

The Lancashire Continuum of Need and Thresholds Guidance

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1. Introduction and Foreword

The previous edition of the Continuum of Need and Thresholds Guidance was introduced in 2013. During May 2016, it has been reviewed and refreshed. In part this was done as a routine matter of good practice but it was also in response to other changes in the professional environment.

In 2015, Ofsted completed an Inspection which raised concerns about the application of thresholds and in respect of assessments. The Local Authority have responded by revising the assessment framework – adopting the “Risk Sensible Assessment” model – and the Continuum of Need and Thresholds document needs to be aligned with this new system. It had also been recognised over time that there was some uncertainty and confusion about sub-categories within the levels. The opportunity of this review has resulted in a clearer separation of the levels which is expected to make its application easier.

The Continuum underpins the Common Assessment Framework and the policy around CAF has also been updated. Further work will be done to also align the CAF processes and documentation together with the CSC referral process and forms.

The Level Descriptors have been updated to reflect the ever more complex world of safeguarding and so now includes guidance around issues such as, Female Genital Mutilation, Trafficking and Radicalisation.

The guidance continues to support the Think Family approach and highlights the importance of empowering and working with families through provision of the right service at the right time.

Both the Lancashire Safeguarding Children Board and Children and Young People’s Trust welcome the refreshed policy and guidance which will provide a clearer and improved framework for agencies to work together effectively to support families, prevent escalation of concerns and keep children safe from harm.

Jane Booth

Independent Chair

Lancashire Safeguarding Children Board



2. The Lancashire Continuum of Need (CoN)

2.1 Overview

The Lancashire Continuum of Need (CON) has been developed to provide 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.

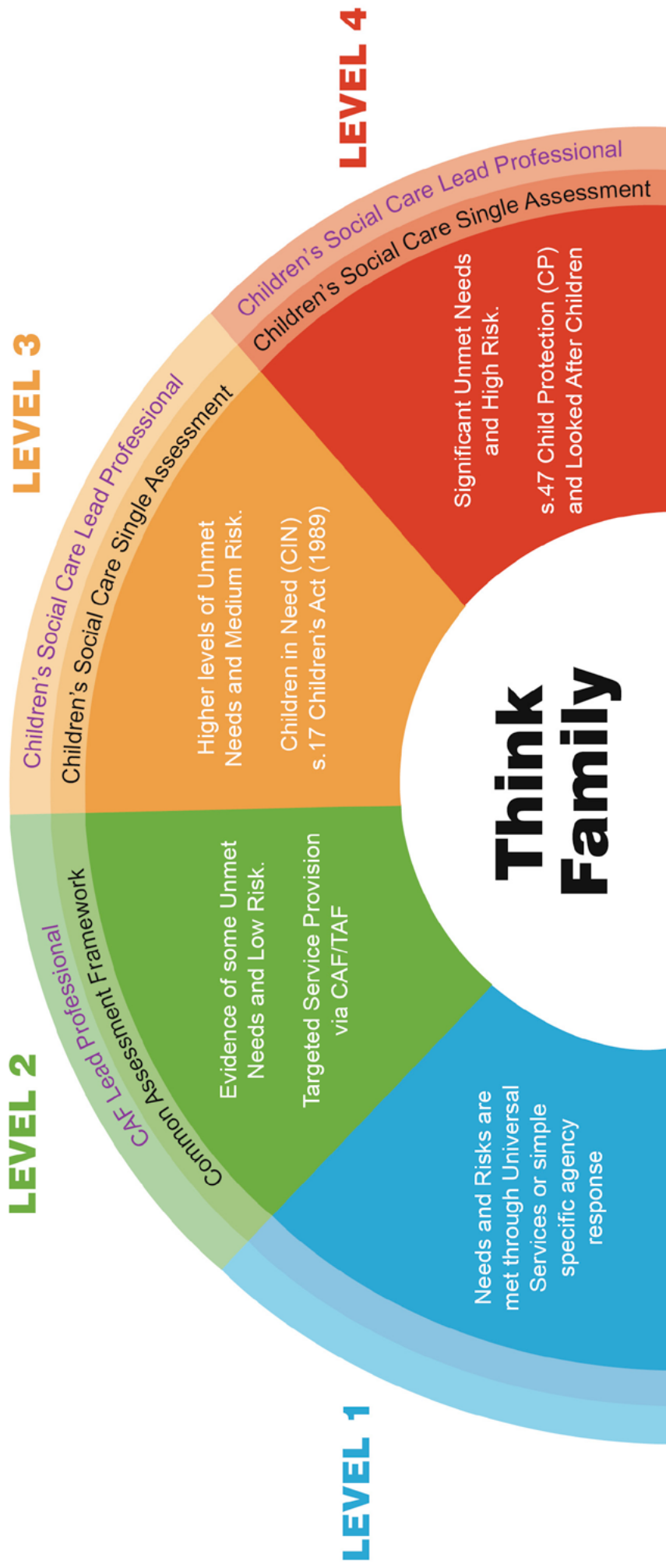
The levels of need are not prescriptive and allow for practitioner judgement.

