesterday, saying that she is struggling with him at home. She added that she recently separated from her partner after experiencing domestic abuse. She is concerned that Jack may have been adversely affected by what happened in the relationship. She is thinking about moving out of the local area to be nearer her family.

2. Discuss your concerns with your manager. Note that if they include a concern that a child may be at risk of abuse or neglect, then child protection procedures need to be referred to immediately.
3. If you and your manager agree that early help may be the appropriate route for this child, young person or family, make an arrangement to discuss this as a possibility with the most appropriate person in the family. Sometimes this may involve several discussions eg with the young person first of all, and then with their parent/carer. The discussion at this point should cover the following points:
 - You have noticed that there seem to be some issues at the moment which are making the child/young person unsettled or unhappy or unable to get on with their life. Does the child/young person/family (whoever you are talking to) agree that this is the situation? How would you and they describe the issues?

- Are there things that are going on already that are helping? What are they?
 - What would they like to happen? What would improvement look like?
 - Is there a role for the group/organisation in helping to make things better?
 - One option might be to consider an early help assessment. Explain what this is, and that it can only happen with the consent of the relevant people ie child/young person if of sufficient understanding, and parent or someone with parental responsibility. Outline the possible benefits of such an assessment.
 - Check out whether the child/young person or family is aware of this having been done previously. If so, ask for details.
 - Check out which other agencies are involved with the child/young person and family.
 - Agree next steps with the child/young person and family.
4. Make a brief record of your conversations and discuss them with your manager so that a way forward can be planned.

Further information and support

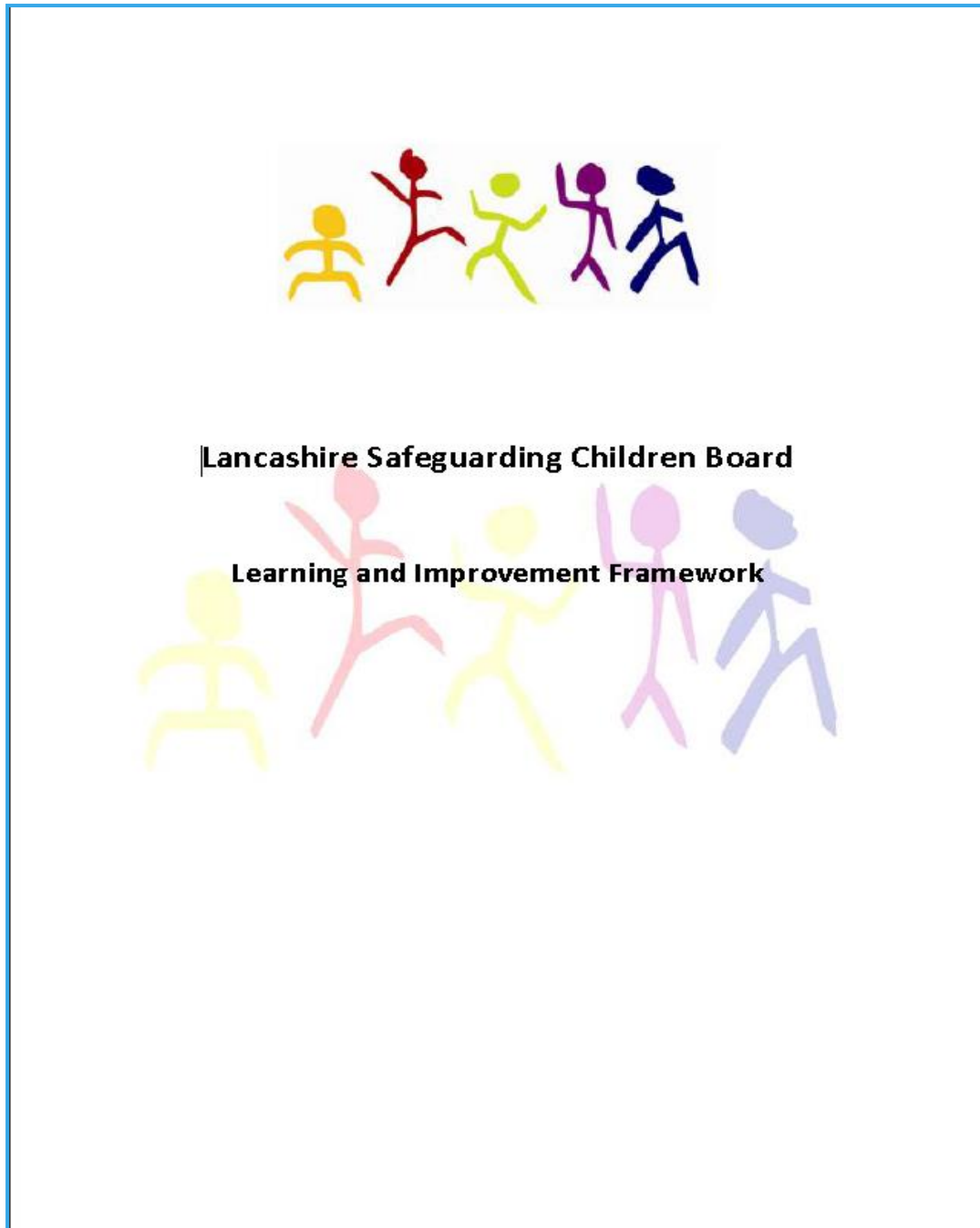
For more information about the Munro Review and Working Together 2013, see:

<https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>

For more information about undertaking an early help assessment locally, see:
(Add your local links here)

Example of a local learning and improvement framework

We are very grateful to *Lancashire Safeguarding Children Board* for allowing us to use their learning and improvement framework document.



Background

The revised statutory guidance Working Together to Safeguard Children 2013 sets out a new approach to learning and improvement for LSCBs and places a duty on them to develop their own local frameworks.

"Local Safeguarding Children Boards (LSCBs) should maintain a local learning and improvement framework which is shared across local organisations who work with children and families. This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result." (Working Together 2013: 65 pt.3)

Statutory guidance also sets out the following principles which -
"should be applied by LSCBs and their partner organisations to all reviews:

- there should be a culture of continuous **learning and improvement** across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works and promote good practice;
- the approach taken to reviews should be **proportionate** according to the scale and level of complexity of the issues being examined;
- reviews of serious cases should be led by individuals who are **independent** of the case under review and of the organisations whose actions are being reviewed;
- professionals must be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith;
- families, including surviving children, should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively.
- This is important for ensuring that the child is at the centre of the process;
- final reports of SCRs **must be published**, including the LSCB's response to the review findings, in order to achieve **transparency**. The impact of SCRs and other reviews on improving services to children and families and on reducing the incidence of deaths or serious harm to children must also be described in LSCB annual reports and will inform inspections; and
- improvement must be sustained through regular monitoring and follow up so that the findings from these reviews make a real impact on improving outcomes for children." (WT 2013: 66)

"LSCBs may use any learning model which is consistent with the principles in this guidance, including the systems methodology recommended by Professor Munro." (WT 2013: 67)

The systems methodology assumes that practitioners generally act from good intentions and try and act in the best interests of their clients but that organisations' systems, processes and 'culture' can lead to poor decision making and poor practice. It is therefore these organisational 'systems' which should be the focus of any review and learning and any scrutiny of practitioners cannot be divorced from these critical variables. It is in the spirit of this approach that this framework should be viewed.

This framework provides a vehicle for the LSCB to meet these statutory requirements and go beyond this to ensure all sources of learning are considered, recognised and used to drive improved outcomes for children and families.

Objectives

This framework is intended to fulfil the following objectives:

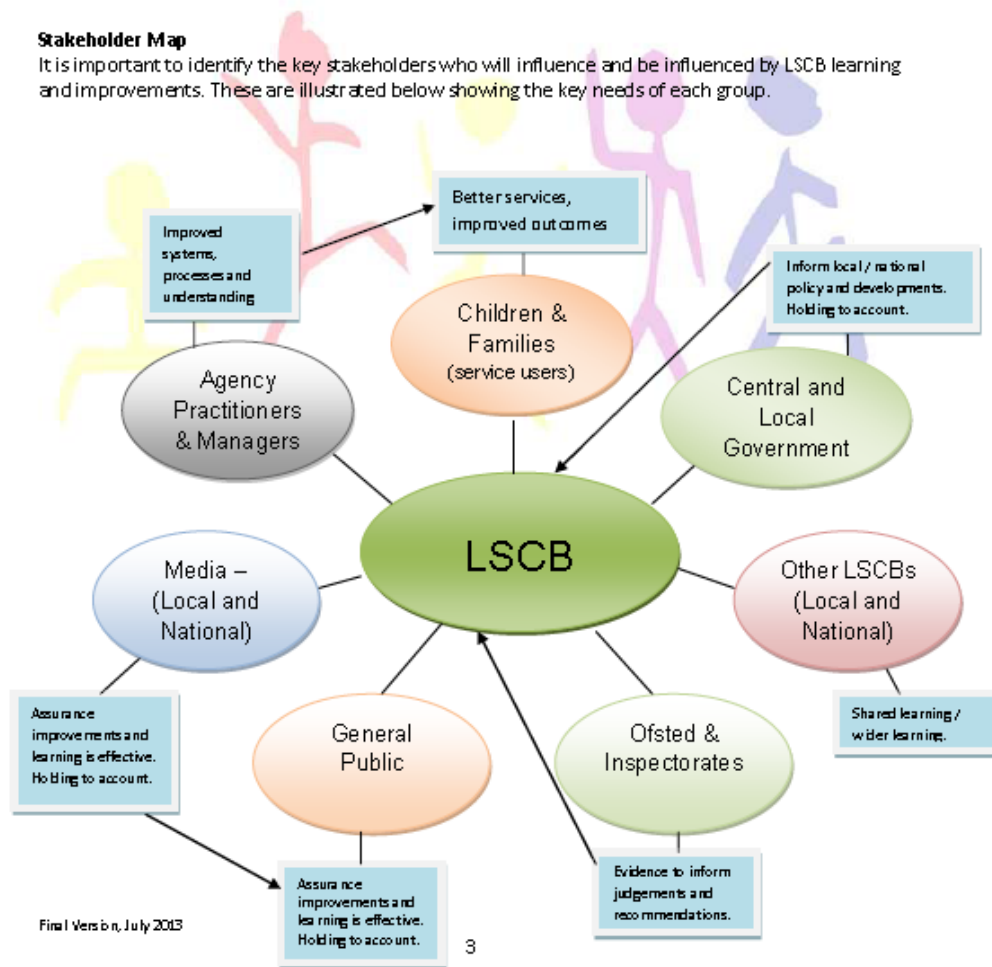
- Ensure that Lancashire Safeguarding Children Board fulfils its statutory obligations
- Ensure the children's workforce is suitably skilled
- Improve services through developing the workforce
- Ensure that the expectations of LSCB of member organisations are clear
- Ensure that single and inter-agency training and learning is of adequate quantity and quality
- Set a standard of professional knowledge, skills and values (via LSCB Training Strategy)

Scope

The framework will apply to Lancashire LSCB and all partner agencies in their delivery of workforce development activities. It will inform single agency frameworks to ensure connectivity and compatibility.

Stakeholder Map

It is important to identify the key stakeholders who will influence and be influenced by LSCB learning and improvements. These are illustrated below showing the key needs of each group.



The key point to note here is that any learning and recommendations identified by the LSCB or its member agencies will need to meet different expectations and requirements specific to the stakeholder group. It should also be noted that some learning will be much wider than the LSCB and its member agencies.

