

Access Criteria for Children's Support Services

A.C.C.S.S.



October 2011

S Sandwell
S Safeguarding
C Children
B Board

Sandwell Partnership
MAKING CHANGE HAPPEN
Children & Young People's Trust

Contents

- Page 02 - Contents
- Page 03 - Introduction
- Page 04 - Accessing Services
- Page 06 - How to notify the Access Team if a child has additional needs
- Page 08 - Children's Front Door Service Delivery Model
- Page 09 - Thresholds Guidance
- Page 10 - A Model for Child Centre Working
- Page 11 - Level 1 Threshold: Universal
- Page 12 - Level 2 Threshold: Children with Additional Needs
- Page 14 - Level 3 Threshold: Children with Complex Needs
- Page 16 - Level 4 Threshold: Children with Specialist Needs
- Page 19 - Child in Need Assessment Processes
- Page 22 - Useful Numbers and Glossary of Terms
- Page 23 - Professionals 'referral aide-memoire'

This document will be reviewed April 2013

Aide-memoire for Professionals to support efficient and appropriate telephone referrals of children who may be suffering, or are likely to suffer, significant harm

S	<p>Situation</p> <ul style="list-style-type: none"> • I am (give your name / designation / base) . I am calling about ... (child's name(s) / date of birth / address, or mother's details if an un-born child). • I am calling because I believe this child is at risk of significant harm. • The parents are/aren't aware of the referral.
A	<p>Assessment and actions</p> <ul style="list-style-type: none"> • I have assessed the child and the specific concerns are ... (provide specific factual evidence, ensuring the points in Section A are covered). • Or: I fear for the child's safety because ... (provide specific facts – what you have seen, heard and/or been told). • A CAF has/hasn't been completed / followed. • The child is now ... (describe current condition and whereabouts). • I have not been able to assess the child but I am concerned because .. • I have ... (actions taken to make the child safe).
F	<p>Family factors</p> <ul style="list-style-type: none"> • Specific family factors making this child at risk of significant harm are ... (base on the Assessment of Need Framework) • Additional factors creating vulnerability are ... • Although not enough to make this child safe now, the strengths in the family situation are
E	<p>Expected response</p> <ul style="list-style-type: none"> • In line with Working together to safeguard children, NICE guidance and Section 17 and/or Section 47 of the Children Act I recommend that a specialist social care assessment is undertaken (urgently?). • Other recommendations. • Ask: Do you need me to do anything now?
R	<p>Referral and recording</p> <ul style="list-style-type: none"> • I will follow up with a written referral and would appreciate it if you would get back to me as soon as you have decided your course of action. • Exchange names and contact details with the person taking the referral. • Now refer in writing as per local procedures and record details and time and outcomes of telephone referral.

The SAFER tool was developed from another SBAR which originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

Adapted for South West Birmingham Hospital Trust by Dr Helen Grindulis, April 2011

Useful Information

ACCESS Team: Telephone : 0845 351 0131
E-mail: access_team@sandwell.gscx.gov.uk
CAF
PO BOX 16021
OLDBURY
B69 9EW

Referral & Assessment
PO BOX 16020
SMETHWICK
B67 9EZ

Police: 0345 113 5000

Out of Hours Children's Social Care: 0845 351 0131

Glossary of Terms

Common Assessment Framework: A national standard assessment to determine if a child has additional/unmet need.

Team Around the Family (TAF) Meeting: A meeting of professionals from different agencies with the purpose of providing services to improve outcomes for children.

Lead Professional: A member of the children's workforce who co-ordinates and monitors actions and services provided by different agencies involved with the child/young person.

Section 47 Enquiries: Where the police and/or social care investigate concerns to decide if action is needed to protect a child and/or a criminal offence has been committed.

MAPPA: Multi agency Public Protection Panel Arrangements. Managing the behaviour of persons with violent and/or sexual offences.

MARAC: Multi agency Risk Assessment Conference

SEN: Special Educational Needs

Introduction

Welcome to the revised Access Criteria to Children's Support Services (ACCSS) document which provides staff from all agencies with an improved clarity regarding thresholds of need as it identifies the different levels of intervention required to support children, and their families.

Over the last 12 months children services in Sandwell have worked hard to improve how they work together to make a 'real' difference in the lives of the children they serve. Sandwell believes that by sharing a common understanding of children's needs and sharing the underpinning principals of this document that our children will have improved opportunities and enhanced service delivery.

Research shows us that positive early intervention results in improving the outcomes for children and their families and, as a result, Sandwell is currently developing a multi-agency Family Support Service that will aim to reduce the need to escalate families' involvement with specialist services.

I am confident that this revised document will provide all partners with a clear framework which translates into timely and consistent support to children, young people and their families.



Barbara Peacock

Corporate Director—People

Accessing Services

All Staff who are aware of concerns about the welfare or safety of a child should know (or should know how to access information about):

- What services are available locally
- How to gain access to services
- What sources of further advice and expertise are available
- Who to contact in what circumstances
- When and how to make a referral to Children's Social Care

Access Team Process—A single point of contact

The Access Team provides a single point of contact and gives professionals and members of the public, the opportunity to discuss children and young people's support needs with specialist child care professionals. These staff are able to deal with issues that span levels 2 – 4 services ie children who have additional needs, children in need of specialist intervention and those in need of protection.