Examples are provided within each dimension to aid practitioner decision-making – 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 if still unresolved, with the Duty Social Worker in the MASH and CART team. The CON is a starting point to assist people who work with children young people and families to come to common understanding of what the family needs.



2.3 Diagram of Lancashire Continuum of Need

Lancashire Continuum of Need



If in doubt, consult with agency safeguarding leads, or the Duty Social Worker on 0300 123 6720

Go straight to Level 4 as soon as risk of significant harm is suspected

Information Sharing

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 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 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 Data protection and Human Rights Acts.

Consent to share information must be both informed and explicit. Informed means the person understands why the information is being shared, what information is being shared, with whom, and for what purpose. Explicit means the consent has been discussed and this discussion is clearly recorded on case notes.

Consent can be implicit. This refers to situations where a child/parents accepts the need for a service that is recommended and in order to receive this service, information will need to be shared. As consent has been obtained to refer to the service implicit in the agreement is consent to share information. Explicit consent is best practice and ideally should be gained in writing.

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

3.2 Risk Sensible

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 and presenting high risk factors.

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, school/nursery, probation, housing, YOT 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.



3.3 Level Descriptors

Level 1- Universal

Children, young people and families whose needs and risks are and can be met by universal services or simple specific agency response.

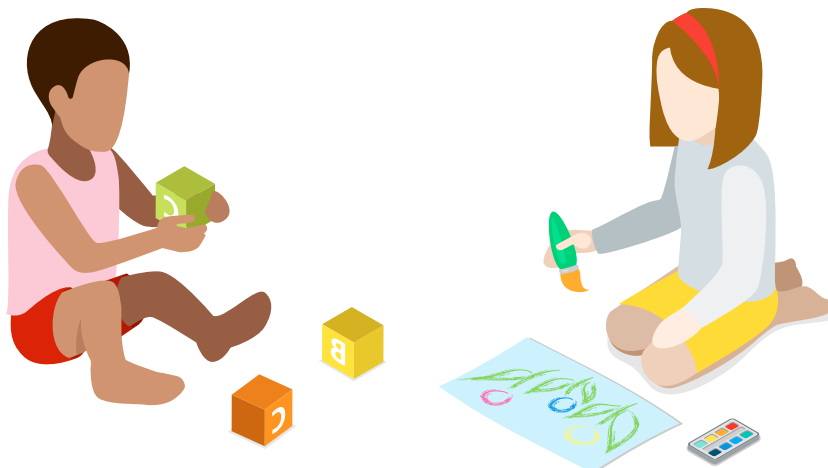
Response	Signposting to appropriate universal services, offer of information and advice if necessary. Step up/ Step down	
Information sharing framework	Routine single agency assessment Informed and explicit consent required	
Examples of possible indicators (linked to headings on CAF form)	Health and Wellbeing	<ul style="list-style-type: none"> Registered with a GP Meeting developmental milestones Good hygiene Ability to self-care as appropriate to age Appropriately cared for when ill Good emotional health and/or well being Age appropriate social and communication skills Positive sense of self and abilities
	Safe From Harm	<ul style="list-style-type: none"> Positive attachments Stable home environments Ability to recognise unsafe activities, places, etc. Secure relationships
Examples of possible indicators (linked to headings on CAF form)	Contribute and Engage	<ul style="list-style-type: none"> Children and young people with regular attendance at school/nursery. Children and young people who has their social, moral, spiritual and cultural needs met Children and young people reaching learning milestones Good relationships with peers and adults Appropriate stimulation, boundaries and guidance Good home/school link Children and young people appear happy, good level of emotional literacy Good level of self-esteem and confidence
	Aspire and Achieve	<ul style="list-style-type: none"> Effective support networks Confident in social settings Experiences success and achievement Positive role models Planned progression beyond statutory education Access to learning resources Parents are able to offer stability Access to appropriate family supports Suitable accommodation Reasonable income, being used appropriately to meet needs Good access to services



Level 2 - Some Unmet Needs and Low Risk

Children, young people and families whose needs and risks are and can be met by universal services or simple specific agency response.

