



BEDFORD
BOROUGH COUNCIL

Children in Need Procedures Manual

Reviewed and Updated January 2012

Children's Services, Schools and Families

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Government have accepted the recommendations of the 'Munro Review of Child Protection: Final Report – A child-centred system' to move to a single assessment process and remove the specification of timescales. The projected date for a revision of 'Working Together' is July 2012. Therefore section 7 of these procedures will be updated in line with guidance as it is received.

Section 1. Introduction:

These Children in Need procedures have been reviewed and updated to ensure they are compliant with 'Working Together to Safeguard Children' (2010). They are based on consultation with practitioners, parents and partner agencies.

Bedford Borough Council has chosen to illustrate, from the onset, the interchangeable nature of the Children in Need process with Safeguarding Procedures and therefore these procedures need to be read in conjunction with Safeguarding Procedures; accessed via the [Local Safeguarding Children Board](#) website.

The purpose of the Eligibility Criteria is to be inclusive, and as such, all children referred will be entitled to an assessment of their needs. We have also chosen not to have separate procedures for Children with Disabilities. One set of procedures should encompass all of the children and young people we work with. However, we do acknowledge that Children with Disabilities may have additional needs.

The structure of the procedures:

- Section 1 - Introduction
- Section 2 - Children in Need / Safeguarding Procedural Flow Charts.
- Section 3 - Children in Need Definition.
- Section 4 - Considers hierarchical levels of need, including the Eligibility Criteria.

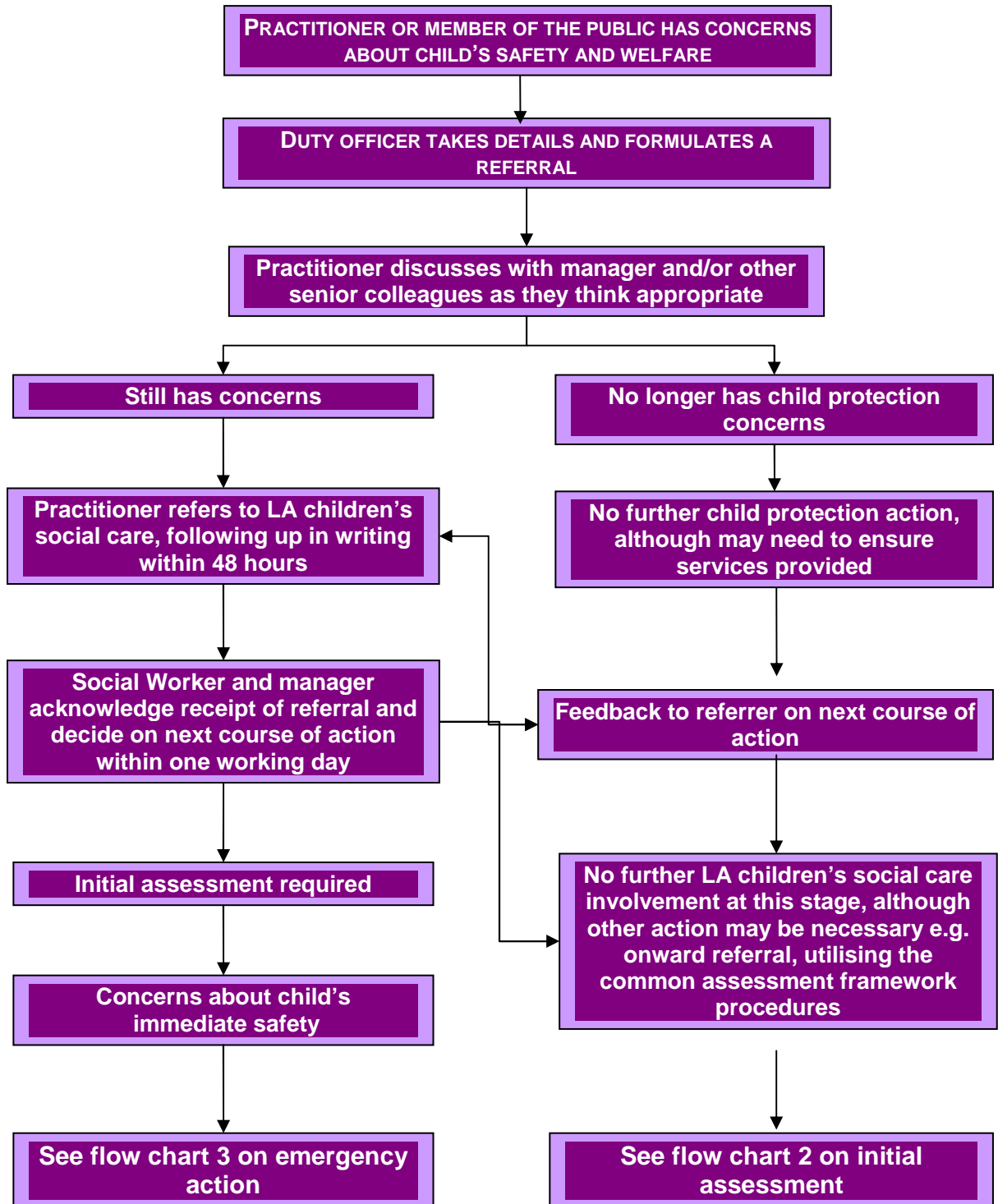
The procedures recognise four principal levels of need, illustrated through four levels of access criteria:

- Children with no additional needs
- Children with additional needs
- Children with complex needs
- Children with specialist / high risk needs

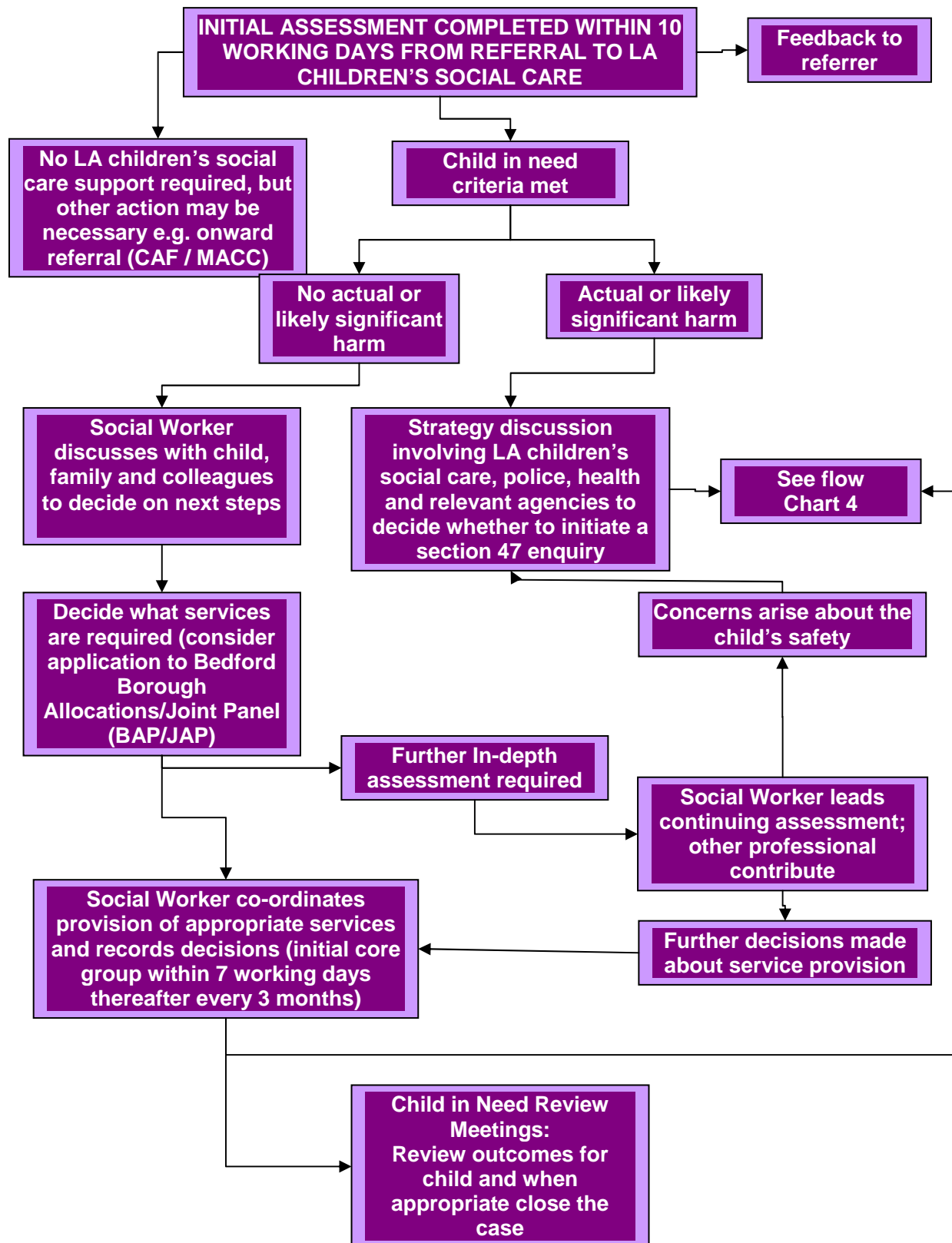
The procedures set out examples of access criteria for each level of need; these are not exhaustive