The primary functions of the ACCESS Team are:

- To review all Common Notification Forms
- Identify whether a multi-agency response is required
- Identify the appropriate level of need
- Provide advice and guidance to Universal Services
- Identify a lead agency to coordinate the multi-agency response, either Family Support (Level 2/3) or Children's Social Care (Level 3/4)
- Ensure the verbal notification to the appropriate service is done immediately and the written notification within 24 hours

The ACCSS criteria are designed to remove barriers to facilitate swift and efficient access to appropriate services.

4b) Child in Need of Care

Level of Need:

Children who are in need of care or have been in the care of the Local Authority

Threshold Criteria include:

- Child has been abandoned and there are no family/friends options
- Parents are deceased and there are no family/friends options
- Parents are in prison and there are no family/friends options
- Child whose welfare can only be safeguarded through provision of accommodation outside the family home
- Child is beyond parental control placing themselves/others at serious risk
- Meets criteria for secure accommodation
- Child remanded to Local Authority care by the court
- Unaccompanied asylum seekers who require accommodation
- Short Break Care for disabled children
- Eligible & Relevant Care Leavers

4a) Child in Need of Protection

Level of Need:

Children and young people who are suffering or likely to suffer significant harm

Threshold Criteria include:

- Child is likely to be physically, significantly harmed through a deliberate act, neglect or domestic violence
- Child has been sexually abused or is being groomed for sexual purposes
- Significant emotional/ psychological problems due to neglect/poor parenting
- Reported pregnancy where there have been previous child protection concerns
- Fabricated illness
- Forced marriage of a minor
- Non-organic failure to thrive
- Parent involved in serious criminal acts that may impact on the child, e.g. abusive images of children, drug dealing
- Sexual exploitation through prostitution
- An adult assessed as being a risk to children is having contact with/living with a child in the same household
- Child is living in an environment where there is repeated serious and persistent domestic abuse wherein they are at risk of emotional or physical harm from the perpetrator.

	Description
Notification	Request for multi agency support, based on assessed need (CAF Part 1).
Contact	Any Contact made to Children Social Care in reference to a child. This would include: concerns about the welfare of a child, information sharing requests, updating information about a child recently referred.
Referral	"A referral is defined as a request for services to be provided by the social service (sic) department. The response may include no action, but is in itself a decision and should be made promptly and recorded. The referrer should be informed of the decision and its rationale, as well as the parents or caregivers and the child, if appropriate" <i>Framework for Assessment of Children in Need 2000 para 3.8.</i>

How to submit a notification

Any staff from any discipline can notify the ACCESS Team if they consider a child/young person has additional needs. The service will also accept self-referrals from parent/carers and young people.

Before notifying ACCESS Team you should consider:

- Are there additional needs that fall broadly within the ACCSS criteria?
- Can these needs be met within your own agency, or is a referral to the Access team required? It is recommended that staff use the CAF Pre Assessment Checklist
- to inform thinking about whether a multi-agency response is required.

Advice helpline

If you are unsure of the nature of a child/young person/families needs and require advice and guidance you can contact the ACCESS Team on 0845 351 0131.

More information regarding the pre-CAF checklist and Supporting Tools can be found at:

www.sandwell.gov.uk/integratedworking

*NB Reference to Access in this document refers to the Team . ACCSS refers to this document

How to notify the Access Team when a child or young person has additional needs

All notifications are made by using the Common Notification Form. Notifications should be sent to CAF, PO Box 16021, Oldbury, B69 9EW or emailed to access_team@sandwell.gcsx.gov.uk.

eCAF is the preferred method of notification.