Response	<p>Targeted Service Provision Response Identified needs requiring targeted support service engagement. Undertake CAF. Identify team around the family (TAF) and Lead Professional Step up / Step down</p> <p>Common Assessment Framework (CAF)</p>	
Information sharing	<p>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.</p>	
Examples of some unmet needs and low risk indicators	Health and Wellbeing	<ul style="list-style-type: none"> • Developmental milestones (e.g. below centile chart height and weight) not being met • Early/unsafe sexual activity • Persistently missed medical appointments • Refusal/avoidance of registration with a GP • Some relationship difficulties (e.g. divorce/separation, bereavement) • Unnecessarily accessing health services e.g. walk in clinics/A&E • Children and young people for whom there are emotional, physical/behavioural health concerns • At risk of self-harm • Experimenting with substances/drugs • Poor development of self-care skills • Parents struggling to address own emotional needs • Poor home routines • Poor housing • Families with poor hygiene causing health/emotional issues • Child or young person who appear hungry in school • Pregnant age 16 years or under • Identified mental health issues for parent or child • Low educational or physical disability for parent or child • Repeated injuries, infections and infestations • Children and young people whose parents are in prison • Identity/gender issues significantly impacting on emotional health and well being where there is lack of support in place.
	Safe From Harm	<ul style="list-style-type: none"> • Families subject to discrimination/harassment • Change in family circumstances • Families at risk of poverty • Very young parents and inexperienced parents • Parent(s) who are absent • Inappropriate childcare • Basic care is not consistent • Wider family and friends may engage in unsafe activities • At risk of eviction through non-payment of rent/utilities • Children and young people beginning to misuse substances • Lack of evidence of attachment/bonding • Children and young people at risk of entering the Criminal Justice System – engaging in low level offending or anti-social behaviour. • Children and young people who have started going missing from home • Families where there are early concerns about domestic abuse • Families where there are early concerns about substance misuse • Parents who are care leavers • Early indications of potential risks regarding CSE • Early indications of potential risks regarding Radicalisation • Engaging in potentially unsafe online activities



	Contribute and Engage	<ul style="list-style-type: none"> • Lack of stimulation, boundaries or guidance • Lack of support network/isolation • Some difficulties in building/sustaining relationships with peers and adults • Low/ threatened self-esteem and confidence • Limited access to age appropriate leisure facilities and/or quality education including nursery • Low expectations from community, school and parents/carers • Children and young people presenting challenging behaviour in school • Children and young people refusing to go to school • Bullied or bullying behaviour • Lack of positive role models • Inappropriate responses and actions • Find managing change difficult • Does not always understand how actions impact on others • Sometimes engages in low level offending or anti-social behaviour • Children and young people presenting increasing problems where parents are finding it difficult to manage • Conflicts within the community • Family has recently moved from out of/into the area • Children and young people from migrant families at risk of isolation • Children and young people withdrawing from peers and/or parents • Children and young people disengaging with family, school and peers • Children and young people spending a lot of time alone
	Aspire and Achieve	<ul style="list-style-type: none"> • Attitudes are affecting their ability to achieve economic well being • Fixed term exclusion • Children and young people who missed important education appointments • Below educational levels/not meeting learning milestones • Children and young people may require a differentiated approach to education, additional to/different from their peers • Irregular attendance 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 • NEET – more than 6 weeks • Not completing education/college plan • Has isolated or unsupported carer • High number of children or more than two under 5 • Low income may affect wider family unit • Periods of unemployment may affect wider family unit • Inadequate poor housing/home conditions due to overcrowding, lack of heating or structure • Young Person living alone • Children or young people involved in a “graduated response” to meet their SEN needs ahead of the development of an EHC Plan.



Level 3 – Higher Levels Of Unmet Need And Medium Risk

CHILDRENS SOCIAL CARE STATUTORY SINGLE ASSESSMENT

Children, young people and families are at medium risk and higher levels of unmet need. They are experiencing sustained and persistent problems that has not been possible to resolve at the previous levels.