Methods of Learning

The LSCB is a learning organisation and through its provision, scrutiny and challenge functions contributes to a significant amount of multi and single agency learning. The following table illustrates the various sources of learning and what the key stakeholders are in each instance:

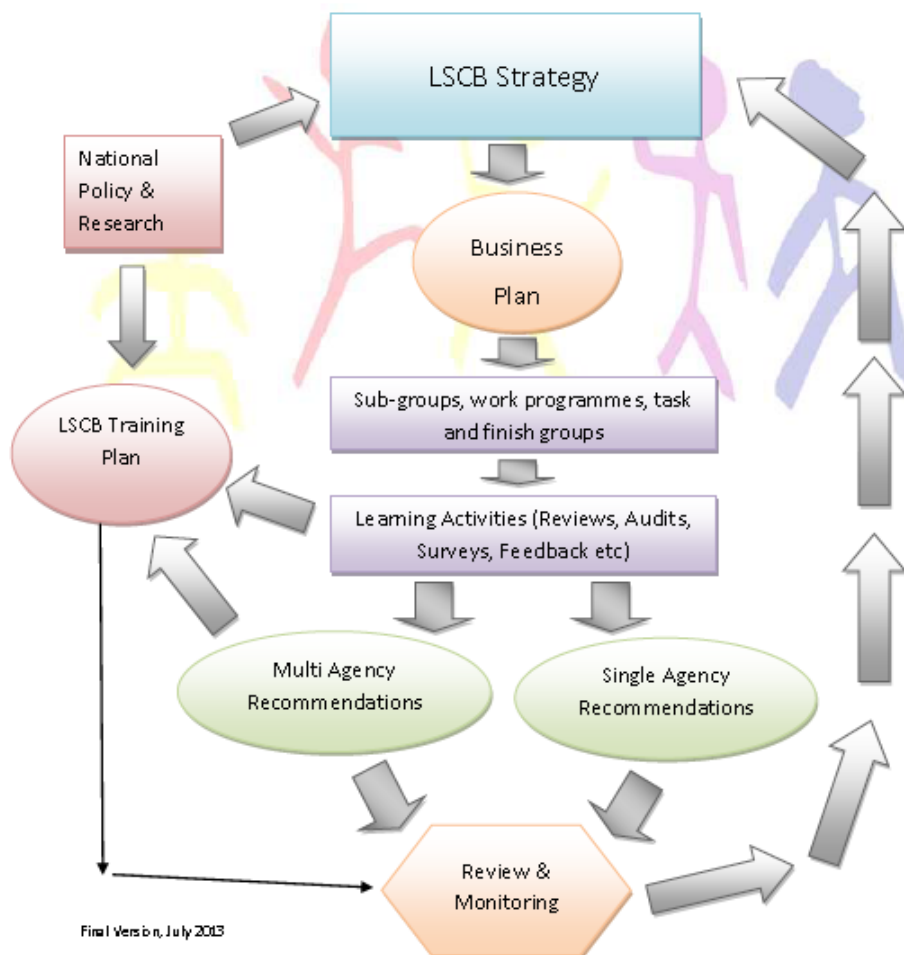
Method	What we learn	Evaluation methods	Key Stakeholders	Sub-groups
Serious Case Reviews, newsletters and subsequent briefings	Multi-agency Lessons Single Agency Lessons Risk assessment information	Inspection, peer review, audit, QA	LSCB Partner Agencies Media Service Users Ofsted The public	SCR Group LSCGs Training sub Group
Multi-agency learning reviews	Multi-agency Lessons Single Agency Lessons	Inspection, peer review, audit, QA Participant feedback	LSCB Partner Agencies Service Users	SCR Group LSCGs Training sub Group
Child Death Reviews (CDOP) CDOP e-learning CDOP briefings	Themes and Trends Modifiable Factors	Participant feedback, annual report	LSCB Partner Agencies Children & Families Ofsted	CDOP LSCGs Training sub Group
Best Practice Panels	Lessons from Good Practice What works	Review and reflection	Partner Agencies Service Users	LSCGs
Quality Assurance & Performance Management activities (audits, surveys, data analysis, performance indicators)	Views of Stakeholders Organisational performance / trends Quality of practice Quantitative information	The outcomes from these activities, participant feedback on process	LSCB Partner Agencies Service Users Ofsted	QA/PM Sub-group LSCGs
Audits of single-agency training	Quality and quantity of single-agency training. Compliance with LSCB standards Learning outcomes Training needs provision	Participant feedback, action plan feedback	LSCB Partner Agencies	L & D Sub-group
LSCB conferences, seminars, courses and briefings	International and National Research Themes and Trends Good Practice Nature and Extent of Safeguarding Issues National perspective for local issues	Participant feedback, action plan feedback	LSCB Partner Agencies Ofsted Media	L & D Sub-group
Guidance and Policy	Government priorities Practice guidance	Compliance with policy,	LSCB, Partner Agencies	All Sub-groups

Final Version, July 2013

	National perspective Local policies		Media Central Govt. Ofsted	
Guidance and Policy briefings	Government priorities Practice guidance National perspective Local policies	Participant feedback	LSCB Partner Agencies	All Sub-groups
Focused Studies / Research	Issuespecific learning	Participant feedback Researcher feedback Action plan	LSCB Partner Agencies	Depends on issues

Learning and Continuous Improvement

As a learning organisation it is important to be clear how the learning from this wide variety of sources (as illustrated above) is used to drive improvement in practice, policy and procedure. The diagram below illustrates how the LSCB should incorporate organisational learning into its wider strategic planning cycle and priority setting.



It is therefore important that organisational learning is seen as a dynamic, cyclical and multi-layered process that informs the LSCB's wider strategic planning framework which determines current and future priorities and resource allocation.

The LSCB Learning & Development Unit

The learning and recommendations from the various learning activities illustrated above can be implemented in a number of ways, such as improved procedures and policies, and supported through training programmes. In some cases it will be incumbent on individual agencies to consider how these recommendations can best be implemented and in turn provide assurance to the LSCB that this has been achieved effectively. Where the learning is applicable to a number of agencies or the LSCB itself, it is incumbent on the LSCB to ensure this happens effectively. Depending on the nature of the learning much of this will take place through the LSCB sub-groups as appropriate. Where it is felt specific training programmes should be considered the LSCB Training Unit will consider how best this can be achieved.

As illustrated in the above diagram the LSCB Learning & Development Unit provides a key function in coordinating learning needs from a variety of sources to inform the planning and commissioning of multi-agency training. The quality of this training is reviewed through participant feedback and action plans which is collated and reviewed, subsequently informing future training delivery and the wider LSCB Strategy.

The LSCB Learning & Development Unit provides a wide variety multi-agency training courses for safeguarding practitioners and managers to ensure they are equipped with the necessary skills, knowledge and values required to deliver quality safeguarding services that improve outcomes for children and families. The types of training products available include short 2 hour sessions, 1 day courses, multi-day in depth courses, large practitioner conferences and eLearning. This ensures the diverse range of learning needs can be catered for (from basic awareness raising to in depth specialist learning). The details of how the LSCB provides this, operationally, are within the LSCB training strategy.

Expectations of Single agencies

- Employing agencies are responsible for ensuring that their workforce is suitably recruited, qualified and enabled to safeguard children
- Employing agencies are responsible for providing appropriate supervision and support for staff, including undertaking safeguarding training
- Employing agencies are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
- Employing agencies are responsible for offering their staff mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
- Employing agencies are responsible for ensuring that all professionals have regular reviews of their own practice to ensure they improve over time.
- Employing agencies are responsible for releasing staff to assist in delivering multi-agency learning as well as attending multi-agency learning
- Employing agencies are responsible for ensuring that all staff have evidence suitable basic safeguarding training. They are also responsible for ensuring evidence of updated safeguarding learning every three years
- Agencies are responsible for responding to audits under section 11 of the Children Act 2004.
- Agencies are responsible for reporting on their compliance and quality of single agency work

Recommendations

It is recommended that the following are in place for this framework to be embedded and effective:

LSCB Agencies

- The framework is understood and compatible with agency arrangements / planning
- Agencies are clear what their responsibilities are
- Agencies provide the necessary resources and commitment to deliver learning outcomes
- Agencies provide assurance to the LSCB that learning has been embedded effectively

LSCB

- Provide strategic leadership to agencies and sub-groups for learning and improvement priorities
- Seek assurance and evidence that learning is effective and embedded
- Seek evidence that improved learning leads to improved knowledge and skills
- Ensure the model of continuous improvement is implemented
- LSCB sub groups routinely report on learning needs
- LSCB request training sub-group to write a training strategy to complement this framework



NSPCC

Example of business plan with capacity for multi-agency work taken into account

Name of service

Xxxtown Family Support Service

Mission

To enable parents with learning difficulties to provide effective care for their children aged 0-18

We will seek to achieve this by:

- Providing learning opportunities to support agencies to understand the barriers faced by parents with learning difficulties and to work together to remove these barriers
- Strengthening the capacity of parents with learning difficulties to access ante-natal and post-natal support
- Strengthening the capacity of parents with learning difficulties to access early years learning opportunities for babies and pre-school children
- Strengthening the capacity of parents with learning difficulties to negotiate high quality school places for their children
- Strengthening the capacity of parents with learning difficulties to work with their children's schools and to support their children throughout their school years
- Strengthening the capacity of parents with learning difficulties to support their children to become involved in positive out-of-school activities
- Supporting parenting with learning difficulties to build and sustain positive family relationships and to have fun as a family
- Working together with other key agencies to safeguard and protect children of parents with learning difficulties who are in need of early help or at risk of abuse

Outcome	Measure	Activity	Indicators/Targets
Local service providers have an improved understanding of the barriers facing parents with learning difficulties as they seek to provide effective care to their children	Service providers report that their level of knowledge and understanding about this issue has grown. Providers identify changes in their practice as a result of this growth in understanding. Parents with learning difficulties report that service providers are accessible and inclusive	<ol style="list-style-type: none"> 1. Training and awareness-raising sessions delivered to local providers 2. Development of toolkit in partnership with parents to help providers become more inclusive in their work with parents with learning difficulties 3. Development of accessible and inclusive information materials in partnership with providers and parents 4. Development of campaign/reference group comprised of parents with LD to offer input on a variety of matters and to act as a borough-wide resource 	<p>24 training and awareness raising sessions delivered over 12 month period.</p> <p>Toolkit developed and distributed to 60 organisations over same period.</p> <p>12 organisations supported to provide inclusive and accessible information about their service to parents with learning difficulties</p> <p>Campaign/reference group established over next 12 months.</p>
Parents with learning difficulties accessing ante-natal and post-natal care at an early stage, and able to make effective use of this	<p>Increase in the number of parents with learning difficulties accessing ante-natal and post-natal care at an earlier stage</p> <p>Parents reporting that ante-natal and post-natal support is helpful</p> <p>Parents exercising choice over how and where they have their baby</p>	<ol style="list-style-type: none"> 1. Individual support and advocacy offered to pregnant women with LD and their partners and to new parents with LD 2. Consultation by Project staff to ante-natal class providers 	<p>12 families over 12 month period offered ante-natal and/or post-natal (ie up to 12 weeks from birth) support</p> <p>Consultation offered to 3 providers of ante-natal classes</p>