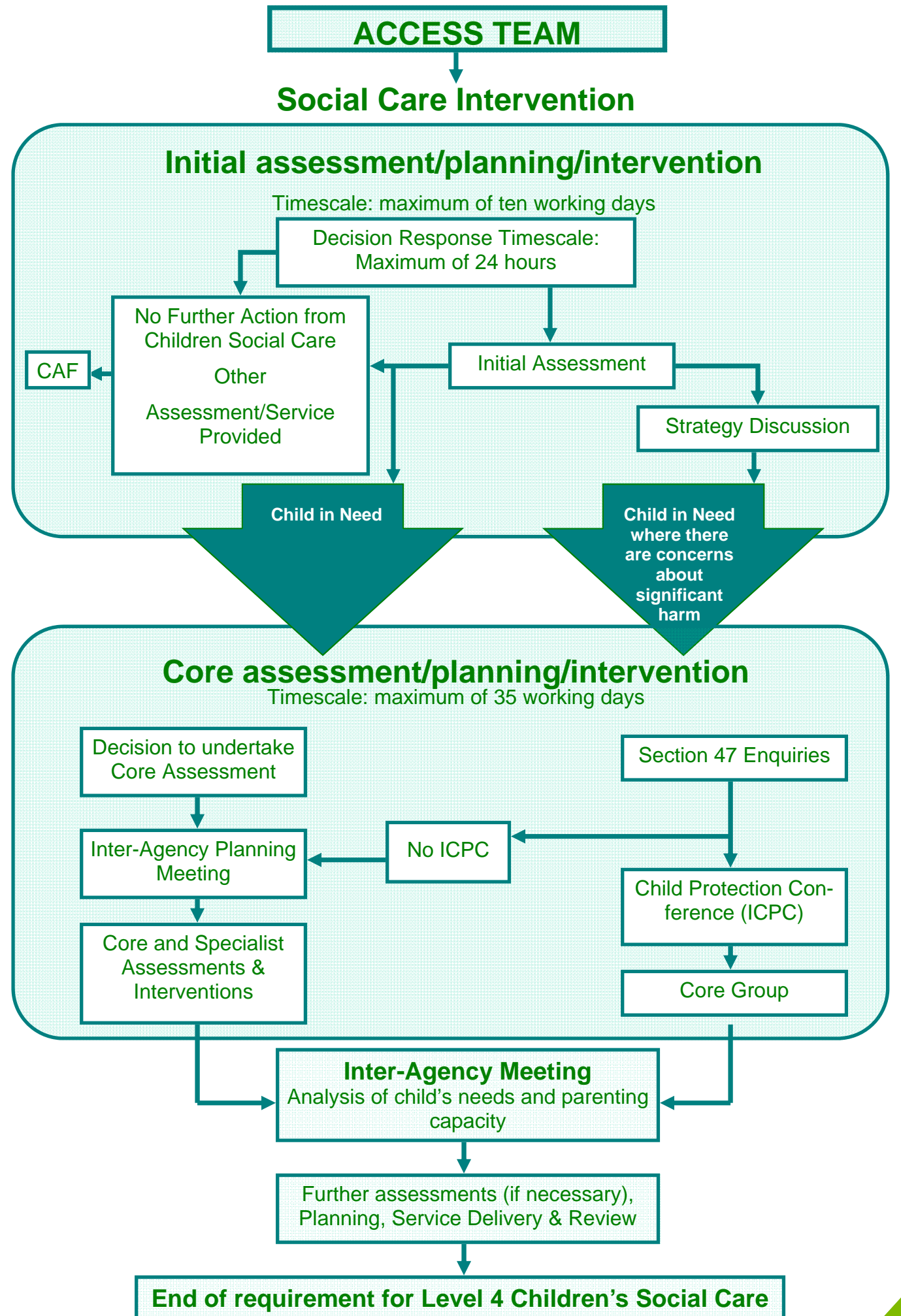
Remember the information you are sending is confidential so please use secure email to prevent data being accessible to others. Where you do not have access to secure email liaise directly with the Access Team for advice.

Before submitting a Notification to the Access Team you must:

- Discuss your concerns with the parent/carer/young person.
- If you believe that a child may be suffering or is likely to suffer significant harm then always refer to Children's Social Care immediately.
 - In this circumstance you should always discuss concerns with the family and seek their agreement to make a referral to children social care **unless** you feel to do so would place the child in increased risk of significant harm or would risk your own personal safety

When there is an immediate need to protect a child because they are being harmed or at risk of harm, the staff must telephone the Access Team 0845 351 0131.

Child in Need Assessment Processes



The provision of Children's Social Care intervention at Level 4 occurs after an 'Initial Assessment' is completed (as described in the Framework for Assessment national guidance) This a statutory Assessment .

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

Please read in conjunction with Sandwell's Safeguarding Children Board Procedures at:

<http://www.sandwellscb.org.uk>

Further guidance on indicators and definitions for child protection in specific circumstances at Level 4 are included in Sandwell's Safeguarding Children Board Procedures.

All organisations that work with children and young people share a commitment to safeguard and promote their welfare and will have policies and guidance in place to address this.

All staff must follow the referral process in Sandwell and follow-up a verbal referral with a written referral within 48 hours. In Sandwell, the Common Assessment Form (CAF) part 1 is the accepted mode for a written referral. You will need to tick the CP Box on the form and send it to Referral and Assessment Service, PO BOX 16020, Smethwick, B67 9EZ

or to the email address access_team@sandwell.gcsx.gov.uk

With the exception of Child Protection, notifications will not be accepted unless consent has been provided. If consent is not sought, or provided, the rationale for this should be shared at the time of the notification. Furthermore, a notification will not be accepted if there is insufficient information.