Response	<p>Child in need, section 17 Children Act 1989 Child with a Disability who is in Need Children and young people unlikely to meet developmental milestones without concerted multi agency support assessed by a social worker. A variety of unmet needs and 'underlying' risk factors (for example DV, alcohol/drug misuse, mental health issues, CSE) There has been resistance at CAF level (2) CYP is vulnerable and unlikely to achieve good outcomes Requires multi-agency CIN plan Step up / Step down</p> <p>Childrens Social Care Statutory single assessment</p>	
Information sharing	<p>Informed consent required. Implicit consent is accepted 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.</p>	
Examples of 'underlying risk' indicators	Health and Wellbeing	<p>Carers with chronic ill health or terminal illness that is impacting on child or young person</p> <ul style="list-style-type: none"> • Obesity or malnourishment (failure to thrive) • Refusal/avoidance to register with GP • Persistent non-attendance at health appointments • Very frequent significant illnesses and infections/minor health injuries/ problems • Children and young people for whom there are emotional, physical/behavioural health concerns • Basic needs not being met • Self- harming behaviour/suicidal ideation • Children and young people using substances/drugs/alcohol • Identity issues significantly impacting on emotional health and well being • Parents/carers with mental health issues impacting on ability to parent • No home routine / boundaries • Hygiene and self -care needs impacting on emotional health • Eating disorder significantly impacting on development and health • Inability of parents to be warm and affectionate, attachment issues • Complex health needs and children with disabilities, they may have involvement from SEND Service and an Education, Health and Care Plan. • Protracting and significant unresolved family breakdown impacting on child or young person
	Safe From Harm	<ul style="list-style-type: none"> • Problematic substance misuse impacting on the CYP • Risk taking behaviours • Children and young people who are repeatedly missing from home • Children and young people who are risk to self and others • Domestic Abuse • Partner of parent, persistently not visible to professionals and contribution to child uncertain • Privately fostered children • Inadequate supervision • Early indication of potential risk of CSE • Early indication of potential risk of Radicalisation • Early indication of potential risk of Honour Based Violence • Early indication of potential risk of Trafficking • Early indication of potential risk of FGM • Children and young people who are homeless (16/17) • Children and young people whose parent is in prison • Children and young people participating in or vulnerable to 'sexting' or bullying through social media.
	Contribute and Engage	<ul style="list-style-type: none"> • Young carers who are undertaking caring responsibilities • Poor attachments, parents distressed / distracted significantly • Poor sense of belonging within the family • Poor stimulation, boundaries or guidance • Children and young people with significant unauthorised absence from school/nursery • Children and young people who offend/reoffend/ASSET • Lack of self -control/empathy/violent abusive to others
	Aspire and Achieve	<ul style="list-style-type: none"> • Challenging and disruptive behaviour impacting on daily life, achievements and relationships. • Income and resources not used to meet CYPs basic needs • NEET • Poor behaviour in school leading to exclusion and alternate provision. • Transience high levels of instability • Isolated and victimized with the community • No wider family support

Level 4 – Significant Unmet Needs and High Risks CHILDRENS SOCIAL CARE

STATUTORY SINGLE ASSESSMENT

These children, young people have significant unmet needs and are being subject to 'high' risk factors and without a multi -agency co-ordinated response they will continue to suffer or be at risk of suffering significant harm.

