

Guidance for Threshold of Need and Intervention

January 2011



Purpose of document

This Guidance for Threshold of Need and Intervention is a vital tool underpinning the aspiration to provide support and early interventions in the lives of potentially vulnerable children and young people in Essex. Many agencies, organisations, parents, carers and other family members are involved with supporting children. Effective joint working through common understanding and use of the principles and processes in this document will help improve the way in which children's needs are effectively met across the needs spectrum. Through clarifying the thresholds of service eligibility and provision, investment can be more clearly targeted to early intervention and prevention, supporting families to enable children and young people to remain at home and in the community. This, in turn, will lead to improved outcomes and life chances for our most disadvantaged children and young people, and help improve the quality of life and outcomes for all our children.

The aim of this guidance is to assist staff in making judgements about service thresholds in a fair and consistent manner, whilst at the same time ensuring compliance with statutory duties. The tables of descriptors within the guidance provide examples that may indicate a certain level of need.

This document will inform the referral and assessment process for Essex County Council (ECC) services and should also complement other agencies' processes and assessment tools.

This guidance is produced with the intention of providing clarity around service eligibility and provision. It will be reviewed alongside the developments within children's services, including the work of the Essex Safeguarding Children Board and the Essex Children's Trust Partnership.

The purpose of this document is to ensure that all children and young people are able to access the most appropriate provision by the quickest and most effective route.

Like most public services from the Police to the Health Service, provision designed to support families can only work effectively if limited resources are used wisely and targeted appropriately. This document is designed to help professionals with the dilemmas they face when they encounter children that they believe may be in need or at risk.

The overarching intention is to ensure that there is an effective 'triage' system in place to ensure that children get the right response from the right service at the time that they need it most. Everyone that works with children or vulnerable adults has a responsibility to make sure they are equipped with the appropriate

level of knowledge and support to be able to judge when they need to seek further information about a child's circumstances or need to seek advice from a manager or other agency. Equally, as far as is possible and reasonable, ensuring that children and families are not escalated unnecessarily into the higher more resource intensive service areas is the responsibility of all referring agencies. Where this does happen, systems become overloaded and children are failed.

The information provided in this document is supported by the Assessment and Referral process map, attached as Appendix 2.

Background

For the purposes of this document, the term 'children' refers to children and young people under the age of 18 years. This document is based on recognised good practice and influenced by current research and local experience. The procedures are underpinned by:

- UN Convention on the Rights of the Child
- The Children Act 1989
- Framework for the Assessment of Children in Need and their Families 2000
- Messages from Research 1995
- Human Rights Act 2000
- Race Relations (Amendment) Act 2002
- Disability Discrimination Act 2002
- Every Child Matters 2004
- The Adoption and Children Act 2004
- The Children Act 2004
- Immigration and Asylum Act 1999
- Nationality, Immigration and Asylum Act 2002
- Essex SEN Code of Practice
- Crime and Disorder Act 1998
- Working Together 2010
- Southend, Essex and Thurrock Child Protection Procedures 2006
- Staying Safe Action Plan DCSF 2008
- What to do if you're worried that your child is being abused 2006

This Guidance for Threshold of Need and Intervention is based on and complements the Framework for the Assessment of Children in Need and their Families 2000, to provide a consistent approach for those working with children.

Our vision

The Essex Children's Trust Children and Young People's Plan 2009/11:

'We want children and young people in Essex to be valued, inspired, loved, nurtured and encouraged, with opportunities to achieve their immediate and long term ambitions. Our role is to improve the life chances of all and to provide extra support for those who need it.'

Development of these criteria

As inter-agency working continues to develop in Essex, this guidance clarifies referral routes into services provided by Essex Children's Trust for all agencies working with children and young people. It identifies the likely distribution of resources and services available to children and their families. It has been produced in consultation with the partners that form the Essex Children's Trust and the Essex Safeguarding Children Board utilising existing multi-agency work undertaken across the county and incorporates examples of good practice from other local authorities. This approach has been aligned with the procedures applied in Adults, Health & Community Wellbeing Directorate to ensure consistency during periods of transition.

Its development was informed by a multi-agency group of practitioners via workshops exploring the descriptors and indicators of need and vulnerability. An earlier draft was piloted in one locality. The feedback from this process has informed this document.

The guidance ensures clarity in relation to service provision at this time and will be amended and enhanced in line with the planned developments within the Schools, Children and Families Directorate and beyond, including developments within Essex Safeguarding Children Board and the Essex Children's Trust Partnership.

Whilst this document will inform the referral and assessment process for ECC services, it should also complement other agencies' processes and assessment tools. It is anticipated that the Essex Children's Trust will review this document at least annually and will make revisions as required in order to ensure it continues to reflect best practice.

Integrated working

Essex Children's Trust is committed to delivering frontline services that are integrated and focused on the needs of children by implementing the national common processes and systems of Common Assessment Framework (CAF), Lead Professional and Information Sharing.

The CAF is a tool to enable early and effective assessment of children and young people with a number of additional needs. It is a holistic, consent-based needs assessment framework which records, in a single place, and in a structured and consistent way, the key factors in a child's life that point to them having additional needs. Undertaking an assessment using the CAF as soon as there is an indication of additional needs makes a significant and necessary contribution to the early intervention and prevention agenda, particularly in terms of effective 'triage'. The better the needs and the relationship between different factors in a child's life are understood, the more appropriate and effective the service response will be.

Working Together 2010 makes clear the expectation that all Children's Trusts should have arrangements in place for making sure that a CAF is completed by all agencies that come into contact with vulnerable children.

The CAF is **not** a referral form, although it may be used to support an inter-agency referral or specialist assessment.

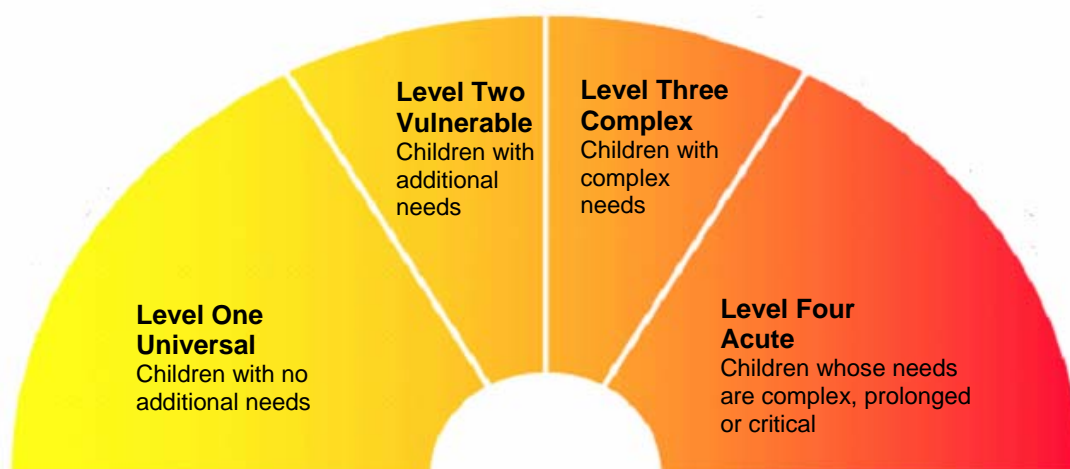
Essex County Council and the Essex Children's Trust Board have agreed that all referrals except those for immediate significant harm, both single and multi-agency, should be accompanied by a completed CAF. In the case of the risk of immediate significant harm, a CAF will not be required. This is because if a S.47 investigation is instigated as a result of the referral, Children's Social Care will undertake a Core Assessment. However if there has already been a CAF completed it should be forwarded to the relevant Assessment Team as it will make a useful contribution to the completion of the core assessment.