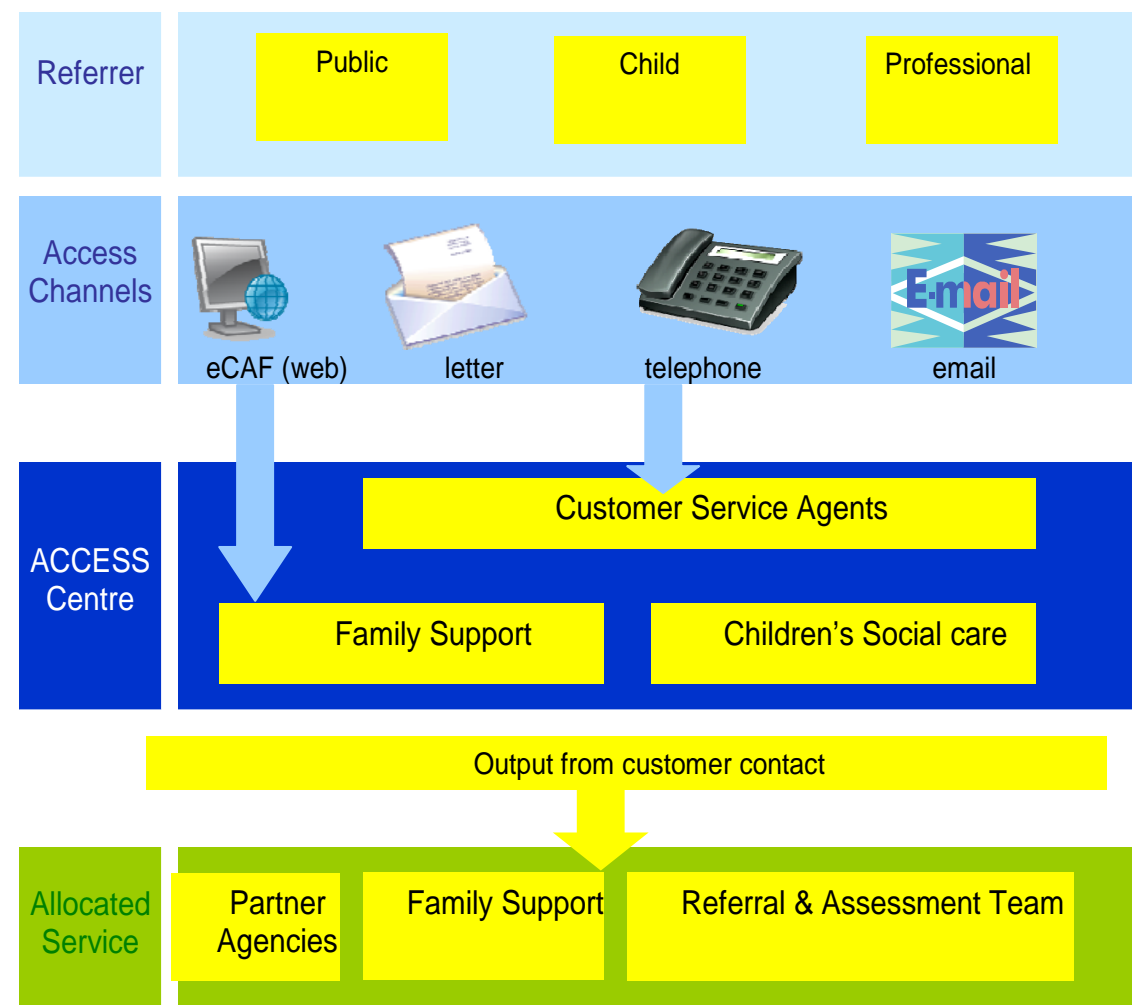
Guidance on completing the Common Notification Form (CAF Part 1)
www.sandwell.gov.uk/integratedworking

What happens after a notification is sent to the Access Team?

The key responsibility of the Access Team is to review all notifications received and ensure that children and young people are supported effectively, that provision is not being duplicated, and any issues arising from the front-line service providers are resolved.

÷

Children's Front Door Service Delivery Model



email	access_team@sandwell.gscx.gov.uk
Telephone	0845 351 0131
Access Team PO Box	Referral and Assessment Service PO Box 16020 SMETHWICK B67 9EZ
CAF PO BOX	CAF PO Box 16021 Oldbury B69 9EW

Children's Social Care Thresholds

This section of the multi-agency thresholds guidance relates specifically to Children's Social Care.

Child in Need of Specialist Support inc. Children in Need of Protection & Children in Need of Care

This includes Children and young people who have:

- Highly complex needs (including children with disability)
- A need for multi-agency high level support and are experiencing compromised parenting
- A significant risk of family breakdown or of being harmed
- A likelihood of significant harm but where initial assessment suggests the risk can be managed outside of a Child Protection Plan.

Threshold Criteria:

Issues not resolved by interventions at Level 1-3 and

- Significant parenting capacity problems impacting on child's development/ well-being to a level where this may result in the child coming into care
- Child is posing a risk to self or others that may, without multi-agency intervention, result in the need for a Child Protection Plan or the child coming into care
- Child has highly complex needs related to disability and requires a multi-agency response including Children's Social Care services
- Child is an unaccompanied asylum seeker
- Court request for report where there has been significant current or previous involvement by Children's Social Care
- Highly vulnerable 16/17 year olds who are homeless
- Adoption breakdown

Level 4 Threshold: Children with Specialist Needs

Children and young people at this level are in need of specialist services. There are a smaller group of children and young people who require intensive help and support to meet their needs. Children and young people will access specialist services following a statutory assessment. Specialist services include: Children's Social Care, the Youth Offending Service, SEN Services, and CAMHS.