- Section 4a - Short Break Services
- Section 5 - The Common Assessment Framework and the vital role of the lead professional as identified by this process.
- Section 6 - The Contact and Referral Process
- Section 7 - The Assessment Process within Social Care and a detailed procedural guide relating to the process and outcome of Assessments.
- Section 8 - The process following an assessment and specifically the Children in Need meeting process and application to Bedford Borough Council's Resource Panels and Case Clinics for targeted services.
- Section 9 - The review, transfer and closure of cases.

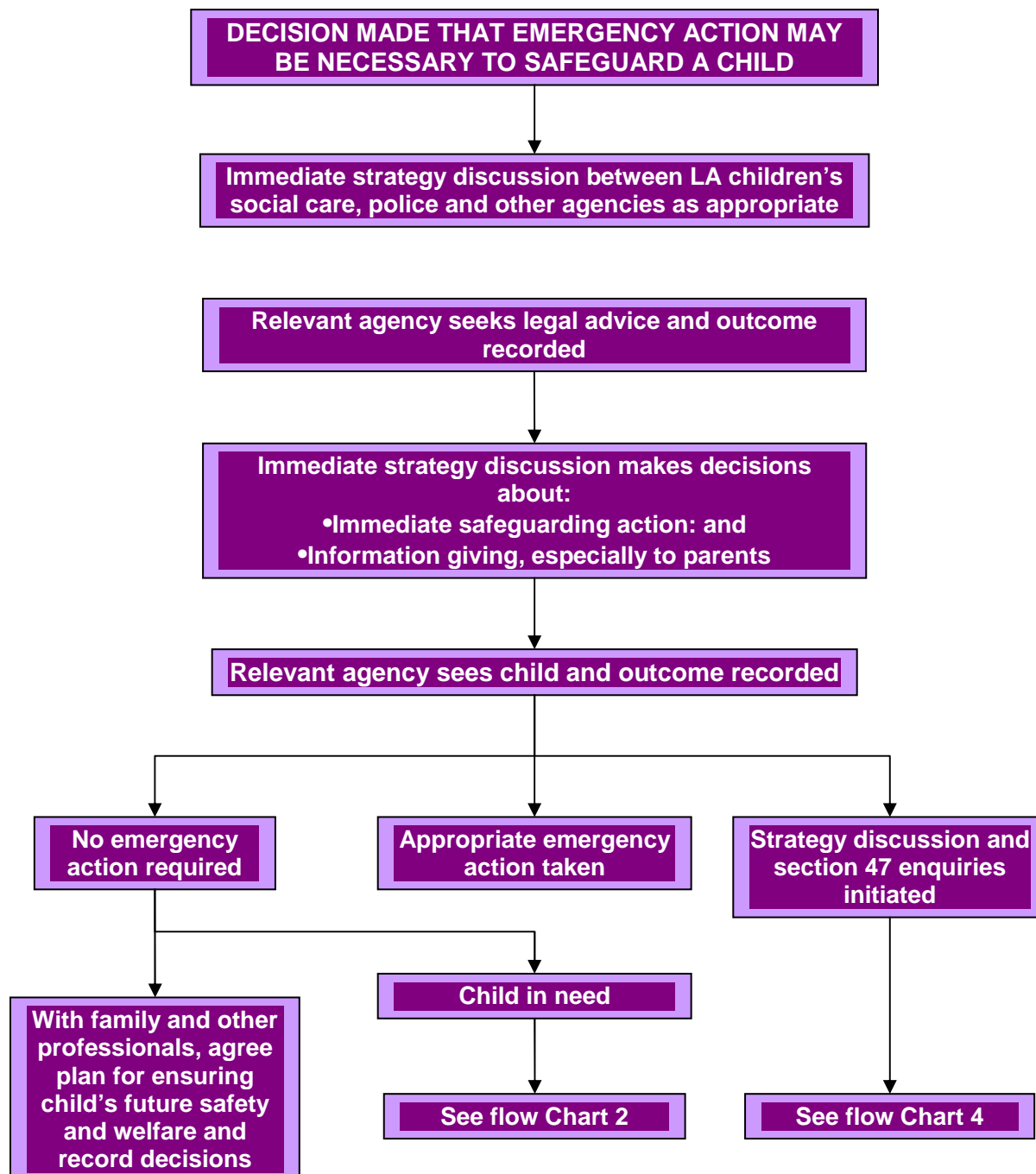
Section 2. Children in Need / Safeguarding Procedural Flow Charts:



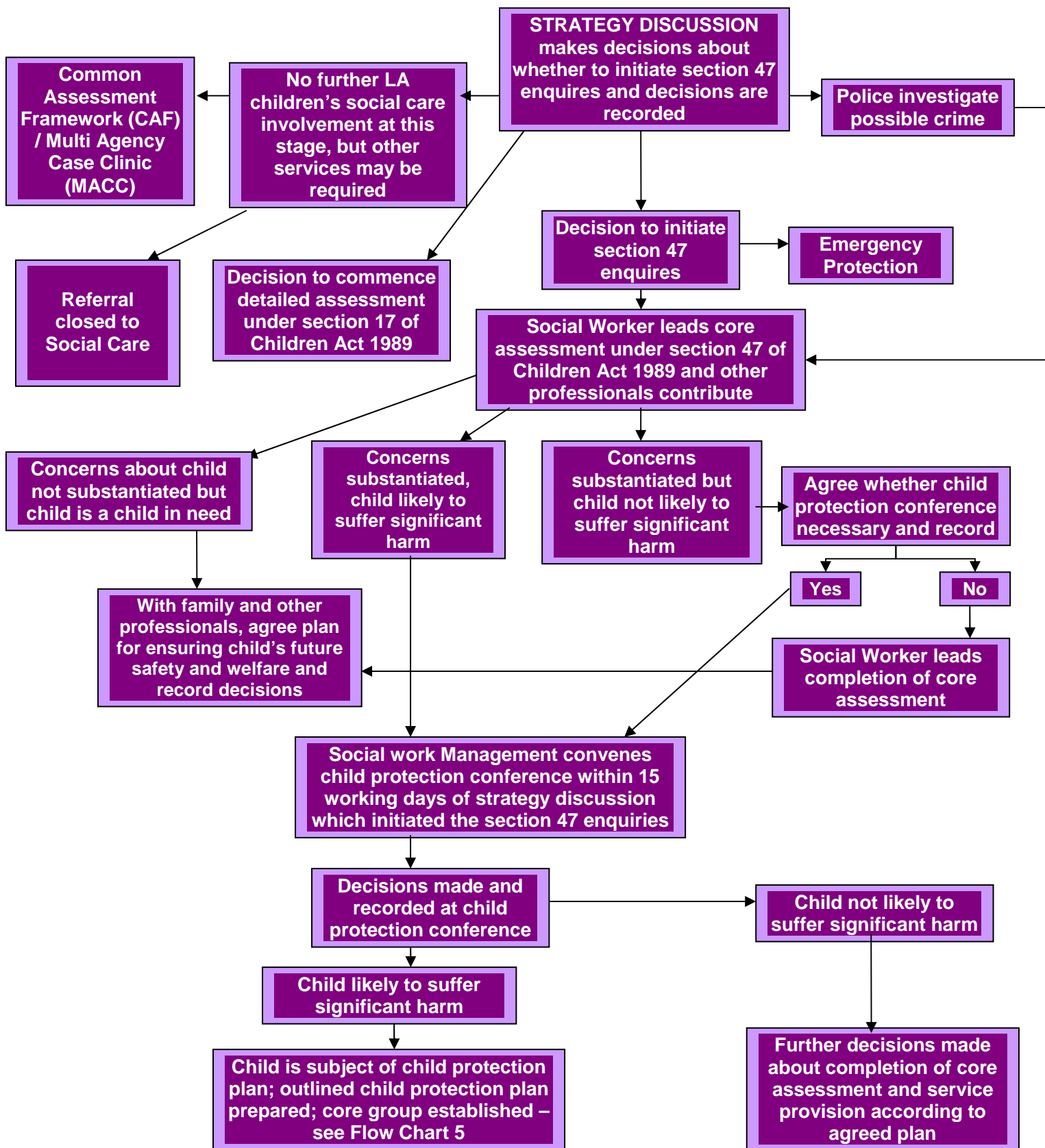
FLOW CHART 1: REFERRAL



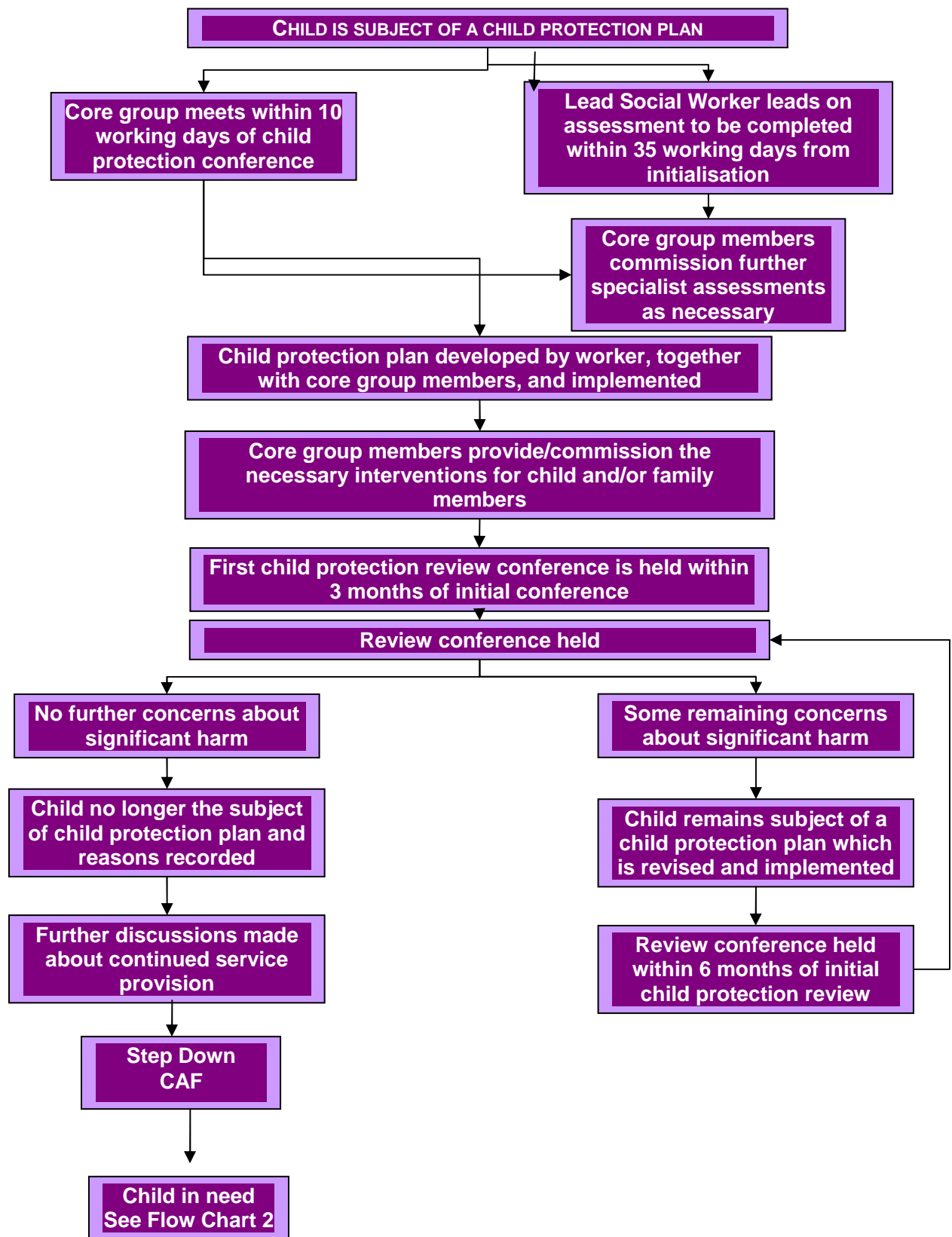
FLOW CHART 2: WHAT HAPPENS FOLLOWING AN INITIAL ASSESSMENT?



FLOW CHART 3: EMERGENCY ACTION TO SAFEGUARD CHILDREN



FLOW CHART 4 : WHAT HAPPENS AFTER THE STRATEGY DISCUSSION?



