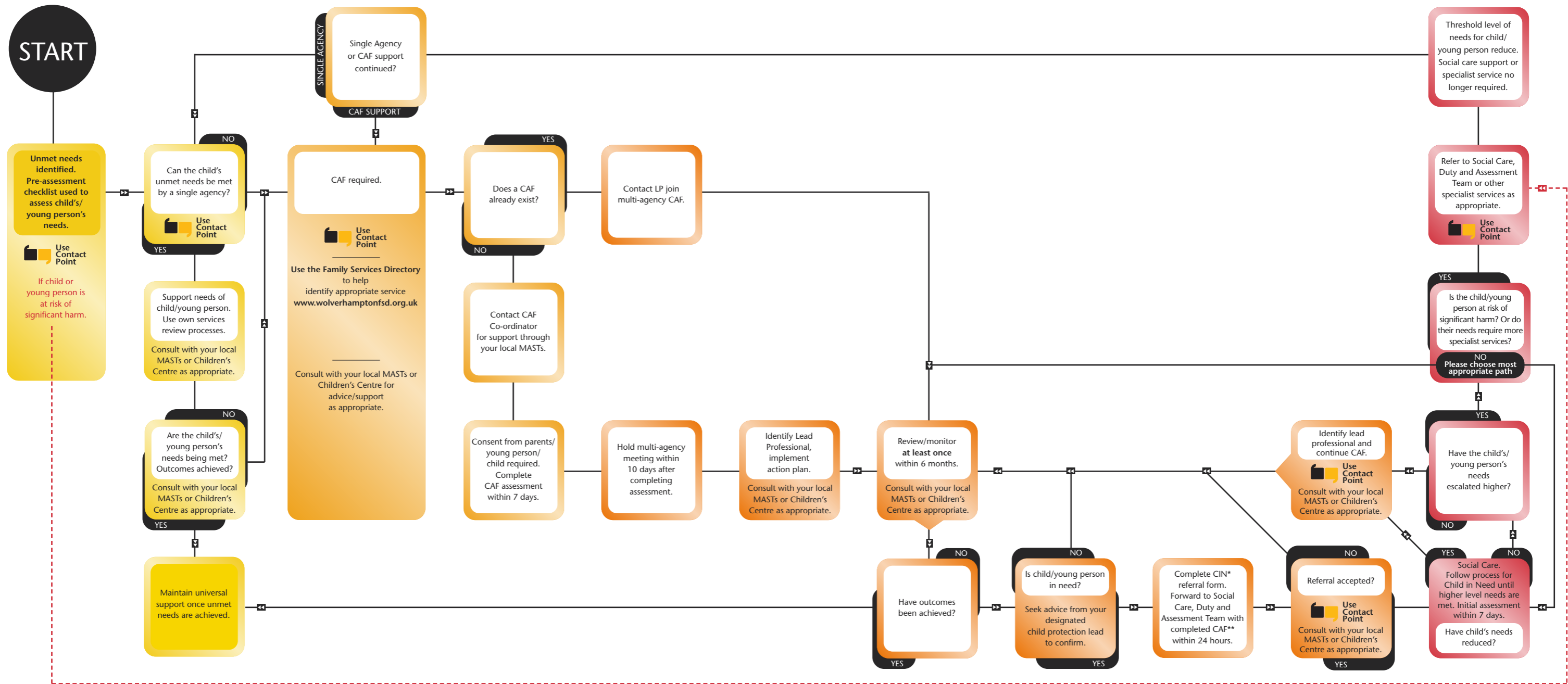


# Wolverhampton Supporting Children's Model

**IMPORTANT**  
At any time refer directly to Social Care Duty and Assessment Team if child/young person is at risk of significant harm.



N.B. Contact Point is available if you have been trained.

# Guidance Notes

## Purpose of Model

1. The purpose of this model is to support practitioners in choosing the most appropriate care pathway when they identify children and young people with unmet needs.
2. The WSCM sets out three pathways that may be taken when a child/young person with unmet needs is identified, the pathways are aligned to the threshold levels of need, universal services, targeted support and statutory or specialist services.
  - 2.1 It is anticipated that the largest number of children/young people will have their needs met by universal services.
  - 2.2 A smaller number of children/young people will require targeted support, this model sets out the assessment, planning and review pathway to be taken, ensuring that needs are identified earlier and addressed on a multi-agency basis using the CAF.
  - 2.3 A significantly smaller number of children/young people will require the support of statutory or specialist services and for a number of these children a CAF will have been completed prior to accessing the statutory or specialist service.
3. **Universal Services**
  - 3.1 When a child's unmet needs are identified, the service provider concerned will determine if they are able to meet the unmet needs identified without recall to any additional resources beyond their own service. (The pre-CAF checklist will evidence that a multi-agency approach is not required at that time.) If they are able to do this, it is unlikely that a CAF is required, services providers will follow their normal procedures. The pre-assessment checklist completed will be filed in the child/young persons records.
  - 3.2 Practitioners are advised to seek advice at this stage from lead officers within their own agency or from a local MAST, particularly if you feel it is considered that outcomes are not being achieved.
4. **Targeted Support**
  - 4.1 When a decision is made that the unmet needs cannot be met entirely by a single agency, a CAF will be required, however, the practitioner initiating the CAF must confirm that a CAF does not already exist. If a CAF has been opened, the practitioner will need to contact the named Lead Professional and ask if they can join the existing multi-agency group. The parent(s), child/young persons consent will be required to share information with new members of the multi-agency team in this situation.
  - 4.2 When a CAF does not exist, complete the CAF assessment once parental and or, child/young person consent has been given.