	Babies thriving well in their early weeks		
Parents with learning difficulties accessing early years learning opportunities for babies and pre-school children	Increase in the number of parents with learning difficulties accessing early years learning opportunities for their babies and pre-school children and becoming involved in these activities Babies and young children thriving	<ol style="list-style-type: none"> 1. Individual support and advocacy offered to parents with LD who have babies aged over 12 weeks and pre-school children 2. Consultation by Project staff to early years providers 	12 families over 12 month period offered early years support Consultation offered to 3 providers of ante-natal classes.
Parents with learning difficulties exercising choice and achieving preference in the schools they choose for their children	More parents with LD making use of opportunities to visit local schools. More parents with LD reporting that they have been offered their first choice of school for their child	<ol style="list-style-type: none"> 1. Individual support and advocacy focusing on school choice and selection offered to parents with LD whose children are within one year of starting school or transferring to secondary school 2. Consultation by Project staff offered to schools 	6 families over 12 month period offered support with their child starting school. Another 6 offered support with their child transferring to secondary school. Consultation by Project staff offered to 3 primary schools and 3 secondary schools

Parents with learning difficulties and schools working effectively together	More parents with LD attending parent evenings, meetings, concerts/nativity plays etc at their child's school Parents and schools reporting a positive relationship Children thriving at school Parents reporting that they are able to support their child's learning	<ol style="list-style-type: none"> 1. Individual support and advocacy offered to parents with LD to help them work with their child's school and support their child's learning 2. Parents supported with their own adult education needs 3. Consultation by Project staff offered to schools 	6 families over 12 month period offered support with getting involved with their child's primary school, encouraging their child's learning and meeting their own adult education needs. A further 6 families of secondary school aged children offered similar support. Consultation by Project staff offered to 3 primary schools and 3 secondary schools
Parents with learning difficulties accessing positive out-of-school activities for their children	More children of parents with LD attending out-of-school activities	<ol style="list-style-type: none"> 1. Individual support and advocacy offered to parents with LD and their children to help them access out-of-school activities 2. Consultation by Project staff offered to activity providers 	12 families over 12 month period offered support with accessing out-of-school activities for their children. Consultation by Project staff offered to 6 activity providers
Parents with learning difficulties dealing effectively with family relationship issues and enjoying time together as a family	Parents with LD resolving family relationship issues, adults report that they are getting on well, children report that they are getting on well with each other and their parents. Parents with LD and their children taking part in family events and	<ol style="list-style-type: none"> 1. Individual support and counselling offered to families where relationship problems are a factor 2. Group work programme offered to parents of teenagers to address communication issues and positive relationship building 	12 families over 12 month period offered individual support and counselling 3 group work programmes run 1 week summer playscheme for 5-11 year olds Annual summer coach trip and trip to pantomime Negotiation with holiday provider to secure 6 subsidised family holidays per year

	activities	<ol style="list-style-type: none"> 3. Holiday playschemes, activities and group day trips for families 4. Families referred for holidays 	
Specific consideration given to the impact of parental learning difficulties in all cases identified where children are in need of early help or are at risk of abuse	<p>Inclusion of this as a potential issue in local assessment framework</p> <p>Involvement of Project staff in multi-agency meetings where parents have LD</p> <p>Project staff participating in assessments and support plans for children and families where parents have LD</p> <p>Reduction in number of cases where children of parents with LD enter the care system</p>	<ol style="list-style-type: none"> 1. Work at a strategic level with LSCB to secure inclusion of LD issues in local assessment framework, and to measure impact of service in terms of numbers of children whose parents have LD who have to be looked after 2. Staff attendance at multi-agency meetings and reviews 3. Staff initiating and participating in assessments and plans for children and families where parents have LD 	<p>Local assessment framework due to be finalised over next 12 months.</p> <p>External organisation to be identified to undertake impact evaluation project, scope of project determined, first phase to be carried out over next 12 months.</p> <p>24 multi-agency meetings/reviews attended over 12 months on children in need of early help or at risk of abuse.</p> <p>12 assessments/support plans contributed to by the Project.</p>

Staffing

Project Manager 1 x FTE

Deputy Manager 0.6 FTE

Training and Development Officer 1 x FTE

Ante-natal/Post-natal Health Visitor 1 x FTE

Schools Support Worker 2 x FTE

After Schools Support Worker 1 x FTE

Family Counsellor 1 x FTE (employed on associate basis as required)

Family Support Worker 1.5 x FTE

Administrator 1 x FTE

Note that the staffing ratio has been established on the basis that each member of staff undertaking face to face work with families or acting in a management capacity will be expected to spend the equivalent of one day per week on multi-agency work with children who are subject to a coordinated needs assessment or multi-agency support/care plan.

NSPCC

Example of information sheet about local services

Complete the sheets with details of local services – add/delete topics as necessary

Topic	Name, postal address, website address of agency	Contact details of agency (email address, phone number)	Self-referrals accepted?	Other information (eg criteria, type of support, referral route)
Advocacy				
Asylum seekers and refugees				
Bereavement				
Bullying				
Care leavers				
Career advice				
Child protection and safeguarding				
Children's social care services				
Clothing banks				
Community cohesion/crime prevention				
Contraception				
Debt/finance				
Diet and healthy eating				
Disability				
Domestic abuse/violence				
Food banks				
Fuel poverty				

Health (adult mental health)				
Health (children's mental health)				
Health (physical)				
Health (sexual)				
Holidays				
Housing issues				
Interpreters/translators				
Legal advice				
LGBT issues				
Literacy (adult)				
New parents				
Offending (young people at risk of)				
Parenting support				
Police				
Pregnancy				
Prisoners and their families				
School and education issues				
Substance misuse (drugs, alcohol)				
Young carers				

Example of procedural guidelines for sharing confidential information

This document offers a suggestion on how you can set out guidance and/or a procedure for staff and volunteers to enable them to share confidential information appropriately with other agencies. It should be read in conjunction with guidance produced by your LSCB and with guidance issued by the government (Information Sharing: Guidance for practitioners and managers) which you can find by following this link:
<http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0072915/information-sharing>

There are also a number of other useful documents in the same place which offer additional or summary guidance.

Information sharing procedural guidelines

1. Staff and volunteers may find themselves wishing to or being asked to share information of a confidential nature about children and families using the service. This may be because:
 - the staff member/volunteer is of the view that someone in the family may benefit from additional support
 - someone from another agency has been in touch and wishes to know something about the family's involvement with our service
 - someone in the family has asked to be referred for further help
 - the staff member/volunteer is concerned that a child may be at risk of significant harm, or an adult in the family may be at risk of serious harm, or there is a serious crime that may have been committed or about to be committed involving someone in the family.
2. Before sharing the information, the staff member/volunteer should record what it is that they wish to share, who they wish to share it with, and the purpose of doing so. If the reason involves risk of harm to a child, young person or adult, then child protection procedures or adult safeguarding procedures should be referred to immediately. In any other situation, these guidelines should continue to be followed.
3. The staff member/volunteer should then consider the issue of consent to the information being shared. If the information relates to an adult who is capable of giving consent, and such consent has not already been obtained, then the

staff member/volunteer should seek the consent of the person concerned unless doing so would place someone at risk of harm or would impede the prevention or investigation of a serious crime. If the information relates to a child or young person, then the matter should be discussed with the child or young person if they are capable of understanding it. If, in the view of the staff member or volunteer, the child or young person is competent to give their consent (see information about Gillick competence on the Safe Network website link above) then this should be sought unless the urgency or seriousness of the situation prevents this, as suggested above.

4. When seeking consent, the staff member/volunteer should ask for this in writing if possible, unless this is inappropriate. If written consent is not possible, then the staff member/volunteer should record that it has been obtained verbally. Before being asked to give consent, families and children/young people should be made aware of what information is to be shared, the purpose of doing so, with whom it will be shared and the consequences of it's not being shared.
5. The staff member/volunteer should then pass the information on to the agreed agency without delay (ie within one week of consent being obtained or sooner if circumstances require). This should be done within the following parameters of good practice, and recorded:
 - Make a conscious decision on how much information to share based on the public interest – which, in this case, will normally be the interests of the child.
 - Ensure that it is shared securely – this means checking who exactly is receiving the information, and that they are doing so in a confidential environment.
 - Make sure that the information you share is as accurate and up to date as possible; if you are unsure of any of it but still decide to share it, then make sure that the recipient is aware of any areas of uncertainty.
 - Distinguish clearly between fact and opinion.
 - Ask what the recipient is going to do with the information and whether they will need to pass it on to anyone else.
 - Inform the person who is the subject of the information that it has been passed on, unless it would be unsafe or inappropriate to do so.
6. If consent is withheld, or if it cannot be sought because of a risk of harm to someone, or because of the risk of a serious crime being committed, or because of the investigation of a serious crime being compromised, then the staff member/volunteer should consult with their manager on whether the information should be shared without consent.

7. In such a situation, the manager and the staff member/volunteer need to weigh up whether sharing the information is in the public interest. 'Public interest' is a term used in the Data Protection Act but not clearly defined. It can refer to the interests of the whole community, or to a group within the community, or to individuals. Normally it would be considered to be in the public interest for the confidentiality of service users to be protected, but this may be outweighed by the public interest involved in protecting people from harm, preventing crime or disorder, or promoting children's welfare by making sure that they have access to safe and effective care. The manager, in consultation with the member of staff/volunteer, needs to decide whether, on balance and in this particular case, the public interest is served by information being shared without consent.
8. If the decision is not to share the information, this must be recorded and the reasons for not sharing must be stated. If the decision is to go ahead and share the information, then this must be done by either the manager or the staff member/volunteer (it must be clearly understood between them who will do it) within one week of the decision being made (or sooner if circumstances require). The parameters of good practice outlined under point 5 should be used to inform the process of sharing the information.
9. The manager and staff member/volunteer should record the decision to share the information without consent, the reasons for doing so, and the details of how this was done. This record must be signed by both.

Example of staff training record sheet

Name of staff member or volunteer	
Title of post/role	
Start date with organisation	
Start date in this post/role	
Hours worked per week	
Name of line manager	
Annual appraisal dates	
Mandatory training	Date
Post/role specific training	Date

Example of threshold document

We are very grateful to Kent and Medway Local Safeguarding Children Boards for allowing us to use their threshold document. Please note that the document is awaiting a new update to reflect Working Together 2013. Subject to the continuing consent of its owners, we shall replace this version with the new version when it becomes available.

Kent Safeguarding Children Board > www.kscb.org.uk

Medway Safeguarding Children Board > www.mscb.org.uk

Kent and Medway Inter-Agency Threshold Criteria for Children in Need



Document Author	Kent Safeguarding Children Board, Kent Children's Trust Board, Medway Safeguarding Children Board, Kent and Medway Threshold Consultation Panel Medway Children's Trust	
Document Owner ©	Kent Safeguarding Children Board © Sessions House County Road, Maidstone, Kent ME14 1XQ Email: kscb@kent.gov.uk	Medway Safeguarding Children Board © Medway Children's Trust Gun Wharf Dock Road Chatham, Kent ME4 4TR Email: mscb@medway.gov.uk childrenstrust@medway.gov.uk
Summary of Purpose	<p>The overarching aim of the guidance is to provide a framework for professionals and service users, to clarify the circumstances in which to provide:</p> <ul style="list-style-type: none"> ▪ Clarity and shared agreement on the thresholds for referring a child to Children's Social Services/Care in Kent & Medway. ▪ Move forward the preventative agenda and support the CAF process <p>The Eligibility Criteria and threshold matrix identifies the level of key vulnerability factors such as domestic abuse, mental health problems, substance misuse etc. It is emphasised that the level of vulnerability will be different in each case. The framework assumes that it will usually be a combination of criteria that will determine the level of concern, rather than any one factor.</p>	
Review date	January 2014	
Accessibility	This document can be made available in large print, or in electronic format. There are no copies currently available in other languages	
How this document was created	Draft 1	Document created by Working Group
	Draft 2	Consultation with Partner Agencies
	Draft 3	Approval by KSCB
	Draft 4	Approval by MSCB
Equalities Impact Assessment	During the preparation of this policy and when considering the roles and responsibilities of all agencies, organisations and staff involved, care has been taken to promote fairness, equality and diversity in the services delivered, regardless of disability, ethnic origin, race, gender, age, religious belief or sexual orientation. These issues have been addressed in the policy by the application of an impact assessment	




	checklist.	
Circulation Restrictions	None.	
Version	Detail of change	Date
1.0	Document Created	March 2011
2.0	Contact details of CDT updated	April 2012

1. Introduction

Most children and young people have a number of basic needs that can be supported through a range of universal services. These services include education, early years, health, housing, youth services, leisure facilities and services provided by voluntary organisations. However, some children have more complex needs and may require access to specialist services to support them. One such service is Local Authority Social Services for 'Children in Need'.