In the majority of circumstances, agencies working together with a child and their family, and with the consent of the child's family, will already have the information required to complete a CAF readily to hand. The CAF completion will enable agencies to pull all the information they hold together into one place, so it can be used effectively to inform decision making about the level of service required to address presenting needs and risks.

The Lead Professional role is to take the lead in co-ordinating provision and to act as a single point of contact for a child and their family when a range of services are involved and an integrated response is required.

Integrated working will:-

- **Support earlier intervention** – by providing methods to help practitioners, who come into day to day contact with children and families, such as those providing ante-natal and post natal services, or those in early years settings and schools to identify and meet unmet need at an earlier stage.
- **Improve multi-agency working** – by Lead Professionals maintaining a single record of the needs and progress of a child in contact with several agencies. The framework will facilitate the embedding of a common language of assessment of need and response, improving communication and information sharing between practitioners, thus enabling different agencies to work together to provide appropriate, coordinated services.
- **Reduce bureaucracy for families** – by providing practitioners (including Lead Professionals) with a complete overview of a child’s needs and responses; thereby reducing the number of inappropriate inter-agency referrals, separate assessments and different agencies working with a child, preventing children and families having to repeat their story.



Essex – Thresholds of need and service responses

The Tiered Model of Children’s Needs has been developed integrating the Framework for the Assessment of Children in Need and their Families and a number of initiatives introduced by the Government’s Every Child Matters: Change for Children Programme. This model is consistent with the Southend,

Essex and Thurrock (SET) Procedures and the national guidance “Working Together”. The model provides a framework to develop a common understanding amongst professionals of children’s needs and vulnerabilities, shared assessment processes and a platform for inter-agency and multi-agency working. It augments and updates the previous guidance and procedures relating to multi-agency working. Finally the model is entirely consistent with the Essex Children’s Trust Children and Young People’s Plan.

The model is underpinned by approaches that are:

- Child-centred
- Focussed on improving outcomes for children
- Holistic in understanding and delivery
- Involving children and their families
- Based on an acknowledgement that the child’s welfare and safety is everyone’s responsibility
- Promotes agencies working together to reduce duplication and unnecessary intrusion into family life
- Designed to build on strengths as well as identifying difficulties
- Intended to see assessment as a continuing process, not an event
- Non discriminatory and value difference
- Based on a commitment to build communities where all Essex children and young people can thrive

This is a guide for practitioners and managers from across all agencies that work with, or are involved with, children, young people and their families. It is intended to assist practitioners and managers across all agencies in assessing and identifying a child’s level of need. It also describes what type of services / resources may meet those needs and what processes to follow in moving from an assessment to a provision of services. It describes needs in terms of ‘levels’ which is essentially a schematic way of helping to understand children’s needs and how they could be met.

It does not provide a rigid or concrete set of procedures – it is important that all agencies understand the needs of each individual child within their own context and realise that each child’s situation is unique and specific to them.

The needs of children and young people will vary and change over time. They also may have different levels of need related to different issues at the same time.

What follows is therefore a guide to offer clarification, not a rigid set of procedures.

Four levels of vulnerability and need have been developed to support this guidance:

Level 1: Universal – Children with no additional needs

Those services provided to all families and children from health, education and other community services such as leisure, play and housing services. These are the children/young people who make overall good progress in all areas of their development with no additional support. From time to time, these children may have some additional needs, which may require additional professional time (and expertise), but generally this time will be limited and lead to continued positive outcomes.

This level will include universal safeguarding as described within the Stay Safe action plan (DCSF 2008).

Level 2: Vulnerable – Children with additional needs

Level 2 needs are those where there are indications that without the provision of services needs may escalate or circumstances deteriorate to the detriment of the children or families concerned. This additional support may relate to health, social or educational issues. Services provided within level 2 will be designed so that they can be activated as early as possible, sometimes even where need is predicted rather than presenting. For example, there may be services and interventions that could assist antenatal parents where there are known to be specific vulnerabilities or risk factors. Within level 2, participation is most likely to be on a voluntary basis where parents and children or young people, alongside supportive professionals, have identified a need and are willing and able to access appropriate services. Many disabled children will have additional needs related to their specific impairment and will require access to packages of support or short breaks from time to time.

Children in level 2 are likely to be best served by a multi-agency response and a Lead Professional identified to co-ordinate the support.

This level will include Targeted Safeguarding as described within the Stay Safe action plan (DCSF 2008)

In general children who require early intervention and preventative services are those with ‘additional needs’.

Level 3: Complex – Children with complex needs

Level 3 needs are those that require more targeted and enhanced support that will on occasions include specialist provision. As far as possible all engagement with services will be sought on a voluntary basis; however it is likely that some children and families within the upper end of this level of need will be at risk of harm and statutory powers may be required to ensure participation.

For others where children have a range of highly complex needs the challenge will be to provide specific and enhanced support as and when it is required. A number of children who have a substantial and permanent disability or complex and permanent health needs will be described here.

All children who fall into this level are likely to benefit from a multi-agency response, including, in some cases from Children's Social Care services, with a Lead Professional to co-ordinate intervention.

This level will include Targeted Safeguarding as described within the Stay Safe action plan (DCSF 2008).

Children requiring targeted and enhanced support have additional needs some of which may be complex.

Level 4 – Acute – Children whose needs are prolonged, specialist and critical

Level 4 needs are those that can be described as acute either in terms of urgency, complexity or in terms of the degree of risk to which a child or young person is exposed. Although relatively speaking very few children and young people fall into this category of need, services provided tend to be resource intensive, very costly and children with these needs are often at risk of having the poorest outcomes. Children subject to care proceedings or a child protection plan and children with complex needs requiring residential or nursing care or in-patient psychiatric treatment have Level 4 needs. There will be areas of commissioning that relate to the securing of individual packages of care outside the family on a child-by-child basis within this level of need.

This level will include Responsive Safeguarding as described within the Stay Safe action plan (DCSF 2008).

Children requiring active and/or statutory intervention are likely to have acute or complex needs.

Strategic Intention

A theme that runs throughout this document and associated policies and strategies, including the overarching Essex Children and Young People's Plan, is a strategic intention to keep children, young people and their families as low down the levels as possible. This can only be achieved by agencies across all sectors working together effectively engaging with families, including those hardest to engage, in order to meet need which has been appropriately identified and properly assessed. Agencies include those in the statutory, private, voluntary and independent sector and those that represent children's services and adult's services.

In any tiered approach, it is essential to ensure a range of service provision is available to meet the continuum of needs of children in the community and to ensure that the services are appropriately accessed in a timeframe commensurate with the needs of individual children. It must therefore be recognised and understood:

- that children can and do move from one level to another;
- that children in levels 2-4 also need and use universal services;
- that repeated assessments should not be necessary to move children from one level to another and that children's stories can follow them as they progress through service provision;
- that there will be some children - for example, those with complex needs or who are deemed to be at risk of significant harm – who should be enabled to move quickly and effortlessly to the required service response without necessarily going up through each level
- that for most children, the service aspiration is to secure them as low down the level of need as possible, this is so that scarce and resource intensive provision can be reserved for those children that need it most.

Those involved in commissioning and designing services will need to bear in mind:

- that the aim is to ensure a seamlessness between each level so that children whose needs do escalate can access a range of services that can respond to their changing needs;
- that for many children involved in children's services, the focus of the work is to move them back down the levels so that their needs are met at the lowest level possible required to secure their well being and ensure their safety – seamlessness must apply equally to de-escalation of need and children whose needs are reducing as a result of intervention may require services to be changed or adapted but not necessarily withdrawn;

- that in designing, commissioning and delivering services it is often at the interface between levels that real change in outcomes for children can be achieved.