Child's Development Needs	Parents and Carers
<p>HEALTH</p> <ul style="list-style-type: none"> Persistent substance misuse which escalates negative risk taking behaviour Faltering Growth/Non-organic failure to thrive Fabricated illness Conception to a child under 14 Diagnosed mental health issues which place themselves and others at serious risk. Failure to access medical attention for chronic/reoccurring health problems despite support and advice. Sexual exploitation/abuse Sexual activity under the age of 13 Disability requiring highest level of support <p>EDUCATION & LEARNING</p> <ul style="list-style-type: none"> Permanently excluded from school Significant development delay due to neglect/poor parenting <p>EMOTIONAL & BEHAVIOURAL DEVELOPMENT</p> <ul style="list-style-type: none"> Significant emotional/psychological problems as a result of neglect/poor parenting Failure or rejection to address serious (re)offending behaviour Endangers own life through self harm/substance misuse. Frequent missing episodes placing themselves at risk. Child who abuses others <p>IDENTITY</p> <ul style="list-style-type: none"> Poor self worth that results in extreme behaviours towards self and others <p>FAMILY & SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> Looked after child Care leaver Abandoned Subject to physical, emotional or sexual abuse/neglect Is main carer for a family member Adoption breakdown Forced marriage of a minor Unaccompanied asylum seeker <p>SOCIAL PRESENTATION</p> <ul style="list-style-type: none"> Persistent hygiene related health issues Involvement with serious or organised criminality <p>SELF-CARE SKILLS</p> <ul style="list-style-type: none"> Absence of self care and personal hygiene due to substance misuse 	<p>BASIC CARE, SAFETY AND PROTECTION</p> <ul style="list-style-type: none"> Carer unable to provide adequate and safe care Carers learning disability, substance misuse (including alcohol) or mental health place child/unborn at risk of significant harm Parents unable to care for previous children despite specialist intervention Child subject to public law proceedings in the family court Carer/significant person who has contact with child is assessed as being a risk to children Teenage pregnancy with additional concerns that are likely to place the unborn child at risk of significant harm <p>EMOTIONAL WARMTH AND STABILITY</p> <ul style="list-style-type: none"> Carers persistent hostility towards child leads to their isolation Child is rejected or abandoned <p>GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul style="list-style-type: none"> Child beyond parental control Subject to a parenting order which may be related to their child/young person's criminal behaviour, antisocial behaviour or persistent absence from school
	<p>Family and Environmental Factors</p> <p>FAMILY HISTORY AND FUNCTIONING</p> <ul style="list-style-type: none"> Persistent domestic violence/honour based violence/forced marriage (domestic abuse inc. serious & persistent violence , use of weapons; perpetrator violates protective orders, recurring/frequent requests to police; threats to kill victim & child/ren) Family members have physical and mental health difficulties which place child at risk of harm Child looked after by a non-relative within scope of private fostering arrangement Parents are deceased and there are no family/friends options Parents are in prison and there are no family/friends options <p>HOUSING, EMPLOYMENT AND FINANCE</p> <ul style="list-style-type: none"> Household income utilised to fund carer's overriding needs e.g. substance misuse/gambling leads to significant neglect of child <p>FAMILY'S SOCIAL INTEGRATION</p> <ul style="list-style-type: none"> Victimisation by others places child at risk of significant harm <p>COMMUNITY RESOURCES</p>

Thresholds Guidance

This section provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people.

This multi-agency threshold guidance provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people. There is no substitute for sound **professional judgement**, effective inter and intra-agency communication and good evidence based practice based on up to date research.

This document should be read alongside the Sandwell Safeguarding Children's Board (SSCB) procedures that reflect the legal framework underpinning work with children to promote their welfare and prevent abuse. These procedures are available at:

<http://www.sandwellscb.org.uk>

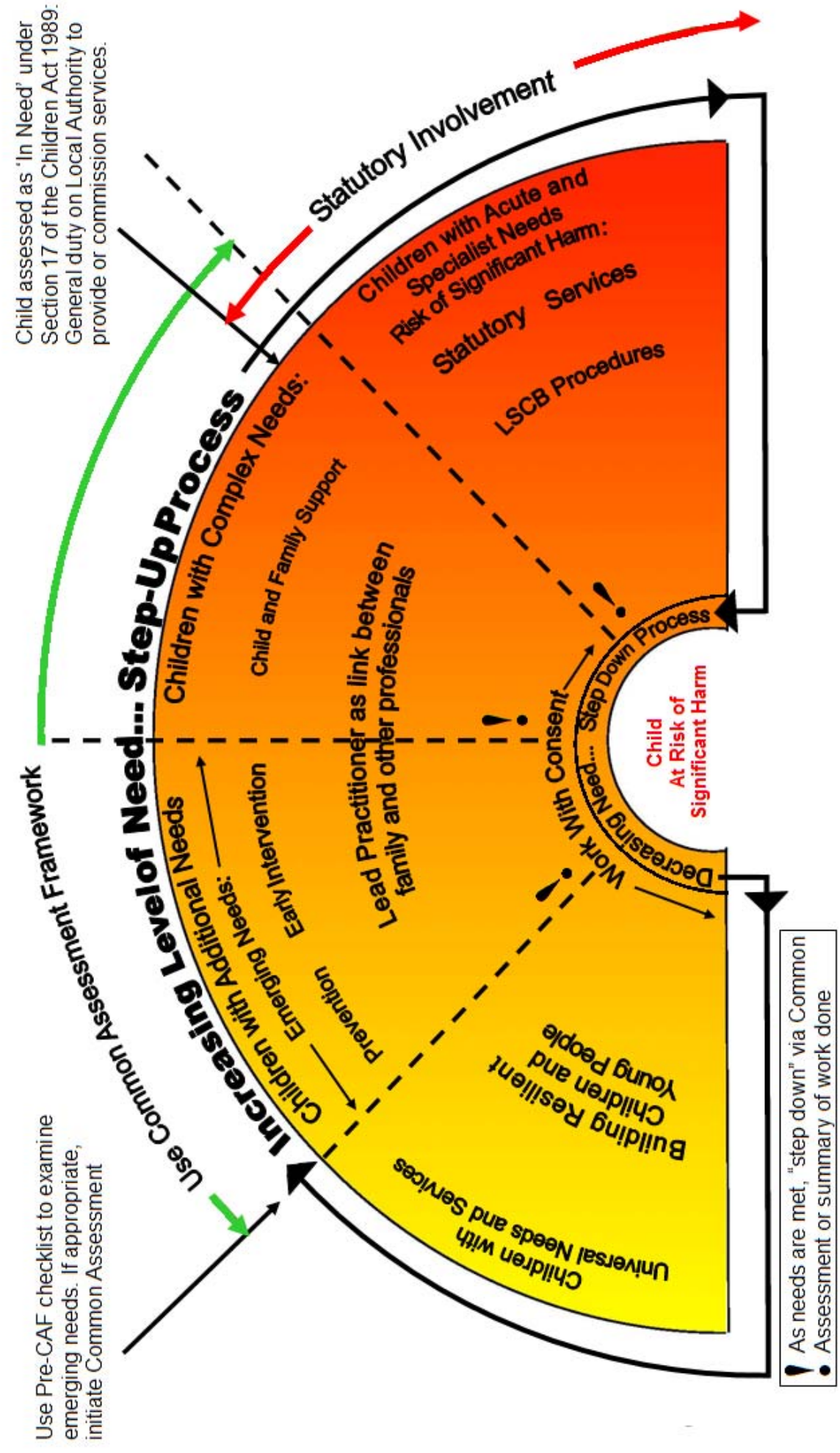
Recent government policy has called for a shift in focus of services from crisis intervention to one of early intervention and prevention. A key principle is that **all** professionals working with and on behalf of children, young people and their families accept their full responsibility for ensuring that everything possible is done to prevent the unnecessary escalation of issues and difficulties and that a positive focus is maintained on ensuring the best outcomes. It is acknowledged that children and young people may move from one level of need to another in either direction and that agencies (including universal services) may offer support at more than one level.

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, young people and families by enabling them to understand what information agencies are seeking and why, and helps them to judge whether they are getting the services they require.

A Model for Child Centre Working



Diagram 2



Assessment Process:

The child or young person could already be in receipt of a service but requires a multi-agency response. A CAF should be completed. The completion of the CAF must not delay any appropriate referral to a statutory service.

The CAF is a standard holistic assessment tool that can be used by all services working with children and young people. It is particularly suitable for use in early intervention work and beyond. The CAF supports practitioners to work in partnership with parent/carers to identify a child or young person's strengths, needs and goals. It can be shared between agencies/services, with parental and/or child or young person's consent and used to plan coordinated multi-agency support and actions.

Key services that may provide support to children, young people and families at this level are:

SEN Strategic Services, Youth Inclusion and Support Programmes (YISP), Young People's Substance Misuse Services (Face It, Head 2 Head, DECCA) and support services for those affected by parental substance misuse (WAM), Behaviour and Attendance Service, Special Schools, CAMHS, Specialist Family Support Service, Paediatrician, Speech and Language Therapy, Occupational Therapy, Physiotherapy, voluntary and community services, all universal services.

Child in Need of Specialist Support from Children's Social Care

The provision of Children's Social Care intervention at Level 3 occurs after an 'Initial Assessment' is completed (as described in the Framework for Assessment national guidance) and a child is identified as a Child In Need under s.17 of the Children act 1989. This a statutory Assessment.

If you are unsure whether a case can be managed via a CAF or whether a referral is required to Children's social care please contact the Access Team and ask for advice.

Level 3 Threshold: Child with complex needs

Children and young people at this level are in need of additional services above those identified at Level 2. The assessment process to access these services would be either: through the CAF process or a statutory assessment.