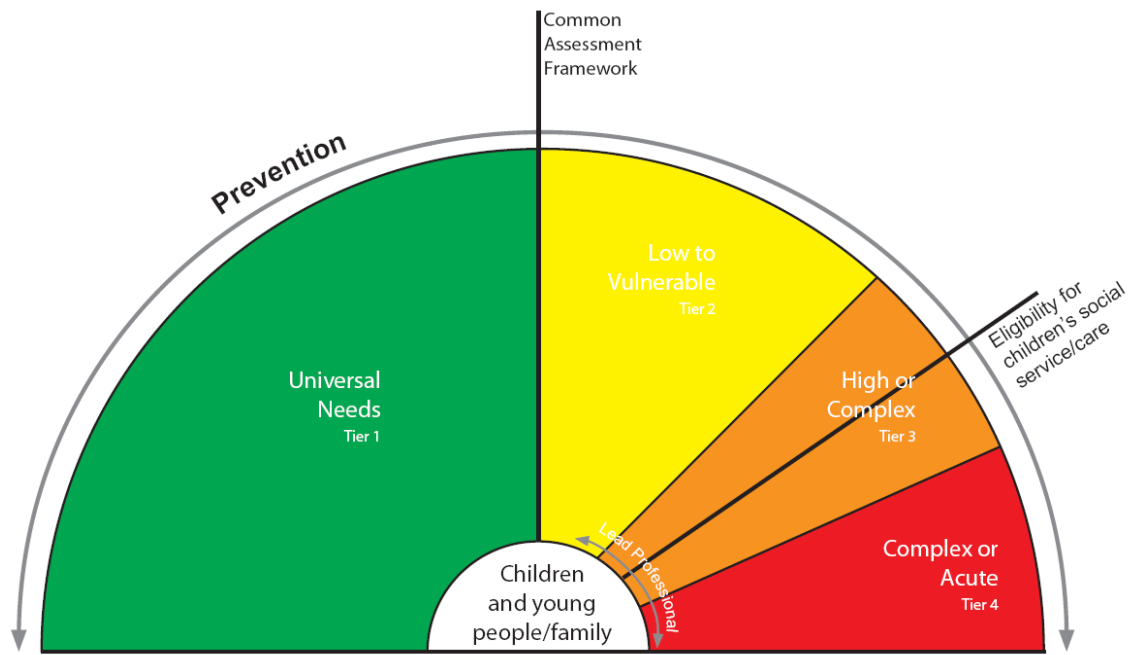
This document provides guidance for professionals and service users, to clarify the circumstances in which to refer a child to a specific agency to address an individual need, to carry out a Common Assessment Framework (CAF) or refer to Children's Social Services / Care in Kent & Medway.

This document describes:

-  the criteria for access to Children's Social Services/Care in Kent and Medway and how that fits within the wider context of multi-agency services and a range of needs;
-  the legal definition of 'Children in Need' and eligibility for Children's Social Services/Care;
-  the process by which Children's Social Services/Care assess eligibility for 'Children in Need.'

2. Children's Needs and Multi-agency Tiers of Intervention

Kent and Medway have adopted a common approach to describing the levels of need and intervention that may be required by children, young people and their families. These form a continuum as follows:



A key principle underpinning the delivery of services to children is that additional needs should be identified as early as possible and intervention should focus on working with children and parents/carers in order to provide early intervention and prevent the need for specialist services.

Kent

Children with additional needs should be offered with consent and involvement of parents/carers, and young person, if appropriate a Common Assessment (CAF) and, where appropriate and necessary, to develop a Team Around the Child (TAC) plan and review progress towards the desired outcomes. Further information on this is available at:

http://www.kenttrustweb.org.uk/Children/kct_CAF.cfm

Medway

Children with additional needs should be offered, in consultation with parents/carers, a Common Assessment and, where appropriate and necessary a Lead Professional as a way of identifying what support and early services are needed. Further information on this is available at:

<http://www.medway.gov.uk/healthandsocialcare/childrenandyoungpeople/makinglifebetter/childrenact2004/commonassessmentframework.aspx>

3. Principles

The following principles should be considered in applying the framework:

- (i) The descriptions in Appendix 1 provide illustrative examples about how need might present itself, rather than an exhaustive list of fixed criteria that must be met. The tier of need will always be increased by the multiplicity of factors.
- (ii) Intervention should be at the lowest tier appropriate to meet the needs of the child and prevent the need for specialist services.
- (iii) Consideration should always be given to undertaking a common assessment (under the CAF) and forming a:
 - Team Around the Child (TAC) (Kent)
 - multi -agency CAF plan (Medway) or
 - to resolve the child's difficulties and prevent the need for a specialist service.
- (iv) If there are child protection concerns about a child's health, development or welfare professionals must follow the [Kent and Medway Safeguarding Children Procedures](#) and make an immediate referral to Children's Social Services / Care.

4. Tiers of Need

The four tiers of need identified in the windscreen diagram on page 2 have been developed into a matrix of needs and risks below to help describe the circumstances in which a CAF should be considered and when a referral to Children's Social Services/Care may be necessary.

Which Tier? (See fig 2 below)

It cannot be over emphasised that the list of indicators contained in this document is not an exhaustive one. In assessing need and risk that requires specialist services, multiple factors are likely to be present and decisions as to whether the criteria are met remain a professional judgement. It is also important to remember that often the signs that a child or young person has particular needs are not found in a single piece of evidence but in a combination of factors or indicators. For example, within the framework described in this document, a cluster of indicators in Tier 2 when considered together may indicate the need for a Tier 3 assessment. There will also be, in some situations, a single indicator that is so obviously significant that it will demand assessment at a particular level even in the absence of any other indicator.

Transitions between levels

In some cases a child or young person will go through a number of transition points on their journey to having their needs met. A child, for example, whose needs do not respond to services provided under Tier 1, may need to receive a more coordinated response within Tier 2. Similarly, a child in Tier 2 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Tier 3.

It is acknowledged that children may move from one tier of need to another and that agencies (including universal services) may offer support at more than one tier.

- Tier 4**
Acute needs requiring urgent, intensive Children's Social Services / Care statutory support.
Threshold for child protection reached
- Tier 3**
High level complex needs requiring a targeted integrated response from Children's Social Services / Care. This is the threshold for a "Child in Need".
Threshold for child protection may be reached.
- Tier 2**
Targeted early intervention. Needs not clear, not known or not being met.
Use Common Assessment (CAF)
Response is universal support services and/or targeted preventative services and TAC support.
- Tier 1**
No identified additional needs
No identified risks
CAF not required

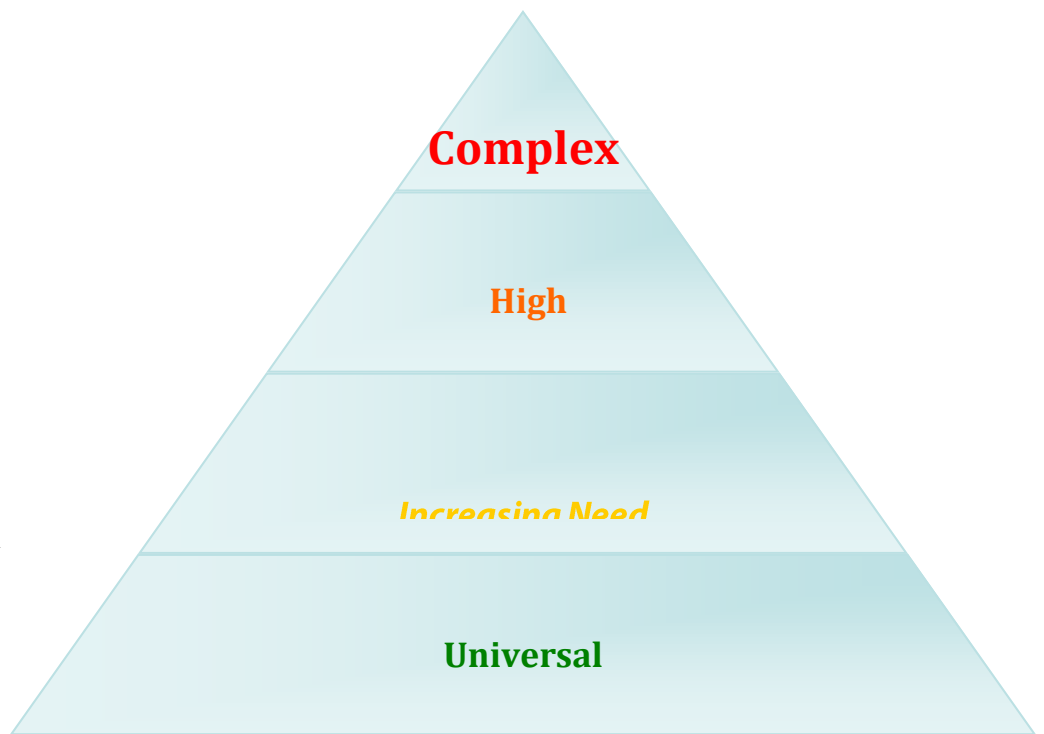


Figure 2

5. The Common Assessment Framework (CAF)

The aim of the CAF is to help identify, at the earliest opportunity, a child or young person's additional needs which are not being met by the universal services they are receiving and to provide timely and co-ordinated support to meet those needs.

The CAF

- is a process for carrying out a common holistic assessment, to help everyone working with the child or young person understand information about their needs and strengths, based on discussions with the child or young person and their family as appropriate;
- uses a standard form to help record and, where appropriate, share with others the information given during the assessment;
- can only be undertaken with informed and explicit consent from the child/young person and/or their parents / carers.

Further information on the common assessment framework is available at:

Kent:

http://www.kenttrustweb.org.uk/Children/kct_CAF.cfm

Medway

<http://www.medway.gov.uk/healthandsocialcare/childrenandyoungpeople/makinglifebetter/childrenact2004/commonassessmentframework.aspx>

or in the [Kent and Medway Safeguarding Children Procedures](#).

6. Multi agency working or Team Around the Child (TAC)

If the CAF assessment identifies that multi agency support is required to meet the needs of the child and family then this team becomes the Team Around the Child (TAC). The parent/carer and TAC must then agree who is best placed to become the Lead Professional

All children receiving a service from Children's Social Services/Care will have a clear plan in place, whether this is a child protection plan, 'Child in Need' plan, Looked After Children (LAC) care plan or a plan specific to their circumstances.