Getting the right service at the right time

The following is a guide only. In particular, the examples of indicators can only offer a sense of the threshold. Degrees of severity and combinations of indicators for individual children need to be understood and assessed. The examples cannot be a substitute for professional judgement.

Level One – Universal – Children with no identified additional needs

These are children and young people who make good overall progress in all areas of development. Broadly, these children receive appropriate universal services, such as health and education. They may also use leisure facilities, housing or voluntary services. The following table provides a useful summary of indicators of children assessed as having no identified additional needs, based on the Framework for the Assessment of Children and their Families.

Development Needs of Baby, Child or Young Person with no identified additional needs	
Health <ul style="list-style-type: none">• Physically well• Adequate diet/hygiene/clothing/exercise• Developmental assessment/immunisations up to date• Regular dental and optical care• Health appointments are kept• Developmental milestones met• Speech and language development met	Identity <ul style="list-style-type: none">• Development of self-esteem/positive sense of self and abilities• Demonstrate feelings of belonging and acceptance• A sense of self• An ability to express needs
Education and Learning <ul style="list-style-type: none">• Skills/interests• Success/achievement• Cognitive development• Access to toys and play/stimulation	Family and Social Relationships <ul style="list-style-type: none">• Stable and affectionate relationships with caregivers• Good relationships with siblings• Positive relationships with peers
Emotional and Behavioural development <ul style="list-style-type: none">• Feelings and actions demonstrate appropriate responses• Good quality early attachments• Able to adapt to change• Able to demonstrate empathy	Social Presentation <ul style="list-style-type: none">• Appropriate dress for different settings• Good level of personal hygiene Self-care Skills <ul style="list-style-type: none">• Growing level of competencies in practical and emotional skills such as feeding, dressing and independent living skills

2. Parents and Carers

3. Family & Environmental Factors

Basic Care

- Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care

Ensure Safety

- Protect from danger or significant harm, in the home and elsewhere

Ensure Warmth

- Show warm regard, praise and encouragement

Stimulation

- Facilitate cognitive development through interaction and play
- Enable child to experience success

Guidance and Boundaries

- Provide guidance so that the child can develop an appropriate internal model of values and conscience

Stability

- Ensure that secure attachments are not disrupted
- Parent support and guidance when needed

Family History and Functioning

- Good relationships within family including when parents are separated
- Few significant changes in family circumstances

Wider Family

- Sense of larger familial network and good friendships outside of the family unit

Housing

- Accommodation has basic amenities and appropriate facilities

Employment

- Parents are able to manage the working/unemployment arrangements and do not perceive them as unduly stressful

Income

- Reasonable income over time with resources used appropriately to meet individual needs

Family's Social Integration

- Family feels integrated within the community
- Good social and friendship networks exist

Community Resources

- Good universal services in neighbourhood

Assessment

Children's needs are understood through single agency activity and processes and whilst they might refer to other forms of universal services they will be held within the universal provision.

Service Provision

Apart from the universal services themselves, there may be other support services made available to children to ensure their needs are met. For example, accessing a learning mentor or teaching assistant may be all that is required for some individual children in this level.

Level Two - Vulnerable – Children with additional needs

This group of more vulnerable children require additional support either at school, home or in the local community. This additional support can be provided by one or several statutory or voluntary agencies. This group of children may require additional support because they may have personal or physical or health difficulties or they may be affected by family crisis. Some of the following factors may be evident:

Development Needs of Baby, Child or Young Person Children with additional needs	
Health <ul style="list-style-type: none">• Developmental delay/neurodevelopmental disorders• Defaulting on immunisations/check• Is susceptible to minor health problems• Slow in reaching developmental milestones• Minor concerns re diet/hygiene/clothing• Starting to default on health appointments• Concerns re diet, hygiene, clothing/weight• Smokes, substance use• Some concerns around mental health	<ul style="list-style-type: none">• Some evidence of inappropriate responses and behaviours• Can find managing change difficult• Starting to show difficulties expressing sympathy• Finds it difficult to cope with anger, frustration and upset

<p>Education and Learning</p> <ul style="list-style-type: none"> • Have identified learning needs that places them on ‘school action’ or ‘school action plus’ • Identified learning needs and may have a Statement of Special Educational Needs • Poor punctuality • Pattern of regular school absences • Not always engaged in learning e.g. poor concentration, low motivation and interest • Not thought to be reaching educational potential • Reduced access to books/toys <p>Emotional and Behavioural development</p> <ul style="list-style-type: none"> • Some difficulties with peer group relationships and with adults 	<p>Identity</p> <ul style="list-style-type: none"> • Poor sense of self and abilities/low self-esteem • Lack of belonging and acceptance • An inability to express needs <p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Limited support from family and friends • Has some difficulties sustaining relationships • Has lack of positive role models • Involved in conflicts with peers/siblings <p>Social Presentation</p> <ul style="list-style-type: none"> • Inappropriate dress for different settings • Poor level of personal hygiene • Lack of social skills <p>Self-care Skills</p> <ul style="list-style-type: none"> • Not always adequate self-care • Slow to develop age-appropriate self-care skills
<p>2. Parents and Carers</p>	<p>3. Family & Environmental Factors</p>
<p>Basic Care</p> <ul style="list-style-type: none"> • Parental engagement with services is poor • Parent requires advice on parenting issues • Professionals are beginning to 	<p>Family History and Functioning</p> <ul style="list-style-type: none"> • Parents have some conflict or difficulties that can involve the children • Has experienced loss of significant adult e.g. bereavement or

<p>have some concerns around child's physical needs being met</p> <ul style="list-style-type: none"> • Parent is struggling to provide adequate care • Previously looked after by Local Authority <p>Ensure Safety</p> <ul style="list-style-type: none"> • Some exposure to dangerous situations in the home and community • Parental stresses starting to affect ability to ensure child's safety <p>Ensure Warmth</p> <ul style="list-style-type: none"> • Inconsistent responses to child by parent(s) • Unable to develop other positive relationships • Perceived to be a problem by parents • Child may be subject to neglect <p>Stimulation</p> <ul style="list-style-type: none"> • Child spends considerable time alone e.g. watching TV • Child is not often exposed to new experiences <p>Guidance and Boundaries</p> <ul style="list-style-type: none"> • Can behave in an anti-social way in the neighbourhood • Parent/carer offers inconsistent boundaries • Parents struggling with challenging behaviour of their disabled child 	<p>separation</p> <ul style="list-style-type: none"> • May be needed to look after younger siblings • Parent has physical/mental health difficulties • Child's impairment or illness is impacting on family emotional and social well-being <p>Wider Family</p> <ul style="list-style-type: none"> • Family has poor relationship with extended family or little communication • Family is socially isolated <p>Housing</p> <ul style="list-style-type: none"> • Some aspects of poor housing • Family seeking asylum or refugees <p>Employment</p> <ul style="list-style-type: none"> • Periods of unemployment of the wage earning parent(s) • Parents have limited formal education • Parents starting to feel stressed around unemployment/work <p>Income</p> <ul style="list-style-type: none"> • Low income and debt
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<p>Stability</p> <ul style="list-style-type: none"> • Key relationships with family members not always kept up • May have different carers • Starting to demonstrate difficulties in attachments 	<p>Family's Social Integration</p> <ul style="list-style-type: none"> • Family may be new to area • Some social exclusion experiences • Child's disability isolates parent <p>Community Resources</p> <ul style="list-style-type: none"> • Poor quality universal resources but family may have access issues
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Assessment of children with additional needs

A practitioner who identifies a child with one or a number of additional needs should undertake an assessment using the CAF, involving and consented to by the parents, carers, child and/or young person in its completion. The outcome of the assessment will identify if the child's needs may be met through a referral to a single statutory or voluntary agency. A child who presents with a number of needs/vulnerabilities will indicate the need to refer to a Multi-Agency Allocation Group (MAAG) to identify a package of services and allocate a Lead Professional. The Lead Professional sets up a 'Team Around the Child' (TAC) meeting with the family, child and/or young person to co-ordinate an effective action plan and review process. This will identify how each partner will work in order to meet the needs of the child. In cases of a higher degree of concern, an inter-agency referral to Children's Social Care via Social Care Direct and the Initial Response Team (IRT) may be indicated to undertake a statutory Initial Assessment to determine if a child is in need. (The CAF should follow in five working days if consented by the child's family.)