Response	<p>Child Protection and Safeguarding Response through Childrens Social Care</p> <ul style="list-style-type: none"> • Section 47 Investigation 'reasonable cause to suspect the child is suffering or likely to suffer significant harm • May need a Multi -agency Child Protection Plan • May need to be a Child Looked After (Section 20 Voluntary Accommodation) due to: <ul style="list-style-type: none"> • Being lost or abandoned, having no person who has PR or person caring for the child is prevented from providing suitable accommodation • May need to be a Child Looked After (Section 31 Care Order) due to: <ul style="list-style-type: none"> • Child is suffering or likely to suffer (if a court order is not made) significant harm or likelihood of, attributable to the care given to the child • (the care not being what it would be reasonable to expect a parent/carer to provide) 	
Information sharing	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • How consent was sought and refused • How the practitioner and manager decision to proceed with enquiries on the basis of evidence and reasonable cause 	
Examples of 'underlying risk' indicators	Health and Wellbeing	<ul style="list-style-type: none"> • Life threatening and severe health conditions where appropriate treatment has not been sought • Children and young people whose parents/carers fabricate or induce illness resulting in unnecessary medical treatment/intervention • Suspected Non Accidental Injury • Substance misuse issues with chronic impact on health and wellbeing for children and young people • Severe depression, significant self-harm and/or high risks of suicide • Meets criteria for secure accommodation • Unaccompanied asylum seekers who require accommodation • Full time accommodation for young person with complex Special Educational Needs and/or Disability/Complex Health Needs • Parents are deceased and there are no family/friends options • Mental Health/severe bouts of depression/self- harm/Threats of suicide • Children and young people subject or detained under mental health assessment • Bruising on non-mobile babies
	Safe From Harm	<ul style="list-style-type: none"> • Challenging/disruptive behaviour putting self/ others in danger. • At significant risk of child sexual exploitation • Suffering or at risk of suffering physical, emotional or sexual abuse • Children whose basic needs are persistently neglected • Children and young people assessed as high risk either to themselves or others as a result of their offending behaviour • Children and young people in prison setting • Regularly involved in anti-social and criminal activities • Poor abusive relationship with sibling/ parental relationships • Child is left to care for themselves although they are not able • Parents may have abandoned child • Person identified as posing a risk to children living in the home • Children who disappear or are missing from home regularly/for a long period • Children subject to CP Plan • A child having been previously removed from parents • Family is experiencing domestic violence with significant adverse impact on the child • Serious substance misuse Child/Young Person/Family Member • Dangerous house or accommodation which places child in danger • Children who abuse other children • Parents/ carers have significant learning disability/mental health problem which adversely and significantly impacts on their parenting ability. • Child whose welfare can only be safeguarded through provision of accommodation outside of the family home • 16/17 year old young people presenting as homeless and accommodated under s.20 • Children and young people at significant risk of Forced Marriage • Children and young people at significant risk of Radicalisation • Children and young people at significant risk of Honour Based Violence • Children and young people at significant risk of Trafficking • Children and young people at risk of FGM • Children and young people have been abandoned and there are no family/friends options • Children and young people consistently behaving in a way that places themselves or others at serious risk. • Children and young people remanded to local authority care or remanded to secure children's unit by the court • Parents are in prison and there are no family/friend options
	Contribute and Engage	<ul style="list-style-type: none"> • Those in need of intensive support- individualised packages because of extreme isolation • Child subject to emotional abuse • Eligible & relevant care leavers
	Aspire and Achieve	<ul style="list-style-type: none"> • Denied access to stimulation • School exclusion with other risk factors • Subject to care proceedings in family courts • Young person is unable to cope resulting in significant risk of harm with everyday life (including employment) • Homeless and not eligible for temporary housing • Family not entitled to benefits with no means of other support • Extreme financial difficulties (debt) not allowing needs to be met • Chronically socially excluded/extreme isolation

4. Acknowledgements

Thank you to colleagues and partners who have contributed to the development of the Lancashire Continuum of need and Thresholds Guidance.

Special thanks to Blackburn with Darwen and reference made to their Continuum of Need.

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 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

A&E	Accident and Emergency unit within a hospital or clinical setting
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
CART	Contact and Referral Team
CIN	Child In Need
CLA	Children Looked After by the Local Authority
CON	Continuum of Need
CP	Child Protection
CYP	Children and Young People
Data Protection Act	<p>All agencies and practitioners operating the CAF must comply with the Data Protection Act (DPA) 1998. The Act applies irrespective of whether common assessments are held on IT or paper systems. It applies to all processing of assessment information, including collection, use, disclosure and destruction.</p> <p>To meet the requirements of the DPA, agencies who are processing assessment information ("data controllers") must:</p> <ul style="list-style-type: none"> • Notify the Information Commissioner of the purposes for which they are processing personal data. Their notification will appear on the Commissioners website; and • Comply with the data protection principles. The key principles for the purposes of this guidance are that the data must be: <ul style="list-style-type: none"> o fairly and lawfully processed o processed only for specified, lawful and compatible purposes o adequate, relevant and not excessive o accurate and where necessary kept up to date o kept for no longer than necessary o shown to the individual when they request it (subject access") o kept secure <p>In undertaking these responsibilities, agencies should bear in mind the likelihood that:</p> <ul style="list-style-type: none"> • They will be processing information about parents and carers as well as children or young people; and • Some of the information is likely to be sensitive and therefore subject to more stringent control. <p>To meet DPA requirements, the practitioner undertaking the assessment should always explain to the child or family what the information held on the CAF form means and how it may be used.</p>
D.O.B	Date of Birth
ECAF	Electronic Common Assessment Framework
EHWB	Emotional Health and Well Being
FGC	Family Group Conference
FW ASSET	Final Warning ASSET – used by YOT
GP	General Practitioner
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
NFA	No Further Action
S17	Section 17, Children Act 1989
S20	Section 20, Children Act 1989
S47	Section 47, Children Act 1989
SEND	Special Educational Needs or Disability
TAF	Team Around the Family
YOT	Youth Offending Team

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