For children in need of protection, the Child Protection Conference and the Core Group members are in effect the Team Around the Child. In these circumstances the social worker is always the lead professional.

For Looked After Children, the Looked After Children Review forms the TAC. The social worker is always the lead professional for a looked after child.

Children who have been confirmed as a 'Child in Need' and not subject to a Child Protection Plan and/or who are not a 'Looked After Child' but are never the less 'in need', that meet social services/care threshold will also require a Team Around the Child to be formed by the social services/care worker in order to develop a formal multi-agency plan of action to meet the child's needs. All 'Child in Need' plans will be co-ordinated by the lead professional from social services/care, monitored and reviewed at least every six months.

In some circumstances where a child is in receipt of services as a 'Child in Need' there may be occasions where the lead professional role should be identified from one of the other professionals involved in the Team Around the Child. One example of this might be where a child has a disability and a health worker might be a more appropriate lead professional.

7. Eligibility for Children's Social Services

The Children Act 1989 places a general duty on the Local Authority to “safeguard and promote the welfare of children within their area who are in need and so far as is consistent with their welfare, promote the upbringing of children by their families by providing a range and level of services to meet their needs”.

The [Children Act 1989](#) defines a ‘Child in Need’ as:

- a child who is unlikely to achieve or maintain, or have opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- a child whose health or development is likely to be significantly impaired or further impaired, without the provision of services;
- a child who has a substantial and permanent disability.

These are not clear-cut definitions and allow room for discussion and professional judgement about the level of need and the associated risk.

The attached Multi-agency Needs/Risks Matrix - Appendix 1 has been developed to help inform decision-making about when to refer a child to Children's Social Services/Care and what to expect in terms of who should receive a service and with what level of priority.

The tier content has been developed taking into account the learning from local and national serious case reviews, good practice and other case reviews and audits as well as the needs of the local population.

Tiers one and two indicate the circumstances in which Children's Trust partner agencies would be expected to intervene and provide support to a child and family in order to prevent the need for a specialist service. Tiers three and four identify the point at which Children's Social Services/Care will become involved.

8. The Process for Assessing Eligibility for ‘Child in Need’ Services

Consultations

The public, including children and young people as well as professionals, can request assistance from Children's Social Services/Care. However, there will be times when professional referrers are not sure about how to proceed and whether to make a referral.

If a professional is unclear about whether to make a referral they should, in the first instance, consult with their designated Child Protection Lead within their

agency. Following this a consultation can be held with a professional within the Children's Social Services/Care

- Duty and Initial Assessment Team (Kent)
- Children's Referral, Assessment and Support Team (Medway)

Referrals

Professionals wishing to make a referral will need to complete the inter-agency referral form (Inter-Agency Referral Form) and Guidance:

- [Kent Children Services Referral Form](#)
- [Medway Children's Social Care Referral Form](#)

If a common assessment or other assessment has been completed (e.g. DASH, DUST or ASSET) it should be attached.

If there has been early professional support and intervention and a Common Assessment completed, then this is important information to help inform the screening and assessment process. However, it is recognised that some situations will immediately meet the criteria for a direct referral as a 'Child in Need', which may include a 'Child in Need of protection', and referrals will be accepted without a common assessment. Professional referrers will receive a written confirmation of receipt within 24 hours.

A Child in Need referral cannot be accepted without the parent/carer's consent. If the parents/carers do not consent to a Child in Need referral, and the concerns do not meet the criteria for child protection, the referrer could consider using Common Assessment and Team Around the Child. However, should the referrer have concerns about the child's needs which they consider may be increased due to the parents/carers' refusal to engage in the child in need process, then it is essential that they consult within their own agency and, if necessary, with the Duty and Initial Assessment Team (Kent) or Children's Referral, Assessment and Support Team (Medway).

Screening

On receipt of a referral, a Children's Social Services/Care Duty Senior Practitioner will carry out a professional screening exercise within one working day or 24 hours depending on when the referral was received, to determine if the referral meets the 'Child in Need' threshold criteria for an initial assessment.

If the referral appears to be about a child protection concern, the Kent & Medway Safeguarding Children Procedures will be invoked at any stage of the process.

Where the child is not eligible for assessment or services, the Duty Senior Practitioner will consider what other services at Tier 2 might be needed and advise the family and referrer about other options within the total range of children's services that may be available in the public, private or voluntary sector.

Initial Assessment

The purpose of an initial assessment is to gather sufficient information about the child and family to make judgments about:

- the nature and impact of the concerns or needs described in the referral and what intervention is necessary;
- whether the child meets the criteria for ongoing services as a 'Child in Need'.

The Department of Health Framework for Assessment of Children in Need and their Families requires that where an initial assessment is required this should be completed within 10 working days **and include a visit to the child**. An initial assessment is deemed to have started at the point of referral to Children's Social Services / Care.

If at any stage there are child protection concerns, the Kent & Medway Safeguarding Child Protection procedures must be followed.

The initial assessment will be based on:

- the information contained in the inter-agency referral form (and common assessment if it is attached);
- gathering information via phone discussions with key relevant professionals (e.g. the child's GP, school, Health Visitor, Children's Centre Manager, etc). Parents / carers will be required to give consent to the information being shared in 'Child in Need' referrals. Evidence of consent might be requested;
- any historical information held within the agency;
- a home visit with the family and children to answer any outstanding questions. The child should be seen alone if of sufficient age and understanding.

The gathering of relevant information will:

- be focused on the child's developmental needs ;
- be focused on the parents /carers' capacities to meet the child's developmental needs;
- reflect the family strengths as well as any difficulties;
- consider whether the parent/carer has needs independent of the child which may call for the provision of adult community care services.

An initial assessment will lead to a decision about whether the child is a 'Child in Need' who is eligible for services and, if so, decisions about priority. The provision of services will not be delayed by the need to complete an assessment. In certain circumstances a service will be provided in parallel to the assessment process if this is considered necessary by the assessing social worker.

All decisions will be clearly recorded on the initial assessment form and signed by the relevant senior practitioner within 10 days of receiving the referral. The child's parents/carers and the child, if age appropriate, involved in the assessment will be given a copy of the assessment.

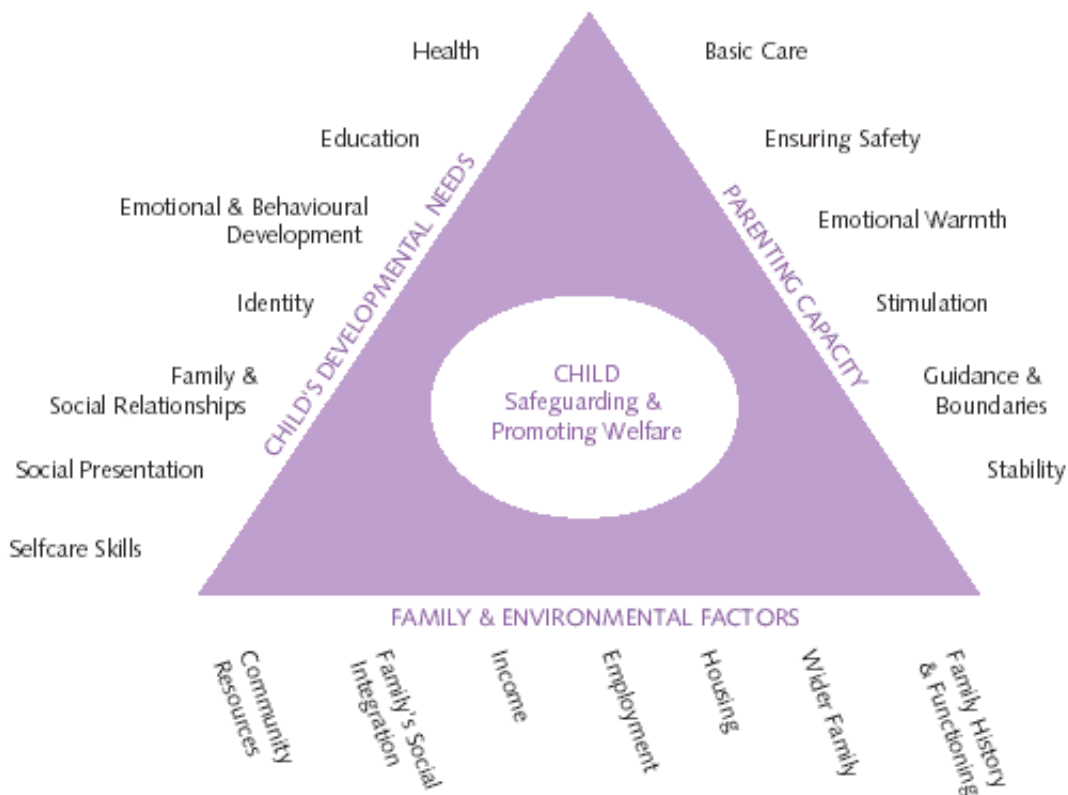
Written feedback on the action taken by Children's Social Services/Care will be sent to the professional referrer within 15 working days.

Core Assessment

Following an initial assessment, a core assessment will be undertaken if it is decided that Children's Social Services/Care will continue to work with and provide services for the child and their family. Children's Social Services/Care will normally seek information from the professional referrer to support the assessment process.

A core assessment is "an in-depth assessment which addresses the central or most important aspects of the needs of a child and the capacity of his or her parents/carers or care givers to respond appropriately to these needs within the wider family and community context." (Department of Health 2000, Framework for the Assessment of Children in Need and their Families)

A core assessment should be completed within 35 days of the date it was decided that this level of assessment is required and will be conducted in accordance with the [DoH Framework for the Assessment of Children in Need and their Families](#).



The assessment should be holistic, draw together a family history and recognise the existing strengths and skills of the child and family. Its purpose is to identify the child's and other family members' needs and agree on the desired outcome of any involvement. It will be conducted in a structured way with the full and active involvement of the parents/carers and child. Other family members should be involved as appropriate.

A core assessment will necessitate the social worker obtaining contributions from other professionals involved with the child/family in order to gain a full picture of the child's circumstances. Working Together to Safeguard Children, March 2010, requires professionals to share information regarding parental learning difficulties, domestic abuse, substance misuse, and mental health difficulties being experienced by relevant family members.

The child's wishes and feelings must be ascertained and recorded where possible and due consideration given to them, having regard to his/her age and understanding.

Parental assessment – where the concerns arise as a result of a parent's (or person with parental responsibility) disability, mental health or substance misuse problems, a specialist assessment should be sought from the relevant agency.

Sharing information with parents/carers and child – the assessing social worker must provide a copy of the assessment report to the parents/carers and share appropriately with children of sufficient understanding. Any disagreements about the assessment will be recorded. The family should already have been given a copy of the leaflet *If You Wish To Complain*. The assessment must have clear conclusions and recommendations. It will identify the child's and family's needs and also what outcomes should be achieved to make improvements and bring about change.

Likely outcomes

The range of recommendations includes:

- The child is in need of protection and Kent & Medway Safeguarding Children Procedures have been or must be invoked.
- Legal action is required to protect the child.
- The child meets the criteria for a specialist service such as Disabled Children's Service.
- The child is a 'Child in Need' and a 'Team Around the Child'/ multi agency group should be identified to draw up and deliver a 'Child in Need' plan.

- The child does not meet Children's Social Services/Care eligibility and threshold criteria and can be signposted to an alternative specialist children's service, or a lower level service, as appropriate. A common assessment should be considered and discussed with the family at this point.