If in doubt professionals should consult with their agency, line manager, local MAAG Manager or IRT so the appropriate method of intervention can be discussed and agreed. (This should then be recorded within the child's record.)

Service Provision for children with additional needs

The CAF is designed to be an assessment tool. It is designed to help professionals to collate information that will then assist in determining what the child's needs are and whether a referral for additional services is required and, if so, which level of service is most appropriate. All CAFs must be registered on CAFPoint, the central database which records whether a CAF has been completed for a child or young person (see process diagram shown in Appendix 1). Completed CAFs identifying the need for two or more services are sent to the MAAG Manager who carries out a 'step' approach to identify the needs of the

cases submitted. Step one is the first stage of screening, checking and returning inappropriate or single agency referrals to the assessor if required. Step two is where the MAAG Manager can discuss with relevant agency(ies) and allocate a service or service package without the need for a discussion at a MAAG meeting. Step three is where the case is taken to a MAAG meeting for discussion and allocation of a package of resources and a Lead Professional.

The Lead Professional

Evidence from practice suggests that appointing a Lead Professional is central to the effective frontline delivery of integrated services for children with a range of additional needs. Delivered in the context of multi-agency assessment and planning underpinned by the CAF or relevant specialist assessments, it ensures that professional involvement is rationalised, co-ordinated and communicated effectively. More importantly, it helps to overcome some of the frustrations traditionally experienced by service users with a range of needs, requiring input from a range of practitioners.

For most children with additional needs requiring support from a number of services, their Lead Professional will be drawn from the range of practitioners who are currently delivering early intervention, support and preventative services in their area. For children whose identified needs require more than one service, the Lead Professional will co-ordinate services, providing the link between family and professionals to drive the plan forward.

Deciding who is best placed to be the Lead Professional can be undertaken most effectively when all parties, including the child and family, have discussed the identified needs, agreed the intended outcomes and agreed the contribution that each will make in achieving those intended outcomes.

The Lead Professional should be the practitioner who is most relevant to the child's plan and who has the skills to carry out the specified functions. This is not necessarily the practitioner who first becomes involved with the child or family, or carries out the CAF.

The Lead Professional Practitioner's Guide can be downloaded from www.ecm.gov.uk/leadprofessional

Level Three - Targeted and Enhanced Support – Children with Additional and Complex Needs

and/or

Level Four - Acute – Children with Complex and Acute Needs

This smaller group of children and young people require intensive help and support to meet their needs. This group includes those children who require an assessment to determine whether or not they are children in need, those that have been assessed as children in need and those who have suffered or who are at risk of suffering significant harm. The circumstances of children who clearly fall into levels 3 and 4 tend to be so complex that it is hard to distinguish the level of need without formal assessment. These children should be referred to Children's Social Care via Social Care Direct and the Initial Response Team (IRT) so that both the required level of assessment can be determined as well as the most appropriate intervention. Where there are clear child protection issues or a s.47 investigation is instigated there is no requirement for a CAF to be completed. This is because all s.47 investigations are undertaken by completion of a Core Assessment. However if a CAF has been completed previously it should be forwarded to the relevant Assessment Team so the information in it can contribute to the completion of the core assessment.

Children who are defined as being 'in need', under s.17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (s.17 (10) of the Children Act 1989), plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- What will happen to a child's health or development without services being provided;

and

- The likely effect the services will have on the child's standard of health and development.

Local Authorities have a duty to safeguard and promote the welfare of children identified as in need. However, parents/carers need to be willing to undertake assessments and accept offers of services. They should be encouraged to do so as a means of avoiding needs escalating to a higher level which will likely lead to compulsory intervention.

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interest of children, giving Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

It is only when the Local Authority has reasonable cause to suspect a child is suffering or likely to suffer significant harm that compulsory intervention is justified. That intervention may take the form of a s.47 investigation, a child protection conference followed by a child protection plan or in more extreme cases, legal intervention.

A court may only make a care order or supervision order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm and
- The harm or likelihood of harm is attributable to a lack of adequate care or control (s.31).

The following list provides a sense of which children may have complex and/or acute needs:

- Children who are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services
- Where there is reasonable cause to suspect that a child may have suffered or is likely to suffer significant harm
- Children with clearly identified additional needs and consent to a CAF has been refused (identified risks suggest the child is in need)
- Children who are subject to a Child Protection Plan
- Children who have been previously subject to a Child Protection Plan
- Looked after children
- Children who have a substantial and permanent disability, including sensory impairment or complex and permanent health needs
- Children diagnosed with significant mental health problems
- Serious and persistent young offenders.
- Children who persistently run away from home

This final table provides a summary of the vulnerabilities/indicators which may be identified in children assessed as having complex and/or acute needs. This table includes those children who may have suffered or are at risk of suffering significant harm, these children would require an immediate referral to Children's

Social Care for a s.47 enquiry to be initiated. It would be expected that in most cases where children fall into Level 4 there will be a combination of a number of vulnerabilities and rarely just one presenting feature. (If in doubt consult).

Development Needs of Baby, Child or Young Person Children with additional and complex needs and/or acute needs	
<p>Health</p> <ul style="list-style-type: none"> • Has severe/chronic health problems • Persistent substance misuse/smoking likely to affect child's health and/or development • Developmental milestones unlikely to be met • Early teenage pregnancy • Serious mental health issues • Learning disabilities 	<p>Identity</p> <ul style="list-style-type: none"> • Experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability • Is socially isolated and lacks appropriate role models, very low self-esteem
<p>Education and Learning</p> <ul style="list-style-type: none"> • Is out of school • Permanently excluded from school or at risk of permanent exclusion • Has no access to leisure activities 	<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Periods of being accommodated by the Local Authority • Family breakdown related in some ways to the child's behavioural difficulties • Subject to physical, emotional or sexual abuse or neglect • Is the main carer for a family member
<p>Emotional and Behavioural development</p> <ul style="list-style-type: none"> • Regularly involved in anti-social/criminal activities • Puts self or others in danger e.g. missing, absconding • Suffers from periods of depression • Self-harming or suicide attempts • Disability • Preschool children with moderate hearing loss in the better ear • School children, a hearing impairment of 80db loss or more in the better ear 	<p>Social Presentation</p> <ul style="list-style-type: none"> • Poor and inappropriate self-presentation • Poor social skills <p>Self-care Skills</p> <ul style="list-style-type: none"> • Neglects to use self-care skills due to alternative priorities e.g. substance misuse • Help required with personal care such as toileting or feeding