Child's Development Needs	Parents and Carers
<p>HEALTH</p> <ul style="list-style-type: none"> Diagnosed mental health issues and failure to engage Failure to access medical attention for chronic/recurring health problems Conception to child between 14- 16 and concerns about parenting capacity Sex with multiple partners with features of exploitation Substance misuse impacts negatively on their risk taking behaviour Disability requiring significant support services to be maintained in mainstream provision <p>EDUCATION & LEARNING</p> <ul style="list-style-type: none"> Failure to co-operate with Statement of special educational needs Persistent failure to access compulsory education, or otherwise, as a result of compromised parenting <p>EMOTIONAL & BEHAVIOURAL DEVELOPMENT</p> <ul style="list-style-type: none"> Persistent aggressive behaviour placing themselves or others at risk Early onset of sexual activity (between 13-14) High level substance misuse impacting on wellbeing Risky sexual behaviour Persistent criminal offending <p>IDENTITY</p> <ul style="list-style-type: none"> Extremist views that place self or others at risk (PREVENT) Transgender issues <p>FAMILY & SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> Links with organised groups that engage in violent behaviour Persistent exposure to violent behaviours within the home <p>SOCIAL PRESENTATION</p> <ul style="list-style-type: none"> Clear evidence of hygiene related health issues Persistent presentation in unwashed and unsuitable clothing despite advice and support <p>SELF-CARE SKILLS</p> <ul style="list-style-type: none"> Absence of self care and personal hygiene 	<p>BASIC CARE</p> <ul style="list-style-type: none"> Carer failing/unable to provide adequate care Carer's learning disability, substance misuse (including alcohol) or mental health negatively impact on parent's ability to meet the needs of the child Significant history for similar/connected issue Either or both parents/carers were previously looked after and their parenting ability is compromised Private fostering/young carer Teenage pregnancy with additional concerns <p>EMOTIONAL WARMTH AND STABILITY</p> <ul style="list-style-type: none"> Experiencing high level of hostility and negligible interaction from carers Isolated . No support networks <p>GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul style="list-style-type: none"> Parenting impairing emotional or appropriate behavioural development
Family and Environmental Factors	
<p>FAMILY HISTORY AND FUNCTIONING</p> <ul style="list-style-type: none"> Evidence of domestic abuse/potential honour based violence/forced marriage (domestic abuse inc. serious & escalating violence , child/ren present; perpetrator has history of domestic abuse; threats to harm victim & child/ren) Family members have physical and mental health difficulties which negatively impact on child Carers are involved in serious or organised criminality Evidence of problematic substance misuse (including alcohol) which impacts negatively on parenting capacity Persistent expectation to take responsibility for other household members impacts on child's development & opportunities <p>HOUSING, EMPLOYMENT AND FINANCE</p> <ul style="list-style-type: none"> Homelessness <p>FAMILY'S SOCIAL INTEGRATION</p> <ul style="list-style-type: none"> Victimisation by others places child and family at risk <p>COMMUNITY RESOURCES</p> <ul style="list-style-type: none"> Families failing to access local facilities and targeted services to meet assessed need Children from families experiencing a crisis likely to result in a breakdown of care arrangements 	

Level 1 Threshold: Universal

Children and young people at this level are achieving expected outcomes and have their needs met within universal provision. Children, young people, parents and carers can access these services directly.

Child's Development Needs	Parents and Carers
<p>HEALTH</p> <ul style="list-style-type: none"> Health needs are being met by Universal services Adequate diet/hygiene/clothing Development checks/informed decision making regarding immunisations Accesses health services Development milestones within acceptable parameters Appropriate height & weight Sexual activity appropriate for age Good state of mental health Occasional substance misuse (including alcohol) <p>EDUCATION & LEARNING</p> <ul style="list-style-type: none"> Good attendance at school/college/training (up to occasional truanting) Appropriate access & engagement with education, or otherwise Achieving full potential <p>EMOTIONAL & BEHAVIOURAL DEVELOPMENT</p> <ul style="list-style-type: none"> Growing level of competencies in practical and emotional skills Good quality early attachments <p>IDENTITY</p> <ul style="list-style-type: none"> Sense of self & abilities Has a sense of belonging & acceptance An ability to express needs verbally & non-verbally <p>FAMILY & SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> Stable & affectionate relationships with care givers Appropriate relationships with siblings Appropriate relationships with peers <p>SOCIAL PRESENTATION</p> <ul style="list-style-type: none"> Appropriate dress for different settings Good level of personal hygiene <p>SELF-CARE SKILLS</p> <ul style="list-style-type: none"> Age appropriate independent living skills 	<p>BASIC CARE, SAFETY AND PROTECTION</p> <ul style="list-style-type: none"> Carers provide for child's needs and protect from danger and harm Carers actively seek advice and support <p>EMOTIONAL WARMTH AND STABILITY</p> <ul style="list-style-type: none"> Carers provide warmth, praise and encouragement Post Natal Depression <p>GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul style="list-style-type: none"> Carers provide appropriate guidance and boundaries Supports development through interaction and play
Family and Environmental Factors	
<p>FAMILY HISTORY AND FUNCTIONING</p> <ul style="list-style-type: none"> Supportive family relationships, including at times of crisis <p>HOUSING, EMPLOYMENT AND FINANCE</p> <ul style="list-style-type: none"> Housing has basic amenities and safe, appropriate facilities Appropriate levels of cleanliness/ hygiene are maintained Families seeking asylum/refugees who have support within the UK Families affected by low income or unemployment <p>FAMILY'S SOCIAL INTEGRATION</p> <ul style="list-style-type: none"> Social and friendship networks exist Isolated carer <p>COMMUNITY RESOURCES</p> <ul style="list-style-type: none"> Access to universal services in neighbourhood, as appropriate 	
<p>Assessment Process: Children, young people and families are accessing universal services. Universal assessments will apply, such as those undertaken by schools and health.</p> <p>Key universal services that may provide support to children, young people and their families at this level are: Schools, Colleges and Training Providers, Children's Centres, Early Years Settings, Midwifery Service, Health Visiting Service, School Health, Nursing Service, General Practitioners, NHS Direct, Connexions, Play Service, Youth Support Service, Police, Housing, Voluntary & Community Sector.</p>	

Level 2 Threshold: Children with Additional Needs

Children and young people at this level are in need of co-ordinated early intervention services (excluding Children's Social Care) and will access these using the CAF assessment process.