- 4.3 You may wish to contact your local MAST who will be able to offer advice and guidance regarding the services to be represented at the multi-agency meeting. The MAST Manager will also advise if it is appropriate for a MAST representative to attend the multi-agency meeting and the role they will take at the meeting.
- 4.4 Hold the multi-agency meeting and agree who the Lead professional will be at the meeting. Agree the review dates for subsequent meetings ensuring that at least one meeting is held within six months. Once the outcomes have been achieved the universal services will continue to provide support for the child/young person.
- 4.5 In a small number of cases, the child/young persons needs will escalate and the Lead professional with the support of the multi-agency team members will need to decide if a referral to Statutory or Specialist services is required. In these situations your local MAST can offer advice and guidance about the most appropriate pathway to take.
5. **Statutory or Specialist Services**
  - 5.1 Once a decision has been made to refer to statutory or specialist services if a CAF has been completed for the child/young person a copy of the CAF should be attached to the referral with the parents, child/young person's permission if appropriate. Advice can be sought from a lead officer within your own service or your local MAST if necessary.
  - 5.2 **Safeguarding**  
In situations where the child/young persons unmet needs are assessed to be at a child in need level and their **needs do not represent immediate child protection concerns**, practitioners should complete the "Multi-Agency Child in Need referral form" which should be accompanied with a completed CAF. Best practice would suggest that parents are asked to consent to the referral.
  - 5.3 Successful intervention at this level will mean that the child/young persons unmet needs will reduce and a decision will need to be made by the statutory or specialist service about where the child/young persons needs are on the threshold model. They may decide to;
    - a) identify a Lead Professional in order that the CAF process can be followed or,
    - b) request that a single agency at universal level continue to support the child/young person
  - 5.4 **At any stage a practitioner feels a child/young person is at risk of significant harm, they should refer directly to social care, by telephone (01902 555664/555701), or completing and forwarding the referral form to the Duty and Assessment Team within 24 hours.**

**Action Plan** – For the purpose of this model an action plan is a method thought out for supporting unmet needs and achieving the ECM outcomes.

**Additional Needs** - Children with additional needs is a broad term used to describe all those children at risk of poor outcomes as defined by the Green Paper, Every Child Matters. (The five Green Paper outcomes are: be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic well-being.)

An estimated 20-30 per cent of children have additional needs at some point in their childhood, requiring extra support from education, health or social services. This could be for a limited period, or on a long-term basis.

**Agency** – For the purpose of this model, an agency refers to a team or school whose resources are limited to that controlled by the Team Leader or Head Teacher. Hence access to any service that requires the use of a referral process, should be recognised as a separate service.

**Assessment** – Generally, an assessment can be defined as any systematic process of assessing the needs, circumstances or progress of a child (or family) against defined norms, an established scale or standardised benchmarks, with the intention of understanding the child's needs (and the family's needs), circumstances or progress, in order to decide on appropriate further action (or to confirm that no additional help is required).

**CAF Co-ordinator**- A community based support officer, whose role will be to work with practitioners and support them in the use of the CAF process.

**Child in Need** – Children who are defined as being "in need" under s17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, as their health or development will be significantly impaired without the provision of services, plus those children are disabled.

The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

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

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

**Child in Need Referral Form** Referral form to be used in Wolverhampton when a request is made for service provision under s17 Children Act 1989

**Children's Centres** provide good quality integrated services to children under five and their families, in order to give every child the best possible start in life, and have a broad and lasting impact on children, their parents and the wider community. The Sure Start Children's Centre programme is based on the concept that providing high-quality integrated services (health, education, family support and care), particularly in disadvantaged area, leads to positive effects for children, families and their communities, including:

- Improved educational outcomes for children and parents
- Enabling parents to study and work
- Helping lone parents to access work and training opportunities
- Reduced crime rates
- Improved health outcomes
- A reduction in child poverty

Children's Centres are part of the wider Sure Start programme, which encompasses targeted services in disadvantaged areas, and universal services for all children aged 0 to 16.