<ul style="list-style-type: none"> • Any child eligible for a certificate of visual impairment • Severe learning disability • Significant mobility difficulties 	
2. Parents and Carers	3. Family & Environmental Factors
<p>Basic Care</p> <ul style="list-style-type: none"> • Parents unable to provide ‘good enough’ parenting that is adequate and safe • Parents’ mental health problems or substance misuse significantly affects care of the child • Parents unable to care for previous children <p>Ensure Safety</p> <ul style="list-style-type: none"> • There is instability and violence in the home • Parents involved in crime • Parents unable to keep the child safe • Victim of crime <p>Ensure Warmth</p> <ul style="list-style-type: none"> • Parents inconsistent, highly critical or apathetic towards the child <p>Stimulation</p> <ul style="list-style-type: none"> • No constructive leisure time or guided play <p>Guidance and Boundaries</p> <ul style="list-style-type: none"> • No effective boundaries set by parents • Regularly behaves in an anti-social way in the neighbourhood 	<p>Wider Family</p> <ul style="list-style-type: none"> • No effective support from extended family • Destructive/unhelpful involvement from extended family <p>Housing</p> <ul style="list-style-type: none"> • Physical accommodation places the child in danger • Repeated periods of homelessness as a result of negligence <p>Employment</p> <ul style="list-style-type: none"> • Chronic unemployment that has severely affected parents’ own identities • Family unable to gain employment due to significant lack of basic skills or long-term difficulties e.g. substance misuse <p>Income</p> <ul style="list-style-type: none"> • Extreme poverty/debt impacting on ability to care for the child <p>Family’s Social Integration</p> <ul style="list-style-type: none"> • Family chronically socially excluded • No supportive network

<p>Stability</p> <ul style="list-style-type: none"> • Beyond parental control • Has no-one to care for him/her <p>Family History and Functioning</p> <ul style="list-style-type: none"> • Significant parental discord and persistent domestic violence • Poor relationships between siblings • History of involvement in child sexual abuse 	<p>Community Resources</p> <ul style="list-style-type: none"> • Poor quality services with long-term difficulties with accessing target populations
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Children’s Social Care is the lead agency for undertaking s.17 and s.47 Enquiries. If professionals are in any doubt or would like to discuss particular concerns they are encouraged to do so by contacting the Duty Social Worker or Team Manager for the county wide Initial Response Team.

Out of office hours, the Emergency Duty Team (EDT) should be contacted. (If in doubt consult).

In particular complex cases or when there is a dispute between agencies about whether thresholds are met, the decisions about appropriate responses should always be escalated to more senior managers to resolve (see SET procedures). This should be the case in all agencies so that children are not potentially left at risk because of differences of professional opinion.

Sharing information

Knowing when and how to share information isn’t always easy – but it’s important to get it right. Children, young people and their families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent, but there may be circumstances when you need to override this.

“No inquiry into a child’s death or serious injury has questioned why information was shared. It has always asked the opposite”

G. Nunnery, Solicitor, Lewisham

‘Whilst the law rightly seeks to preserve individuals’ privacy and confidentiality, it should not be used (and was never intended) as a barrier to appropriate information sharing between professionals.

The safety and welfare of children is of paramount importance, and agencies may lawfully share confidential information about the child or the parent, without consent, if doing so is in the public interest. A public interest can arise in a wide range of circumstances, including the protection of a child from harm, and the promotion of child welfare.'

Point 4.7 Laming - The Protection of Children in England - A Progress Report 2009

Seven Golden Rules (taken from Information Sharing Pocket Guide HM Government):

- 1. Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
- 2. Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 3. Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- 4. Share consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- 5. Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- 6. Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- 7. Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.
- 8. Do you have consent to share?**

- You should seek consent where possible and respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement on the facts of the case, that lack of consent can be overridden in the public interest.
- You do not always need consent to share personal information. There will be some circumstances where you should not seek consent, for example, where doing so would:
 - place a child at increased risk of significant harm; or
 - place an adult at increased risk of serious harm; or
 - prejudice the prevention, detection or prosecution of a serious crime; or
 - lead to unjustified delay in making enquiries about allegations of significant harm or serious harm

Children in need

Request for Service (Referrals) to Children’s Social Care

Other than in emergency situations, most children who require social care intervention (levels 3 and 4) are likely to have been known to agencies for some time. They will already have been identified as children with additional needs and as such are likely to have been causing concern and a CAF completed. A referral to a Multi-Agency Allocation Group (MAAG) may have been considered and in this event a CAF will already have been completed. As a first step, referrers should always determine whether a CAF has been completed and a Lead Professional allocated by checking CAFPoint (Appendix 1).

If a child is identified as being at risk of significant harm or a Child in Need of Children’s Social Care services, the inter-agency referral should be submitted to Essex Social Care Direct within Contact Essex, which is aligned with Children’s Social Care Initial Response Team (IRT). In the case of a disabled child, referrals should be made directly to the Children with Disabilities Team in the relevant area. The CAF should follow within five working days where children are deemed to be in need, but is not required where they are believed to be suffering significant harm. The Initial Response Team will assess whether the case meets the threshold for Initial Assessment and, if it does, will forward the case to the Assessment and Family Support Service. The prior completion of a CAF by the referring agency will greatly enhance the referral and aid speedy decision making. The IRT or Children with Disabilities Team will decide and record the decision on

future action within one working day. If the referrer has not received an acknowledgement within three working days, they should contact Social Care Direct /IRT again.

If you consider that the child may be at risk of immediate significant harm and a CAF has not been completed, a referral can be made on the Interagency Referral Form for Children and Young People to Social Care. (Appendix 5) The Southend, Essex and Thurrock (SET) child protection procedures should be followed. If a Section 47 investigation is instigated as a result of your referral, a Core Assessment will be undertaken. On this basis there will not be a requirement or expectation that a CAF will be completed. However if a CAF has been completed previously it should be sent on in the usual way as the information will contribute to the completion of the Core Assessment.

Where the Initial Response or CWD Team Manager decides to take no further action, feedback will be provided in writing to the referrer about the decision and the reason for making it. This will be undertaken by the relevant Duty Officer. If referrers do not receive feedback within a reasonable timescale they should contact the Duty Officer.

The relevant Assessment Team or CWDT will always inform referrers about the outcome of initial assessments in terms of whether the case will remain open or closed or transferred.

Children's Social Care

Initial Assessment

A decision to gather more information in respect of a child constitutes an Initial Assessment. It should involve all the agencies relevant to a child and be undertaken within a maximum of seven working days from the date of the agency decision to undertake the assessment. From 1 April 2011, the time of completion of an initial assessment will be extended to a maximum of ten days.

The Initial Assessment is a brief assessment of each child referred to Children's Social Care where it is necessary to determine whether the child is in need, the nature of any services or action required, and whether a further, more detailed core assessment should be undertaken.

The analysis of information gathered is a crucial element of the process and will inform recommendations for the provision of services.

Core Assessment

A core assessment is an in-depth assessment that addresses the central or most important needs of the child and the capacity of his or her parents or caregivers to respond to those needs within the wider family and community context. The Core Assessment is also the tool that is used when Children's Social Care undertake s.47 Enquiries to assess whether the child is suffering or likely to suffer significant harm.

The assessment is led by Children's Social Care but it is essential that key agencies contribute information they have about family members, specialist knowledge or advice and potential and ongoing support to the family.

