Lancashire Continuum of Need and Thresholds Guidance

October 2018

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1. Introduction and Foreword

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

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

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

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

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

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

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

Jane Booth Independent Chair Lancashire Safeguarding Children Board

2. Pan-Lancashire Continuum of Need (CoN)

2.1 Overview

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

2.2 Using the Lancashire Continuum of Need

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

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

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

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

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

2.3 Diagram of Lancashire Continuum of Need

Pan - Lancashire Continuum of Need

LEVEL 1/ UNIVERSAL

Single Agency Assessment

Needs and Risks are met through Universal Services or simple specific agency response

LEVEL 2/ EARLY HELP

CAF Lead Professional/Early Help

Common Assessment Framework/EHA

Evidence of some Unmet Needs and Low Risk.

Targeted Service Provision via CAF/TAF/EHA

LEVEL 3/ STATUTORY:CIN

Children's Social Care Lead Professional

Children's Social Care Single Assessment

Higher levels of Unmet Needs and Medium Risk.

Children in Need (CIN) s.17 Children Act (1989)

LEVEL 4/ STATUTORY:CP

Children's Social Care Lead Professional

Children's Social Care Single Assessment

Significant Unmet Needs and High Risk.

s.47 Child Protection (CP) and Looked After Children

Child Safeguarding and promoting Welfare

Information Sharing

If in doubt, consult with agency safeguarding leads, or the Duty Social Worker in your area:
Lancashire 0300 123 6720; Blackpool 01253 477299; Blackburn with Darwen 01254 666400

3. Thresholds and Level Descriptors

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

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

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

3.1 Risk Sensible assessments

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

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

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

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

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

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

Underlying Risk Factors

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

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

High Risk Indicators

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

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

From the work of Dalgleish and Drew

3.2 Information sharing

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

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

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

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

2. Be open and honest with the individual (and/ or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

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

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

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

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Informed and explicit consent

Consent to share information must be both informed and explicit:

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

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

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

3.3 Level Descriptors

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

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

Examples of possible needs and risk indicators:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

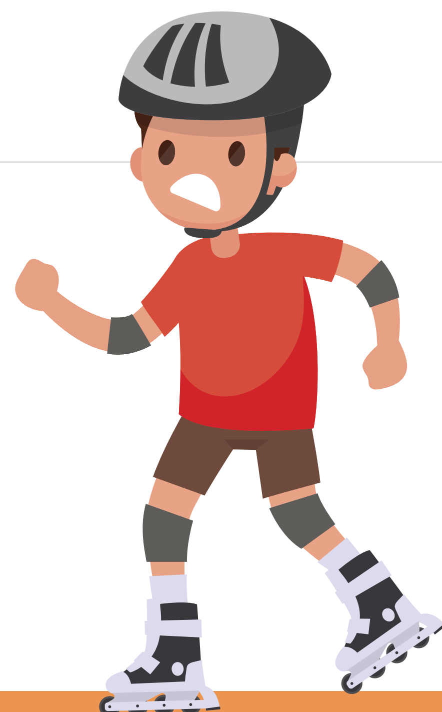
Family and Social Relationships
Children who are privately fostered
Domestic abuse, instability or violence within the home which is impacting on the health and development of the child/unborn, and the support provided is failing to have an impact (inc. poor, abusive relationships with siblings).
There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

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

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

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

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



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

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

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

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

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

Appendix 1 – Lancashire Common Assessment Framework (CAF)

a) Overview

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

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

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

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

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

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

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

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

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

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

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

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

b) Using the CAF as a request for service engagement

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

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

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

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

c) Securing consent with families

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

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

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

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

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

d) Completing the CAF

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

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

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

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

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

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

e) Building resilience and reducing dependency

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

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

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

GLOSSARY

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

Lancashire
Safeguarding Boards