The decision will be recorded in writing to ensure that the decision making process is explicit, particularly where management of risk is a significant issue.

Where the child and family are not eligible for 'Child in Need' services, Children's Social Services/Care will consider what alternative arrangements may be required to meet the child's needs, including whether a common assessment will be appropriate and, where appropriate, discuss with the family and referring professional to enable the family to be linked to the most appropriate service or support. The case will then be closed and return to the referring/lead professional who will then discuss and plan the next steps with the family.

Where a child is eligible for a 'Child in Need' service, the conclusion of the core assessment and subsequent updates will be made available at relevant review dates to inform planning for the child and family.

9. Complaints and Representations

Members of the public who are dissatisfied with the service provided by Children's Social Services/Care should contact the Customer Care Team on: 01233 652165 or by e-mail at cscomplaints@kent.gov.uk (Kent County Council)

01634 306000 or by email at childrens.services@medway.gov.uk (Medway Council)

Professionals who have made a referral and who are not in agreement with the decision that has been made should refer to the [Kent and Medway Safeguarding Procedures](#). All dissatisfaction with decisions taken should in the first instance go through line management channels and key safeguarding professionals within agencies (Kent) or to the Group Manager (Medway) accountable for the decision being made. If a resolution is not achieved, contact the Customer Care Team on

01233 652165 or by e-mail at cscomplaints@kent.gov.uk (Kent County Council)

01634 306000 or by email at childrens.services@medway.gov.uk (Medway Council)

Appendices:

Appendix 1	Threshold Matrix
Appendix 2	Kent Overview of Continuum of Need (tiers 1 & 2)
Appendix 3 & 2)	Medway Flow chart to demonstrate referral pathway (tiers 1
Appendix 4	How to make a referral to Children's Social Services / Care
Appendix 5	Glossary

Tier 1 – Universal Needs No additional support needs		
Features	ILLUSTRATIVE EXAMPLES	Assessment Process
<p>Children with Tier 1 needs</p> <p>Children with no additional needs and where there are no concerns. Typically these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that</p>	Parents or Carers Capacity	<p>These children require no additional support beyond that which is universally available. A Common Assessment is not needed for these children.</p> <p>Examples of key universal services that provide support at this level:</p> <ul style="list-style-type: none"> Education Children's Centres, Family Centres & Early Years Health Visiting
	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> Parents/carers able to provide care for child's needs 	
	<p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> Parents/carers provide secure and caring parenting 	
	<p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> Parents/carers provide guidance and boundaries to help child develop appropriate values 	
	Family and Environmental factors	
	<p>Family History and Well-Being</p> <ul style="list-style-type: none"> Supportive family relationships 	
	<p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> Child fully supported financially, accessing all welfare benefits Adequate housing 	
	<p>Social and Community Resources</p> <ul style="list-style-type: none"> Social and friendship networks exist Safe and secure environment Access to regular and positive activities 	
	Child or Young Person's Developmental Needs	

<p>which is universally available.</p> <p>These indicators need to be kept in mind when assessing the significance of indicators from Tiers 2-4</p>	<p>Learning/Education</p> <ul style="list-style-type: none"> Attendance at school/college/training (above 90%) Acquired a range of skills/interests, experiences of success/achievement No barriers to learning Sound home/school link No concerns around cognitive development <p>Health</p> <ul style="list-style-type: none"> Physically healthy, developmental checks up to date Adequate and nutritious diet, regular dental and optical care Good state of mental health <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> Demonstrates age appropriate responses in feelings and actions Good quality early attachments, child is appropriately comfortable in social situations Knowledgeable about the effects of crime and antisocial behaviour (age appropriate) Able to adapt to change Able to demonstrate empathy Positive sense of self and abilities <p>Family and Social Relationships</p> <ul style="list-style-type: none"> Stable and affectionate relationships with caregivers Good core relationships with siblings Positive relationships with peers <p>Self-Care and Independence</p> <ul style="list-style-type: none"> Developing age appropriate level of practical and independent living skills Appropriate dress for different settings - allowing for age Good level of personal hygiene Able to discriminate between 'safe' and 'unsafe' contacts Knowledgeable about sex and relationships and consistent use of contraception if sexually active (age appropriate) 	<p>Service</p> <ul style="list-style-type: none"> Midwifery School Nursing GP Play Services Integrated Youth Support Services Police Housing Voluntary & Community Sector
<p>Tier 2 – Low to Vulnerable</p> <p>Threshold for targeted support for children with additional support needs</p>		
<p>Features</p>	<p>ILLUSTRATIVE EXAMPLES</p> <p>NB In assessing need and risk that require additional services, multiple factors are likely to be present</p>	<p>Assessment Process</p>

<p>Children with Tier 2 needs These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child or young person. These Children will be living in greater adversity</p>	<p>Parents or Carers Capacity</p> <p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> ▪ Requiring support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet. ▪ Parental health problems that may impact on child's health or development unless appropriate support provided ▪ Parental mental health issues that may impact on the health or development of the child unless appropriate support provided ▪ Parental learning difficulties that may impact on the health or development of the child unless appropriate support provided ▪ Parental health / disability that may impact on the health or development of the child unless appropriate support provided ▪ Parental substance misuse that may impact on the health or development of the child unless appropriate support provided ▪ Poor engagement with universal services likely to impact on child's health or development ▪ Parents/carers have had additional support to care for previous child/young person ▪ Poor supervision and attention to safety issues <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> ▪ Requiring support for consistent parenting regarding praise and discipline, where the child's development not yet being impaired ▪ Lack of response to concerns raised about child's welfare <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> ▪ Requiring support for consistent parenting in respect to routine and boundary setting ▪ Parent has age inappropriate expectations that child or young person should be self reliant ▪ Lack of response to concerns raised about child ▪ Lack of appropriate parental guidance and boundaries for child's stage of development and maturity <p>Family and Environmental factors</p>	<p>NB Complete the pre-assessment checklist if unsure whether the child needs a common assessment.</p> <p>A CAF should be completed with the child/family to identify their strengths & needs. The action plan should identify the child's additional needs, appropriate services and interventions to meet those needs and who will act as the lead professional.</p> <p>If a CAF is refused and the needs of a child cannot be met, and may escalate, a referral to Children's Social Services/Care</p>
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<p>than most other children or have a greater degree of vulnerability than most. If their needs are not clear, not known or not being met and multi agency intervention is required, a lead professional will be identified to coordinate a plan around the child.</p> <p>Timescale These should be short term interventions (up to 6 months) and reviewed on a regular basis. If longer support is required you should discuss needs with specialist services and may need to move into Tier 3. A child and family may</p>	<p>Family and Social Relationships and Family Well-Being</p> <ul style="list-style-type: none"> Parents/carers have relationship difficulties which may affect the child Parents/carers request advice to manage their child's behaviour Children affected by difficult family relationships Child is a teenage parent Child is a young carer Low level concerns about domestic abuse (that do not meet the Kent Police DA matrix) Parent was a Looked After Child (LAC) Large family with several young children under five <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> Overcrowding (as per local housing guidelines) that has a potential impact on child's health or development Families affected by low income /living with poverty affecting access to appropriate services to meet child's additional needs Low income plus adverse additional factors which affect the child's development Housing is in poor state of repair or severely overcrowded Family unable to gain employment due to significant lack of basic skills or long term difficulties <p>Social integration and Community Resources</p> <ul style="list-style-type: none"> Insufficient facilities to meet needs e.g. advice / support needed to access services for disabled child where parent is coping otherwise Family require advice regarding social exclusion e.g. hate crimes, harassment, and disputes in the community Child associating with peers who are involved in anti social or criminal behaviour Limited access to contraceptive and sexual health advice, information and services Family demonstrating low level anti-social behaviour towards others Parents/carers are socially excluded, have no access to local facilities and require support services <p>Child or Young Person's Developmental Needs</p>	<p>should be considered. As a minimum there should be a consultation with Children's Social Services/Care.</p> <p>Exit strategy The TAC should aim to enable the child and family's move back to universal services' support</p> <p>Key agencies that may provide support at this level:</p> <p>Universal and targeted</p> <ul style="list-style-type: none"> YISP – Youth crime Preventative services YOT/YOS Police Targeted drug and alcohol information, advice and education, including advice re harm reduction
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<p>need a number of these short term supports over the child's childhood as their needs change</p>	<p>Family and Environmental factors</p> <p>Learning/Education</p> <ul style="list-style-type: none"> Occasional truanting, non attendance or punctuality issues, attendance below 85% School action or school action plus Identified language and communication difficulties linked to other unmet needs Lack of adequate parent/carer support for child's learning Lack of age appropriate stimulation and opportunities to learn Few or no qualifications leading to NEET (not in education, employment or training) Child/young person under undue parental pressure to achieve/aspire No aspiration for young person Not educated at school (or at home by Parents/carers) The child's current rate of progress is inadequate, despite receiving appropriate early education experiences <p>Health</p> <ul style="list-style-type: none"> Concerns about reaching developmental milestones Not attending routine appointments e.g. immunisations and developmental checks Persistent minor health problems Missing set appointments across health including antenatal, hospital and GP appointments Low level mental health or emotional issues requiring Tier 2 intervention (CAST Medway) <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> Emerging anti-social behaviour and attitudes and/or low level offending Child is victim of bullying or bullies others Expressing wish to become pregnant at young age Low level substance misuse (current or historical) Low self esteem Limited peer relationships/social isolation Expressing thoughts of running away Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention. Disruptive / challenging behaviour at school or in neighbourhood Behavioural difficulties requiring further investigation / diagnosis <p>Self-Care and Independence</p> <ul style="list-style-type: none"> Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion Early onset of sexual activity (13-14); sexually active 	<ul style="list-style-type: none"> Health, e.g. HV, GP, midwifery, school nurse Tier 2 CAMHS (CAST Medway) Sure Start or Children's Centres Education Early Years Educational psychology Educational welfare Specialist play services Integrated Youth Support & Extended Services Voluntary & community services Early Intervention for Family Services Early Support Programme
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Tier 4 – Complex or Acute: Threshold for Child Protection		
Features	ILLUSTRATIVE EXAMPLES In assessing need and risk that require intensive specialist services, multiple factors are likely to be present	Assessment Process
Children with Tier	Parents or Carers Capacity	Children's