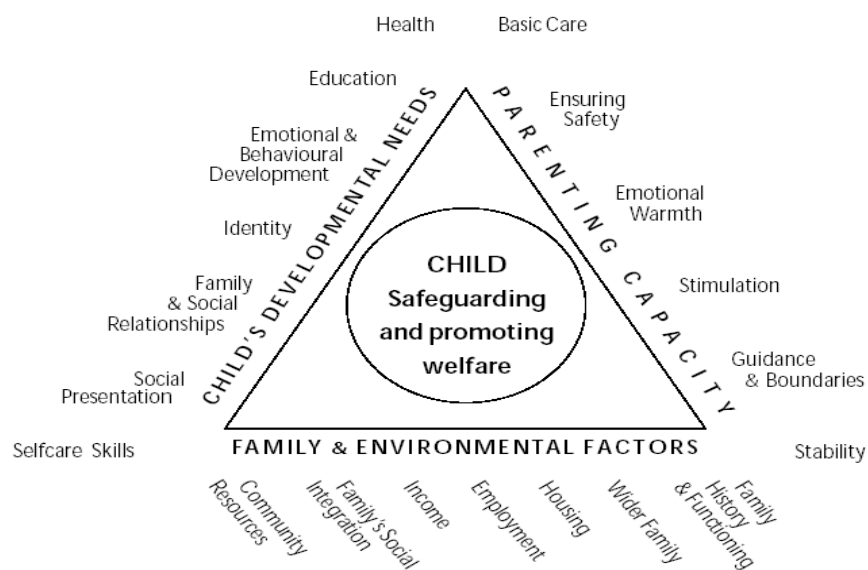
The timescale for completion of a core assessment is a maximum of 35 working days. A Core Assessment commences at the conclusion of the Initial Assessment where it is indicated that a more detailed understanding of the child and family is required, or when a strategy discussion decides to initiate enquiries under s.47 of the Children Act 1989, or when new information on an open case indicates that a Core Assessment should be undertaken.

Integrated Children's System

The Integrated Children's System has been introduced to provide a consistent framework for practice and case recording within Children's Social Care.

The Integrated Children's System comprises of:

- A system that is a conceptual framework for assessment, planning, intervention and review which builds on the Assessment Framework and the Looked After Children System. This framework is underpinned by the domains and dimensions set out in the Assessment Framework.



- A set of data requirements for Children's Social Care, derived from individual children's records which could also provide the basis for identifying how common information could be held about children across different agencies. This data forms part of the overall information required to plan and deliver children's services; and
- Records which demonstrate how information gathered by Children's Social Care practitioners from first contact to closure can be organised and used to generate particular records or reports which are required in the course of the work. These records form the basis of an electronic social care record for children.

The system provides common terms for understanding and describing the developmental needs of children, which can be used by all those who work with children in need and their families. It enables information gathered during assessments to be used more effectively in making plans and deciding on the

most effective interventions. It also provides the basis for reviewing whether a child is making progress in important areas of their development, such as health and education.

Common use of this conceptual framework by local agencies and programmes enables them to work better together, share information more easily and facilitates referrals between organisations. It benefits children and families by enabling them to understand what information agencies are seeing and why, and helps them to judge whether they are getting the services they require.

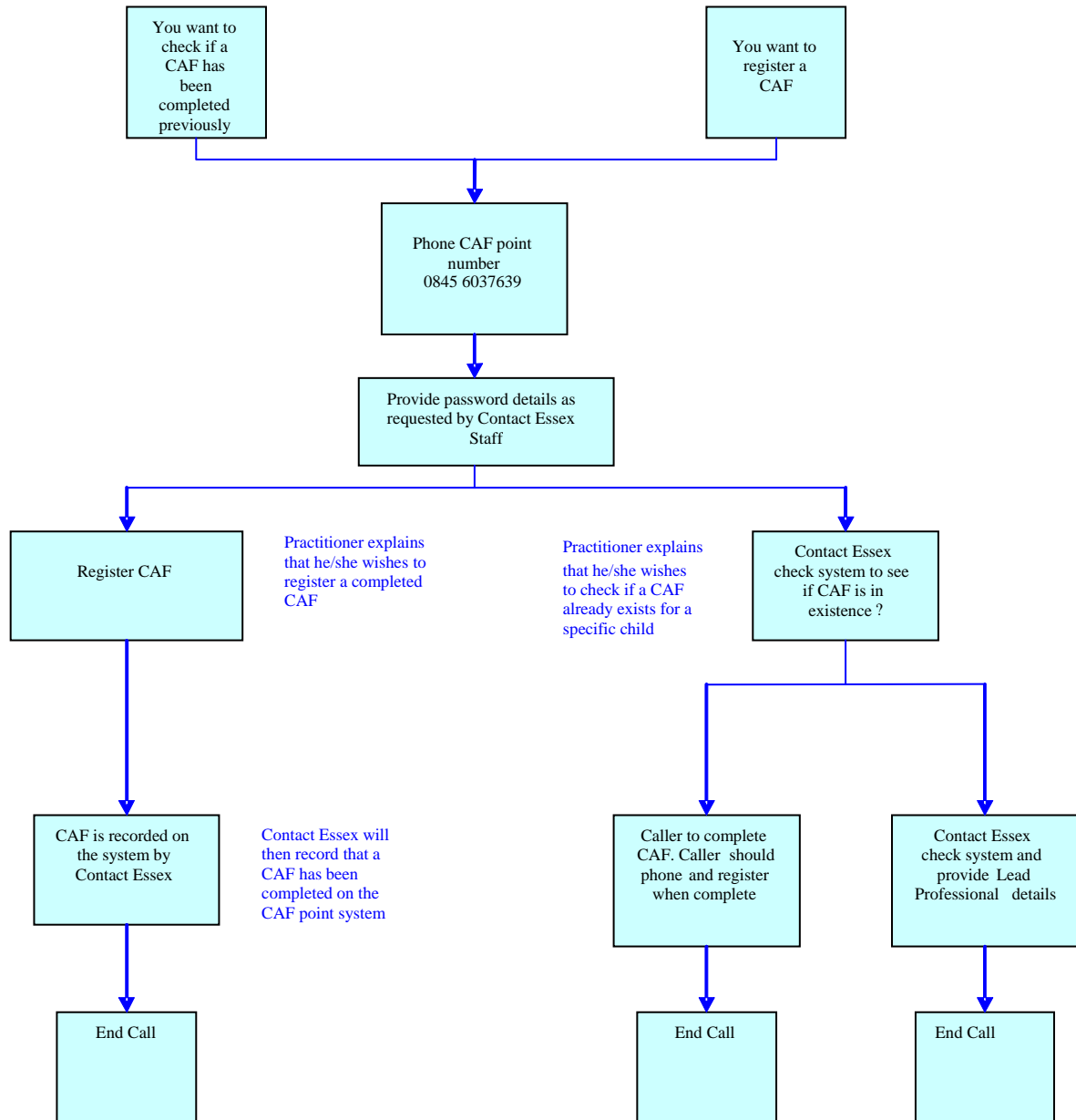
Conclusion

This summary guide provides an overview of the continuum of needs of all children in Essex. It provides guidance on the key concepts, thresholds and processes in working with children, young people and their families according to their needs.