**Common Assessment Framework (CAF)** – CAF provides a standardised holistic approach to assessing the unmet needs of children/young people. All children's services practitioners can use it. CAF helps to identify what additional support and help may be required by a child/young person and their family and should encourage early intervention to prevent needs becoming acute.

**Consent** – an agreement freely given to an action based on knowledge and understanding of what is involved and its likely consequences. All consent must be informed. The person to whom the information relates should understand why particular information needs to be shared, who will use it and how, and what might happen as a result of sharing or not sharing the information.

**Explicit Consent** – consent given orally or in writing

**Implied Consent** – where a person has been informed about the information to be shared, the purpose for sharing and that they have the right to object and their agreement to sharing has been signalled by their behaviour rather than orally or in writing.

**Contact Point** – Contact Point will be the quick way for a practitioner to find out who else is working with the same child or young person, making it easier to deliver more coordinated support. It will be a basic online directory, available to authorised staff who need it to do their jobs. It is a key part of the Every Child Matters programme to improve outcomes for children.

**Designated Child Protection Lead** - will take lead responsibility for dealing with child protection issues, provide advice and support to other staff, liaise with the local authority, and work with other agencies, including social services.

**Directory of Services for Children & Young People** - A service directory providing comprehensive information on local providers, eligibility criteria, geographical location and referral procedures

**Lead Professional** - Act as a single point of contact that children, young people and their families can trust, and who is able to support them in making choices and in navigating their way through the system. Ensure that children and families get appropriate interventions when needed, which are well planned, regularly reviewed and effectively delivered. Reduce overlap and inconsistency from other practitioners

**MASTs** -The key feature of a multi-agency support team is that practitioners are seconded or recruited into the team, making it a more formal arrangement than a multi-agency panel. Practitioners share a sense of team identity and are generally line-managed by the team leader, though they may maintain links with their home agencies through supervision and training.

- There is a dedicated team leader.
- There is a good mix of education, health, social care, youth justice and youth work staff.
- The people who work in the team think of themselves as team members. They are recruited or seconded into the team, either full or part time.
- The team engages in work with universal services and at a range of levels - not just with individual children and young people, but also small-group, family and whole-school work.
- The team is likely to share a base, though some staff may continue to work from their home agencies.

- There are regular team meetings to discuss case working as well as administrative issues.

**Multi-Agency Meeting** – This is a meeting which brings together the key agencies and the child and parents to construct a support plan to help meet the needs identified in the common assessment. The meeting should be as informal as possible and be inclusive of the parents, child/young person as possible. There is a requirement to complete the action plan in the CAF and produce notes of the meeting.

**Outcomes** - is a familiar term that has been used by children's practitioners and researchers for many years to refer to the identifiable impact (positive or negative) of interventions, programmes or services - or of the failure to implement appropriate interventions, programmes or services. Outcomes may be client or child-specific, such as the improved learning attainments of a particular child; or they may be more systemic, such as reducing rates of teenage pregnancy across a defined population, for example. However, outcomes also now refer to a crucial element of government policy for children.

**Pre-assessment Checklist** - The pre-assessment checklist is used by practitioners as an aid in deciding whether a common assessment is appropriate.

**Referral** – A request for help for someone in need of assessment, which is usually formally recorded. The referral can be self referral or by a third party.

**Review** – A second consideration, a re examination

**Service** – An organisation or system that provides something needed by the public

**Significant Harm** – The Children Act 1989 introduced the concept of Significant harm as a threshold that justifies compulsory intervention in family life in the best interests children.

There is no absolute criteria on which to rely when judging what constitutes significant harm.

Consideration of the severity of ill treatment may include the degree and extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre

or unusual elements. Each of these elements has been associated with more severe effects on the child.\and or relatively greater difficulty in helping the child overcome the adverse impact of maltreatment.

A single traumatic event may constitute significant harm, more often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

**Single Agency** – Where only one agency is involved with a person or project

**Social Care Duty & Assessment Team** – A specialist social care team whose primary role is to safeguarding children.

**Specialist services** - Specialist services are those that are provided specifically for children with acute or high-level needs who would otherwise be at high risk for poor outcomes. For example, specialist services will include child protection services, adoption and fostering services provided to looked after children and their families, residential services, and services for children with serious mental health problems such as eating disorders.

**Targeted services** - Targeted services provide support aimed at particular groups of children, but often from within universal (or mainstream) services. This includes services such as Sure Start Children's Centres that are aimed at all children in a targeted area where children are known to be less likely to achieve optimal outcomes, as well as services provided directly to individual children who have been identified as having additional needs, such as those provided via schools to children with special educational needs.

**Universal Services** - Universal services are those services (sometimes also referred to as mainstream services) that are provided to, or are routinely available to, all children and their families. Universal services are designed to meet the sorts of needs that all children have; they include early years provision, mainstream schools and Connexions, for example, as well as health services provided by GPs, midwives, and health visitors.

**Unmet Need** - Unmet needs can be described as when identified additional needs are not supported by any services