Child's Development Needs	Parents and Carers
<p>HEALTH</p> <ul style="list-style-type: none"> Unacceptable delay in reaching expected development milestones Failure to access reasonable health care Concerns re: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous) Disability requiring support services Starting to have sex (13- 16) Previous pregnancy(14-16) <p>EDUCATION & LEARNING</p> <ul style="list-style-type: none"> Escalating behaviour that may lead to exclusion Not accessing or engaging in compulsory education, or otherwise. <p>EMOTIONAL & BEHAVIOURAL DEVELOPMENT</p> <ul style="list-style-type: none"> Development compromised by parenting. Lack of engagement where there are identified Mental Health concerns or emotional issues requiring intervention. Placing self in risky situations. Substance misuse that is of concern Escalating anti-social behaviour Inappropriate engagement with adults <p>IDENTITY</p> <ul style="list-style-type: none"> Lack of positive identity in sense of self and feelings of belonging and acceptance <p>FAMILY & SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> Unreasonable expectations placed on child Child of a mandatory school age parent <p>SOCIAL PRESENTATION</p> <ul style="list-style-type: none"> Problematic personal hygiene <p>SELF-CARE SKILLS</p> <ul style="list-style-type: none"> Persistently inadequate self-care/personal hygiene 	<p>BASIC CARE, SAFETY AND PROTECTION</p> <ul style="list-style-type: none"> Carers functioning impacts on basic care Lack of supervision places child at risk of danger (excluding young children left home alone) Carers engagement with services is poor Professionals have growing concerns around child's physical needs being met Professionals have growing concerns about substance misuse (including alcohol) by adults within the home Exposure to dangerous situations in home/ community Mandatory school age parent(s) <p>EMOTIONAL WARMTH AND STABILITY</p> <ul style="list-style-type: none"> Inconsistent parenting causing significant impairment Post natal depression compromising parenting ability Child experiences high level criticism and low level warmth from carer <p>GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul style="list-style-type: none"> Persistent anti-social behaviour Significant lack of stimulation impacting on development
	Family and Environmental Factors
	<p>FAMILY HISTORY AND FUNCTIONING</p> <ul style="list-style-type: none"> Parents have significant relationship difficulties which affect the child Acrimonious divorce/separation that impacts on child Experienced loss of significant adult/child which impacts negatively on child Persistently expected to take responsibility for younger siblings Parent has health difficulties which compromise caring ability Some support from family and friends <p>HOUSING, EMPLOYMENT AND FINANCE</p> <ul style="list-style-type: none"> Poor housing conditions <p>FAMILY'S SOCIAL INTEGRATION</p> <ul style="list-style-type: none"> Extensive social exclusion creating difficulties for the family. Victimisation by others impacts on child <p>COMMUNITY RESOURCES</p> <ul style="list-style-type: none"> Adequate universal resources but family are not accessing appropriately

Assessment Process

If it is identified that a family needs a co-ordinated service response, offer a Common Assessment with consent of the family/child/young person. This would take place where there is a child with additional needs that require a coordinated multi-agency response.

The CAF is a standard holistic assessment tool that can be used by all services working with children and young people. It is particularly suitable for use in early intervention work and beyond. The CAF supports practitioners to work in partnership with parent/carers to identify a child or young person's strengths, needs and goals. It can be shared between agencies/services, with parental and/or child or young person's consent and used to plan coordinated multi-agency support and actions.

Key services that may provide support to children, young people and families at this level are:

Parent Support Advisors, Schools, Colleges and Training Providers, Children's Centres, Early Years Settings, Midwifery Service, Health Visiting Service, School Nursing Service, General Practitioners, NHS Direct, Connexions, Play Service, Youth Support Service, Police, Housing, Voluntary & Community Sector, youth crime prevention services, targeted drug and alcohol information; advice and education including harm reduction, Health Education , Child & adolescent Mental Health Services (CAMHS), Family Nurse Partnership and Family Support Services.

- This list is not exhaustive. Please refer to the Sandwell Family Directory at www.sandwell.gov.uk/

When there is no parental/carers co-operation, or despite intensive support there is no improvement the situation will escalate to Level 3.

Sandwell are currently developing a new family support service which will focus on levels 2 and 3, this involves a **central family support team** consisting of a **Team Around the Family** (re-designed CAF team) who will work with families with additional needs that require a multi agency package of support and an **Intensive Intervention Team**, who will work intensively with the most vulnerable families. **The intention is to provide a multi-disciplinary service that can address the needs of both children and their parents and the community in one place reducing duplication of service provision and improving the effectiveness of all agency inputs**