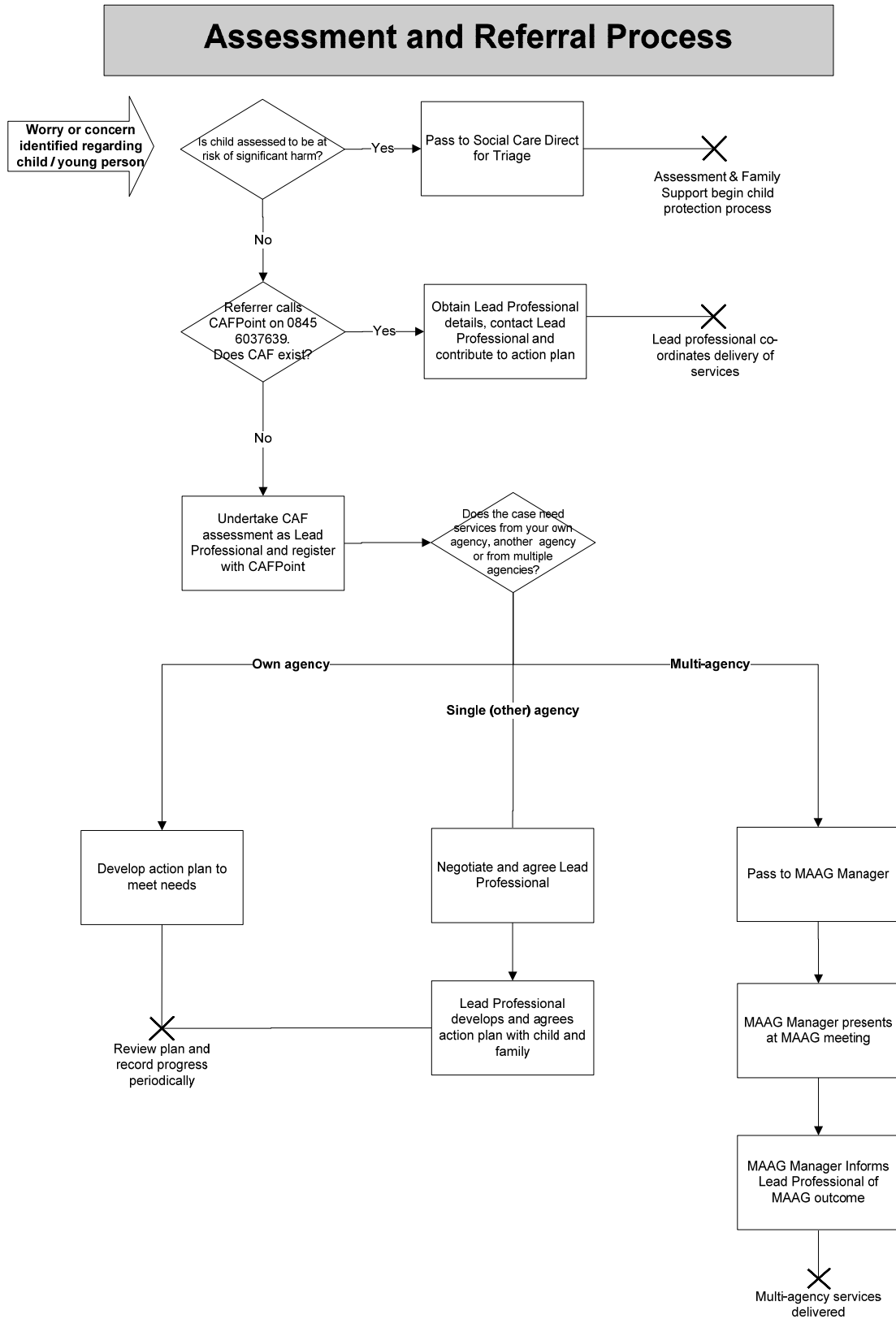
Detailed guidance can be obtained by accessing the procedures and guidance reference at the end of this document.

It is acknowledged that thresholds are based on individual judgements and involves professional and personal values. Professionals are encouraged to discuss concerns openly with their own agency line manager or with Children's Social Care. (If in doubt consult).

Appendix 1: CAFpoint process



Appendix 2: Assessment and Referral Process



Appendix 3: Glossary

Terminology and the use of acronyms is both complex and are subject to change. This glossary provides a description of the terms and acronyms used within this document.

Term/Acronym	Description
Abuse and neglect	Forms of maltreatment of a child
ASSET	Asset provides a common, structured framework for assessment of all young people involved in the criminal justice system. It is a standard assessment of the factors contributing to a young person's offending. Asset should be completed at the beginning and end of all interventions, and at the mid-point of Detention and Training Orders
CAF	Common Assessment Framework
Child	Anyone who has not yet reached their 18 th birthday (in Health this is up to 19)
Child Protection	Process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect
Children's Social Care	The work of Local Authorities exercising their social services functions with regard to children
ICS	Integrated Children's System
Lead Professional	Person responsible for ensuring services are co-ordinated, coherent and achieve intended outcomes for children with additional needs being supported by one or more practitioner. If the child has complex needs this role should be carried out by the key worker, social worker or YOT Supervising Officer. However in less complex situations the Lead Professional can be anyone in a position to oversee effective co-ordination

Term/Acronym
Local Authorities
MAAG

Description
In this guidance this generally means Local Authorities that are Children’s Services Authorities – effectively, Local Authorities that are responsible for social services and education
Multi-Agency Allocation Group

Term/Acronym
Safeguarding and promoting the welfare of children
Team around the Child Action Plan
Team around the Child Meeting
Universal Services
Wellbeing

Description
The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care which is undertaken so as to enable children to have optimum life chances and enter adulthood successfully
A plan which specifies action to be taken and the outcomes expected from the actions
A meeting convened following the completion of CAF when 1 or more agency is involved
Services available to the whole child population e.g. Health Visitor, School, School Nurse etc
The term wellbeing is used to encapsulate the five outcomes for all children

Appendix 4: References

Local County Contacts

You can contact us in the following ways:

Essex Children's Joint Working Arrangements

Schools, Children and Families
Essex County Council
PO Box 11, County Hall
Chelmsford
Essex CM1 1LX

By telephone: 01245 438848

By email: roger.bullen@essex.gov.uk

Visit our website: www.essexpartnershipportal.org

Multi Agency Allocation Groups

- [Quadrant Key Contacts](#)
Link to the Essex Partnership Portal to download the latest contact information.
- [Local Services guide Essex Children Parents Families](#)
Link to the Essex Partnership Portal to download the document.

Useful Links

[Essex Safeguarding Children Board](#)

Contains relevant information related to safeguarding and promoting the welfare of children. It will also provide details of training and development and useful links to support you in your work.

[Integrated Working Website](#)

E-learning and information portal for practitioners.

[Essex Schools Infolink](#)

Information, news and training for education professionals.

[Essex Council for Voluntary Youth Services](#)

ECVYS is a member led umbrella organisation, providing development, support and representation for Voluntary Youth Organisations, children and their families' throughout Essex, Southend and Thurrock.

[Essex County Council](#)

The Local Authority public facing website.

National Guidance and Procedures

Children Act 1989. London: HMSO

Children Act 2004. London: HMSO

Cm 5730 (2003). *The Victoria Climbié Inquiry Report* of an inquiry by Lord Laming.
London. The Stationery Office.
Website: www.victoria-climbié-inquiry.org.uk/finreport.htm

Cm 5860 (2003).
Every Child Matters.
London. The Stationery Office

Cm5861 (2003)
Keeping Children Safe – the Government's response to the Victoria Climbié Inquiry Report and Joint Chief Inspectors' Report: Safeguarding Children.
London. The Stationery Office

Department of Health (2000)
Assessing Children in Need and their Families: Practice Guidance.
London. The Stationery Office

Department of Health (2002)
The Integrated Children's System
Website: www.everychildmatters.gov.uk/ics

Department of Health and Department for Education and Skills (2004)
National Service Framework for Children, Young People and Maternity Services
London. Department of Health
Website: www.dh.gov.uk/policyandguidance/healthandsocialcaretopics/childrenservices/chilrenservicesinformation/fx/en