<p>4 Needs Children requiring specialist/statutory integrated support</p> <p>Child Protection Children experiencing significant harm that requires statutory intervention such as child protection or legal intervention. These children may also need to be accommodated (taken into care) by the Family Services/Children's social care either on a voluntary basis or by way of Court Order</p> <p>Definition Section 47 of the 1989 Children Act. Child or young person. Where a child is at risk of significant harm. Through neglect, physical, emotional or sexual abuse.</p> <p>Process Agencies should make a verbal referral to the Kent contact and assessment services or Medway's customer first team and accompany this with written referral form</p>	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> Parents/carers are unable to care for the child Parents/carers have or may have abused/neglected the child/young person Pre birth assessment indicates unborn child is at risk of significant harm Parents' own needs mean they cannot keep child/young person safe Parent unable to restrict access to home by adults known to be a risk to children and other adults Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child Low warmth, high criticism is an enduring feature of the parenting style Parent's own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs Parent/carer has mental health issues, including self harming behaviour, that present a risk of significant harm to the child Parent/carers' substance misuse that presents a risk of significant harm to the child Parental learning difficulties that present a risk of significant harm to the child Parental health / disability that presents a risk of significant harm to the child <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> Deliberate cruelty or emotional ill treatment of a child resulting in significant harm Child is continually the subject of negative comments and criticism, or is used as a scapegoat by a parent/carer, resulting in feelings of low worth and self-esteem and seriously impacting on the child's emotional and psychological development. Previous child/young person(s) have been removed from parent's care <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> Lack of appropriate supervision resulting in significant harm to a child Child is given responsibilities that are inappropriate for their age / level of maturity resulting in significant harm to the child Adult in a position of trust, staff member or volunteer behaves in a way that results in harm to a child, or that might indicate unsuitability to work with children 	<p>Services will decide on their response based on the verbal information as repeated in the written notification form. In the case of suspected abuse they will follow the Working Together procedures as laid out in the Kent & Medway Safeguarding Children Procedures. On the basis of a Core Assessment a decision will be made whether to hold a conference.</p> <p>Key agencies that may provide support at this level:</p> <ul style="list-style-type: none"> Children's Services – Social care, Fostering, Adoption Teams Family Group Conferencing Service Police Other statutory service e.g. SEN
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	Family and Environmental factors	
	<p>Family and Social Relationships and Family Well-Being</p> <ul style="list-style-type: none"> ▪ Assessment identifies risk of physical, emotional, sexual abuse or neglect ▪ History of previous significant harm to children, including any concerns of previous child deaths ▪ Family characterised by conflict and serious, chronic relationship difficulties ▪ Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child ▪ Adult victim of Domestic Abuse is assessed as high level risk (DASH) and the child (including unborn) is at risk of significant harm ▪ Child's carer referred to MARAC ▪ Members of the wider family are known to be, or suspected of being, a risk to children ▪ Child needs to be looked after outside of their immediate family or parents/carers due to abuse / neglect <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> ▪ Hygiene conditions within the home present a serious and immediate environmental / health risk to children 	
	Child or Young Person's Developmental Needs	

Health

- Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health problems
- Carers refusing medical care endangering life/development
- Child not accessing appropriate medical care which puts them at direct risk of significant harm
- Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness
- Sexually Transmitted Infection in a child under 13
- Child who is suspected to having suffered inflicted, or serious unexplained, injuries

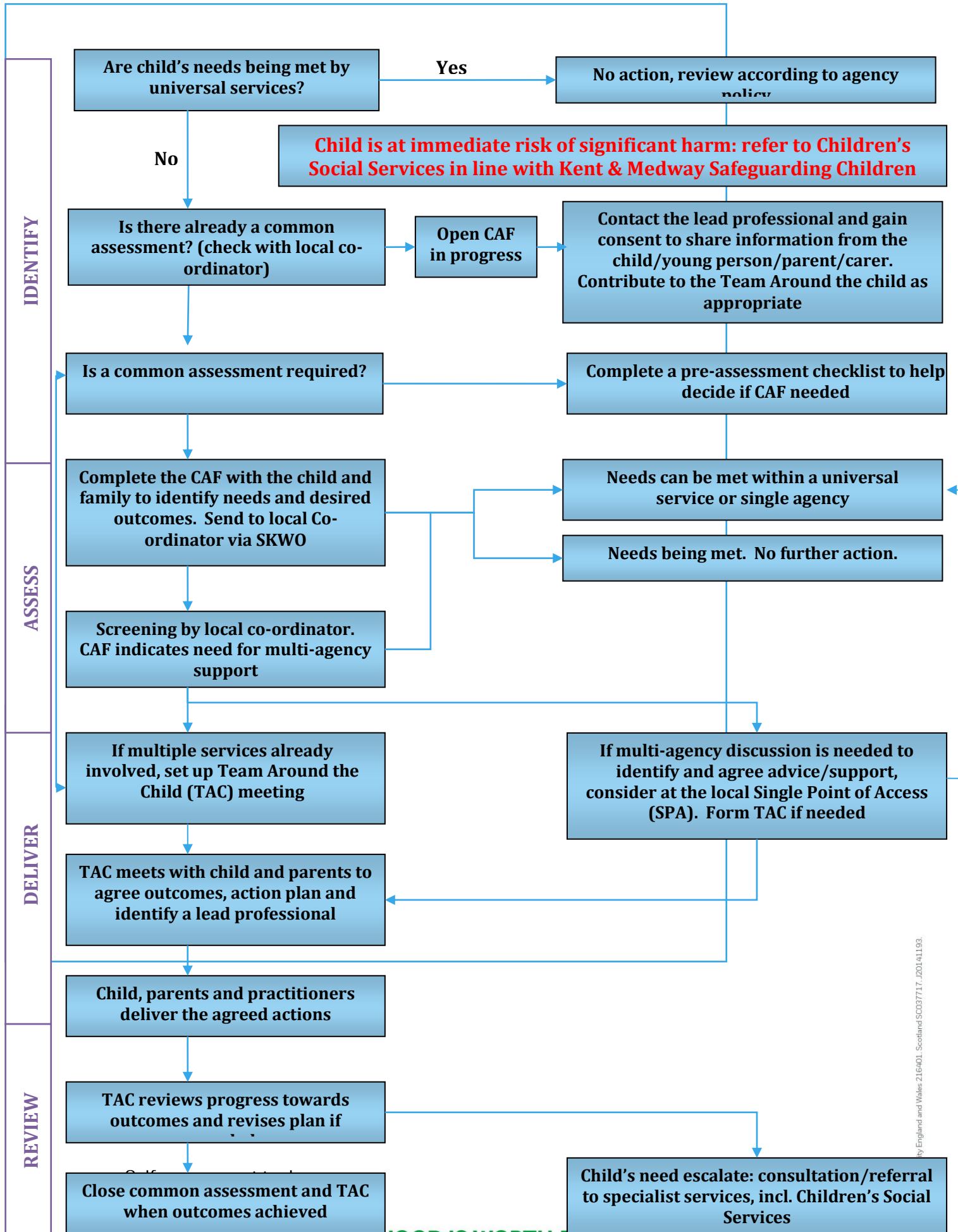
Social, Emotional, Behavioural, Identity

- Challenging behaviour resulting in serious risk to the child and others
- Child/young person beyond parental control – regularly absconds from home and places self at risk of significant harm
- Failure or inability to address complex mental health issues requiring specialist interventions
- Under 13 engaged in sexual activity
- Subject to sexual exploitation under 18 years of age
- Is missing from home for repeated short periods of time or prolonged periods
- Young people experiencing current harm through their use of substances
- Young people with complicated substance misuse problems requiring specific interventions and/or child protection

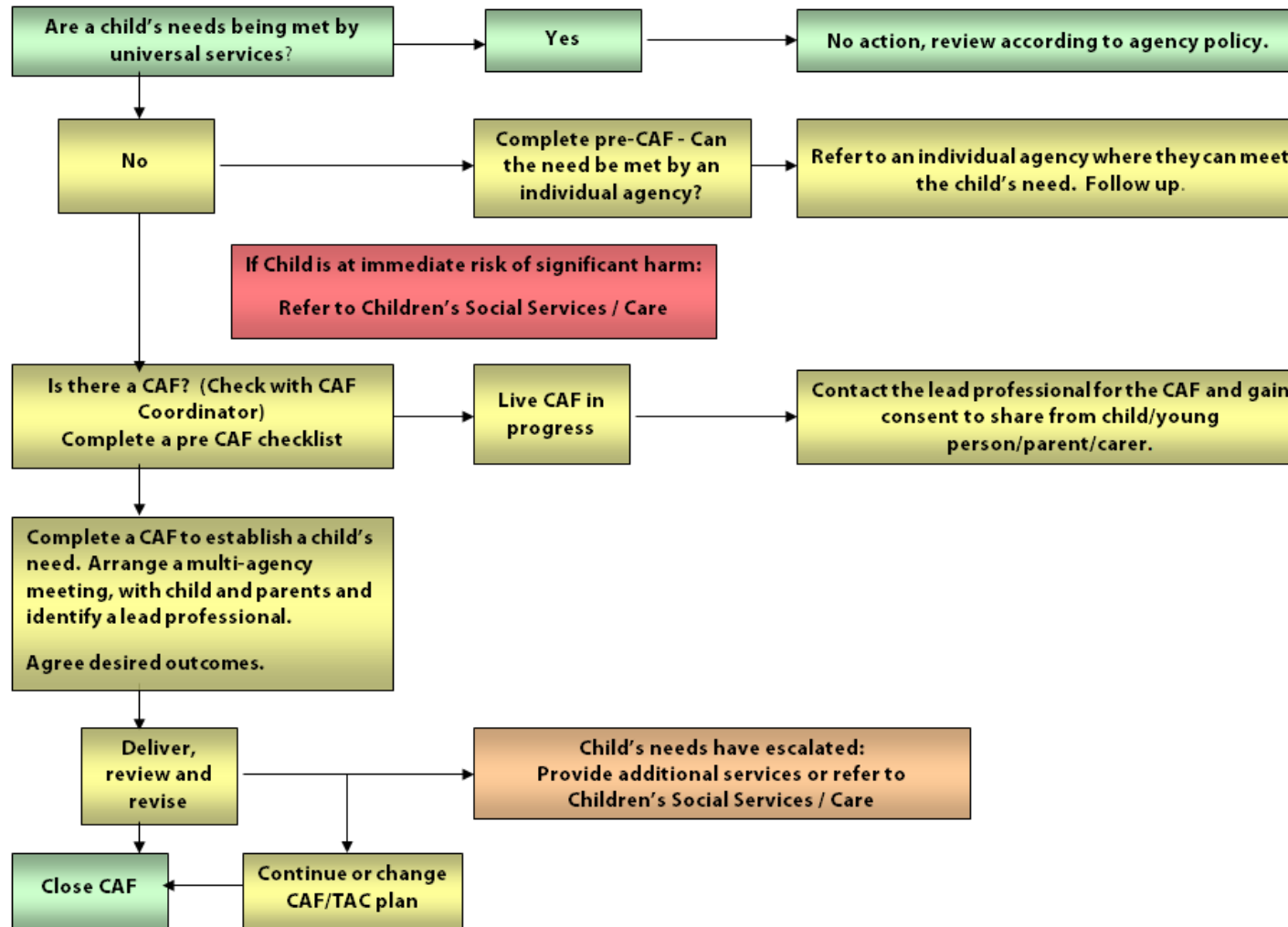
Self-Care and Independence

- Child is left “home alone” without adequate adult supervision or support and at risk of significant harm
- Distorted self image and lack of independent living skills likely to result in significant harm