Department of Health and Employment and Home Office (2000)
Framework for the Assessment of Children in Need and Their Families
London. The Stationery Office
Website: www.dh.gov.uk/policy_andguidance/healthandsocialcaretopics/childrenservices/chilrenservicesinformation/index

HM Government (2004)
Every Child Matters: Change for Children Programme
Nottingham. Department for Education and Skills
Website: www.everychildmatters.gov.uk

HM Government (2006a)
The Common Assessment Framework for Children and Young People: Practitioners' Guide
London: Department for Education and Skills
Website: www.everychildmatters.gov.uk/caf

HM Government (2006b)
Information Sharing: Practitioners' Guide
London: Department for Education and Skills
Website: www.everychildmatters.gov.uk/information

HM Government (2006c)
What to Do If You Are Worried a Child is Being Abused
London: Department for Education and Skills
Website: www.everychildmatters.gov.uk/safeguarding

HM Government (2006d)
Working Together to Safeguard Children guide to inter-agency working to safeguard and promote the welfare of children
London: Department for Education and Skills
Website: www.everychildmatters.gov.uk/safeguarding

HM Government (2006e)
Lead Professional Practitioners guide: Integrated working to improve outcomes for children and young people
London: Department for Education and Skills
Website: www.everychildmatters.gov.uk/leadprofessional

Appendix 5 – see form on next pages

This form is to assist agencies to either make a referral about a child or young person to children's social care services or confirm a referral in writing already made by telephone (*all professionals making telephone referrals to social services must confirm this in writing within 48 hours*). This form may be posted, transmitted by fax, or sent as an email attachment (see below). The form should be completed, with reference to the Guidance Notes (separately available).

Making a referral/inquiry by telephone
Normal telephone inquiries/referrals: 0845 603 7627
Out of hours (5.30pm - 9.00am Mon - Thurs, 4.30pm Fri - 9.00am Mon and Bank holidays): 0845 606 1212 and Fax 01245 434700
Where there are concerns about the immediate welfare or safety of a child/young person: 0845 603 7634 (all callers) OR 0845 606 1212 (Office hours number for professionals only).

Sending this form to social services
By email to: socialcaredirect@essexcc.gov.uk as an attachment (must be password protected – see guidance notes)
By post to: Essex Social Care Direct, Essex House, 200, The Crescent, Colchester, Essex CO4 9YQ
By fax to: 0845 601 6230

This is a new referral

OR

This is confirmation of a referral I made by telephone on _____ (date), _____ Reference

PART 1 CHILD/YOUNG PERSON'S DETAILS

Family Name:	Given names:			
Date of Birth or expected date of delivery:				
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unborn <input type="checkbox"/>	
Usual or home address:	Post code:	Tel no.:		
Child or young person's first language or preferred means of communication:				
Is an interpreter required?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Current address if different: (e.g. staying with relative or friend)	Post code:	Tel no.:		
Responsible local authority (if child/young person is known to be in the care of another authority but living in Essex):				
Child/young person's main carers:				
Name	Relationship to child/young person	Ethnicity	First language	Parental Responsibility Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Is an interpreter/signer required?	Mother: Yes <input type="checkbox"/> No <input type="checkbox"/>	Father: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other main carers (please specify name):				
Are any of the main carers disabled?	Mother: Yes <input type="checkbox"/> No <input type="checkbox"/>	Father: Yes <input type="checkbox"/> No <input type="checkbox"/>		

The child/young person or the child's parents should be asked which ethnic group the child belongs to. This information on ethnicity will help us to assess fair access to services by all communities, better plan services and complete statistical returns required by Government (these categories are supplied by Government)

Black or Black British		Asian or Asian British		White		Mixed		Other Ethnic groups	
		Indian	<input type="checkbox"/>			White & Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White British	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>
African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Not given	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>	If other, please specify:	

Further details regarding child/young person's ethnicity:
Child/young person's religion:

Child/young person's nationality (if not British and if known):
Nationality: _____ Home Office registration number: _____
Immigration status: Asylum seeking Refugee status Exceptional leave to remain

Child/young person's Unique Pupil Number (if school age and if known): _____

Other Unique identifier (if used – please give identifier and describe what this is): _____

Parent's details if not main carers (and if known):

Mother's name: _____ Mother's address: _____

Postcode: _____ Tel: _____

Mother's first language: _____ Mother's ethnicity: _____

Father's name: _____ Father's address: _____

Does father have parental responsibility? Yes No

Is either parent disabled?
Mother Yes No
Father Yes No

Is an interpreter/signer required?
Mother Yes No
Father Yes No

Agencies involved with the child. Please complete if currently involved with family. You do not need to contact other agencies, social services will do so if necessary.

Agency	Name	Phone No.	If a common assessment has been completed & permission has been given for it to be shared please tick
GP			<input type="checkbox"/>
Health Visitor			<input type="checkbox"/>
Nursery			<input type="checkbox"/>
School			<input type="checkbox"/>
Education Welfare Officer			<input type="checkbox"/>
School Nurse			<input type="checkbox"/>
Community Paediatrician			<input type="checkbox"/>
Dentist			<input type="checkbox"/>
Child and Family Consultation Service			<input type="checkbox"/>
Police			<input type="checkbox"/>
Youth Offending Team			<input type="checkbox"/>
Other			<input type="checkbox"/>

PART 2 REASON FOR REFERRAL

Please give your reasons for referral/request for services (please continue on separate sheet as necessary)

Awareness of referral (The child/young person and parents/carers should be made aware of your intention to make a referral to Social Services, unless there is a specific reason for this being inappropriate, e.g. risk of significant harm)				
Is the parent/carer aware of the referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is child/young person aware?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the parent, carer (or young person if competent) given consent to the referral?	Parent/carer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No consent please give reason for this being inappropriate
	Young person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

PART 3: REFERRER'S DETAILS

Referred by			
Agency:		Name:	
Address:			
Post Code	Phone No.	Email address	
Date of any previous referral to Social Services if relevant			
What services are you or your organisation are already providing to the child/young person or family?			
Have you completed a Common Assessment concerning this child/young person? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes please attach)			
Any safety issues to be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> unknown <input type="checkbox"/>			
If yes please specify			
Completed by:			
NameSignature Date:			

PART 4: TO BE COMPLETED BY ECC STAFF ONLY

Action by Social Care Direct

Date Received by Social Care Direct

SWIFT Record number:

Date sent to children's operational team:

Action by Children's operational team

Date Received by Children's operational team

Decision by Team Manager on referral: NFA Initial Assessment

Date referral acknowledged

Date outcome of referral notified to referrer (if different)

PART 5: TO BE COMPLETED BY ECC OPERATIONAL TEAM, DETACHED AND SENT TO THE REFERRER

Date:

Referrers Name:

Referrer's Address:

Dear Colleague

Concerning: (Child's/young person's name)

Address: (Child's/young person's address)

Referred on (Referral date)

Thank you for your referral. I am writing to confirm the outcome of your referral.

Decision on referral:

NFA Reason for NFA:

OR

Initial Assessment

Date of decision

Contacts for further inquiries about this referral:

The social worker who should be contacted about this matter is

OR

There is no allocated social worker in this case. Any further inquiries should be directed to (name and contact details)

Signed

Team Manager Name

Team Manager Contact Details

This booklet is issued by

Essex County Council, Schools, Children and Families

You can contact us in the following ways:

By post:

Schools, Children & Families,
Essex County Council,
PO Box 11,
Chelmsford,
Essex CM1 1LX

By telephone:

01245 438848

By fax:

01245 431889

By email:

commissioning@essex.gov.uk

Visit our website:

www.essexpartnershipportal.org

The information contained in this document can be translated, and/or made available in alternative formats, on request.