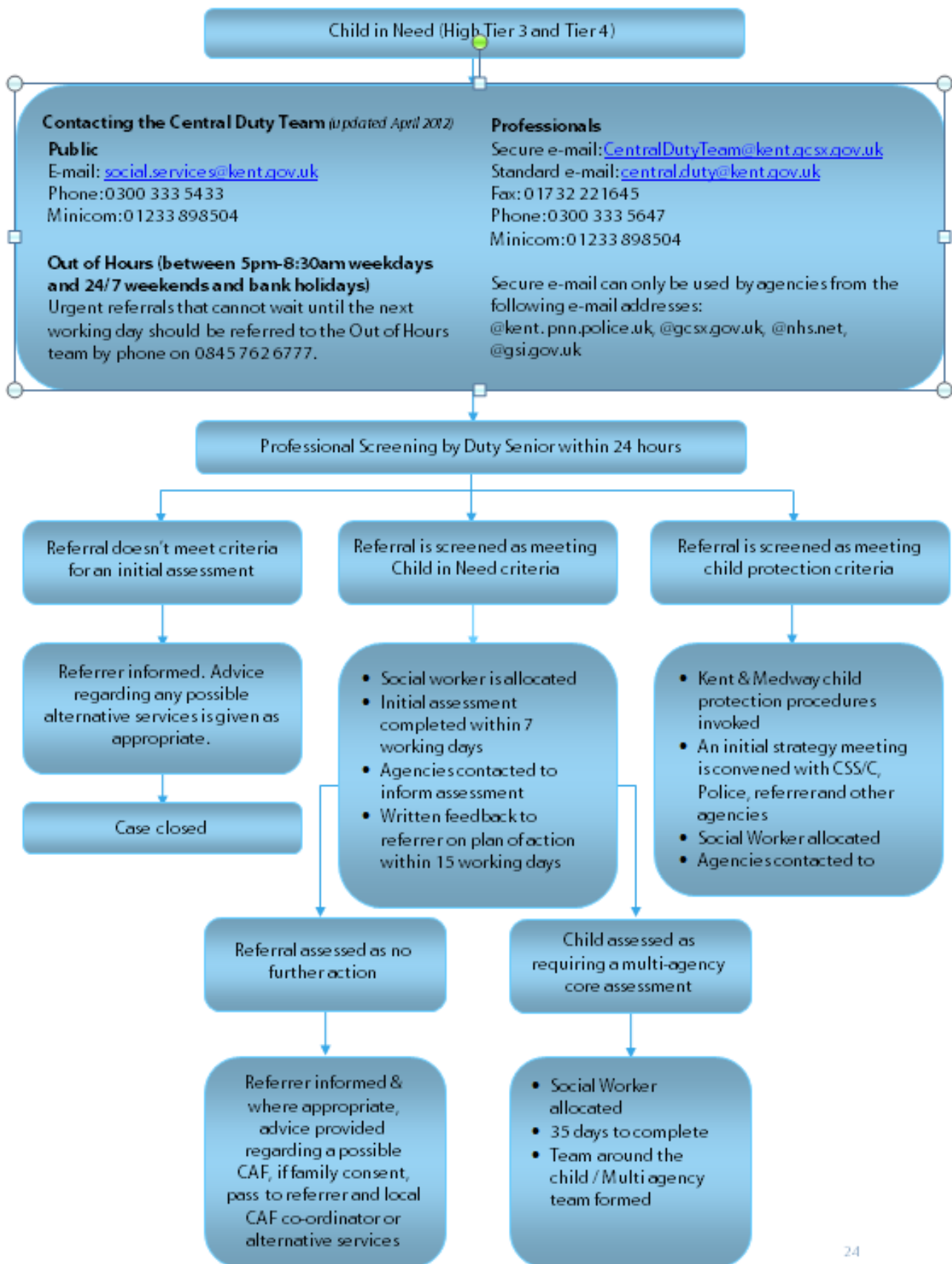
Proceedings to accommodate the child or young person in a kinship, fostering or residential placement, or to place the child for adoption



Medway Flow Chart to Demonstrate Referral Pathway (tier 1 and 2)



How to make a Referral to Children Social Services / Care (CSS / CSC)



Glossary

ASSET	Structured assessment tool to be used by Youth Offending Teams
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CAST	Child and Adolescent Support Team
CSS/C	Children's Social Services / Care
DA	Domestic Abuse
DASH	Domestic Abuse, Stalking and Harassment and honour based violence
DUST	Drug Use Screening Tool
Kent Police Domestic Abuse Matrix	Matrix used by Kent Police to establish whether a Domestic Abuse incident needs a notification to social services/care or a referral.
LAC	Looked After Child
MARAC	Multi Agency Risk Assessment Conference
NEET	Not in Education, Employment or Training
TAC	Team Around the Child

Example of written agreement with a child

(Please note that all names used and circumstances described are fictional)

This is an agreement between

Simeon and **Sally**

They will meet on a Wednesday after school at 4.00pm for one hour in the play room at **Sally's** office.

They will meet nine times.

Simeon can choose whatever he wants to play with.

They will do some talking about things like:



Home



School



Dan in prison



What Simeon likes



What he wants to happen



And what he's scared or worried about

Simeon's Mum will bring him and wait for him while he is with Sally.

Sometimes Sally and Simeon will need to talk to his Mum about the sessions and about what he and Sally have done and said.

If Simeon doesn't want to talk about something, he doesn't have to.

If he doesn't feel ok about something in the session, he will tell Sally and they will get his Mum if he wants.

If Sally is ever worried that Simeon or anybody else might be hurt, she will need to talk to her boss about it. If this happens, she will try very hard to talk to Simeon about it first.

Signed:

Simeon Hanna

Date

Sally Hunt

Date

Example of written agreement with a family

(Please note that all names used and circumstances described are fictional)

Work agreement between

Names and contact details of family

Mary Snowden and Clive Marshall
11 xxxx Road
xxxx
Lancashire

Mary's phone number
Clive's phone number

And Name and contact details of organisation and worker involved with family

(name of group/organisation)
5 xxxx Street
xxxx
Lancashire

Workers:

Mina Patel and Richard Evans

Direct dial numbers for Mina and Richard
Office reception number

Work to be carried out

Work with Mary and Clive together and separately to help them communicate well with each other and prepare for the arrival of their baby in Jan 20xx

Reason for the work

Mary and Clive have been a couple for about a year. They have both had difficulty in bringing up children they have had with previous partners, and their children have had to be taken into care.

They very much want to be able to look after their new baby.

A case conference held in July 20xx recommended that they do some work with (name of group/organisation) as part of a package of work to help assess whether this would be possible.

Timescale for the work

1st September 20xx – 30th November 20xx

Aims

- To help provide a clear answer to the conference about whether Mary and Clive are likely to be able to care successfully for the new baby – we all hope that the answer to this question will be ‘yes’ but we recognise that (name of organisation) may have to recommend ‘no’ and that Mary and Clive may disagree with this
- To help us all understand the kind of support that Mary, Clive and the baby might need if they are going to live together as a family

Objectives – what we hope to achieve in the work

- A clear picture on whether and how things have changed since Mary’s and Clive’s other children were taken into care
- Mary and Clive showing that they can communicate well with each other and can work as a team
- Clive showing that he does not hit Mary or hurt her in any way
- Both showing that they have dealt with their drug and alcohol issues
- Both showing that they understand what the new baby will need and are able to provide it, with support if necessary

Methods

- There will be eleven meetings altogether – three with Mina and Mary, three with Clive and Richard, and five with all four of us together. Two of the meetings for all four of us will be the agreement meeting and the ending meeting where we talk about what we will be saying to the next case conference. The dates of the meetings are on a separate sheet
- During the meetings we will be talking about the things we need to report on, and Mina and Richard will be asking Mary and Clive to do some exercises and activities to help with the assessment
- All the meetings will take place in the (name of organisation) office
- In addition, there will be three visits to the home of Mary and Clive to see how they are getting on with preparing for the new baby to arrive

Reporting

Mina and Richard will be writing a report for the next case conference, based on the work that we do during the meetings. Mary and Clive will have a chance to see the report in draft before it is sent to Children’s Social Care. They will be able to comment on the report, and their views on it will be included in the final version.

The report will be seen by the people who go to the case conference and will be put on Mary's and Clive's files at (name of group/organisation) and in Children's Social Care. If there are any court proceedings, it may be used there as well.

Information sharing and confidentiality

Some of the information that Mary and Clive will be asked to provide will be personal and sensitive. They will only be asked for information relevant to the things that need to be covered in the work. Any information that they provide may be used in the report.

During the time that the work is going on, Mina and Richard will keep in touch with Children's Social Care and with the other people involved in working with Mary and Clive, and will pass on and receive any information that is too urgent to be left until the end of the work. They will read reports from work that has been done in the past.

Examples of evaluation tools and impact measurement systems

Outcomes stars

<http://www.outcomesstar.org.uk/family-star/>

This is a system developed by Triangle Consulting Social Enterprise in consultation with practitioners and experts in many different fields. It uses a scaling system for recording progress in key outcome areas, and builds on a recognised understanding of the process of personal change.

The Outcomes Stars have been developed for a wide range of issues, and not just family support. They include areas such as autism and Asperger's, homelessness, mental health recovery, alcohol use, domestic violence, youth work and many others.

Training in the use of the system can be offered, and free view-only examples of some of the resources can be accessed from the site on request.

Strengths and Difficulties Questionnaire

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

The Strengths and Difficulties Questionnaire was developed by Robert Goodman and has been widely used in child and adolescent mental health services and other specialist services for children and young people.

It is a behavioural screening questionnaire for 3-16 year olds that can be completed by parents, workers, or, in the case of older children and young people, can be used to self-report. It lists 25 psychological attributes covering emotional symptoms, conduct problems, hyperactivity, peer relationship problems as well as positive behaviours, and asks the user to score the extent to which they happen. Some versions also have an impact supplement to examine the effect of the symptoms on the child's overall well-being.

List of sources of useful training

NSPCC training

The NSPCC offers training on all aspects of child protection and safeguarding, including Introduction to child protection courses, Advanced child protection courses, Refresher training, and Commissioned training for your organisation.

For a full list of scheduled courses view the NSPCC training calendar.

http://www.nspcc.org.uk/inform/trainingandconsultancy/training/trainingcourses/trainingcourses_wda47913.html

Call 0808 800 5000 or email help@nspcc.org.uk to discuss your requirements.

Safeguarding training for specific areas of work

Faith organisations

The CCPAS (<http://www.ccpas.co.uk/Training.html>) mainly works with Christian organisations, although it also caters for groups from other faiths. It provides a wide variety of training resources designed to help you improve the design, management and implementation of your safeguarding policies.

For details of specific courses use the links below, or from the Training drop down menu.

- facing the unthinkable
- bespoke training
- internet safety award
- supporting offenders safely
- sharing the load
- special children special needs

Tel: 0845 120 45 50 | Email: info@ccpas.co.uk

Training for those involved in faith based work is also often arranged on a local basis by, for example, local mosques, temples, synagogues, Church of England diocesan offices as well as LSCBs.

Sports

The Child Protection in Sport Unit (CPSU) is a partnership between the NSPCC, Sport England, Sport Northern Ireland and Sport Wales. In Scotland there is a similar partnership between Children 1st and sportscotland.

Contact the CPSU via their website (<https://thecpsu.org.uk/contact-us/>) to discuss your training requirements.

Arts

Artswork is a national youth arts development agency and a registered charity, committed to transforming the lives of children and young people through arts and cultural practice. Artswork is supported by Arts Council England.

Artswork runs a range of training courses including a number that relate to child protection and safeguarding. For more information, see <http://www.artswork.org.uk/training>

Youth

The National Council for Voluntary Youth Services (NCVYS) is a national independent body that represents voluntary and community youth organisations in England. It aims to help such organisations build their capacity to deliver quality youth work.

NCVYS provides a training directory on its website for those seeking training providers within the youth sector. See the following link: www.ncvys.org.uk

Online safety training

Many of the providers listed above offer training on online safety, but it is also worth contacting the South West Grid for Learning (SWGfL) on www.swgfl.org.uk (tel: 0845 601 3203). They have been specialising for a number of years in learning needs around e-safety, and offer a range of courses ranging from an introductory level to an advanced level of knowledge and application. They also provide bespoke training packages.

Multi-agency and locally based training

Don't forget to check out whether your LSCB is able to place for your staff and volunteers on multi-agency training. This is just as important as training within your own agency or with others from a similar working environment, and is a great help in learning how the various agencies involved in keeping children safe need to work together.