FLOW CHART 5: WHAT HAPPENS AFTER THE CHILD PROTECTION CONFERENCE INCLUDING THE REVIEW PROCESS?

Section 3: Children in Need - Definitions & Levels of Need:

3. Definition of 'Child in Need'

3.1 A child should be taken to be in need if:

- *He/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority.*
- *His/her health or development is likely to be significantly impaired, or further impaired without the provision for him/her of such services.*
- *He/she is disabled.*

(Section 17(10), Children Act 1989)

3.2 The above definition from The Children Act (1989) will be used to decide when a child should be considered to be in need. This has the potential to include large numbers of children. Therefore, local authorities must identify the extent of need and then make decisions on priorities for services. (*Children Act, 1989, Guidance Volume 2*). In Bedford Borough we have an Eligibility Criteria to determine the priority given to any referral. The provision of services will be based on an assessment of the child's needs.

3.3 According to the Children Act 1989 the definition of a 'disabled child' is as follows:

[...] a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed; and in this Part—

“development” means physical, intellectual, emotional, social or behavioral development; and

“health” means physical or mental health

(Section 17 (11), Children Act 1989)

3.4 In addition, the Disability Discrimination Act 1995 defines disability as:

(3) Subject to the provisions of Schedule 1, a person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.

(Disability Discrimination Act 1995)

3.5 This is further clarified as:

4 (1) An impairment is to be taken to affect the ability of the person concerned to carry out normal day-to-day activities only if it affects one of the following—

- (a) mobility;**
- (b) manual dexterity;**
- (c) physical co-ordination;**
- (d) continence;**
- (e) ability to lift, carry or otherwise move everyday objects;**
- (f) speech, hearing or eyesight;**
- (g) memory or ability to concentrate, learn or understand; or**
- (h) perception of the risk of physical danger.**

[Disability Discrimination Act 1995](#)

3.6 **The Equality Act 2010** defines a disabled person as a person with a disability.

A person has a disability for the purposes of the Act if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. (S6(1)) Equality Act 2010

Whether a person is disabled for the purpose of the Act is generally determined by reference to the **effect** that an impairment has on that person's ability to carry out normal day-to-day activities. (A4)

An impairment may be physical or mental (A3) and it may not always be possible, nor is it necessary, to categorise a condition as either a physical or mental impairment (A7).

The requirement that an adverse effect on normal day-to-day activities should be a substantial one reflects the general understanding of disability limitation going beyond the normal differences in ability which may exist among people. (B1) The time taken by a person with an impairment to carry out a normal day-to-day activity should be considered. (B2) as should the cumulative effects of more than one impairment (B6).

The Act states that a long-term effect of an impairment is one which has lasted at least 12 months or is likely to last at least 12 months or is likely to last for the rest of the life of the person affected. (C1) **The Act does not define what is to be regarded as a normal day-to-day activity** (D2) but in general are things people do on a regular or daily basis (D3).

[The Equality Act 2010](#)

Section 4: Children in Need – Eligibility Criteria:

- 4.1 Bedford Borough Council has a defined eligibility criteria which governs the access to services and allocation of Social Care workers. The eligibility criteria is designed to assist professionals decide whether a child's level of need should be supported by Children's Social Care.
- 4.2 Eligibility criteria is a means of ensuring equitable access to services whilst complying with statutory duties to children and families.
- 4.3 The Children Act 2004 places a responsibility on professionals working in settings outside of Children's Social Care to support children in need, and to intervene early in order to prevent children's needs increasing in severity or complexity.
- 4.4 Children whose additional needs require **either** multi agency or specialist intervention (Tiers 3 & 4) will meet the eligibility criteria for a Children's Social Care assessment. Children whose needs are not Tier 3 or 4 will continue to receive a service from either universal services; for example Schools, Health Visitor, General Practitioner (Tier 1) or via a Tier 2 targeted service if they have additional needs.
- 4.5 It is the intention in Bedford Borough that the provision of services to children will lead to improved outcomes for each child. To achieve this aim, when applying the eligibility criteria for Children's Services, a decision will be undertaken which will give consideration to the likely benefits of providing a service and the impact of not providing a service.
- 4.6 Whenever a decision is taken after applying the eligibility criteria that Children's Social Care will not provide an allocated worker, the referrer and family will be signposted to other services where it is considered their needs could be met.

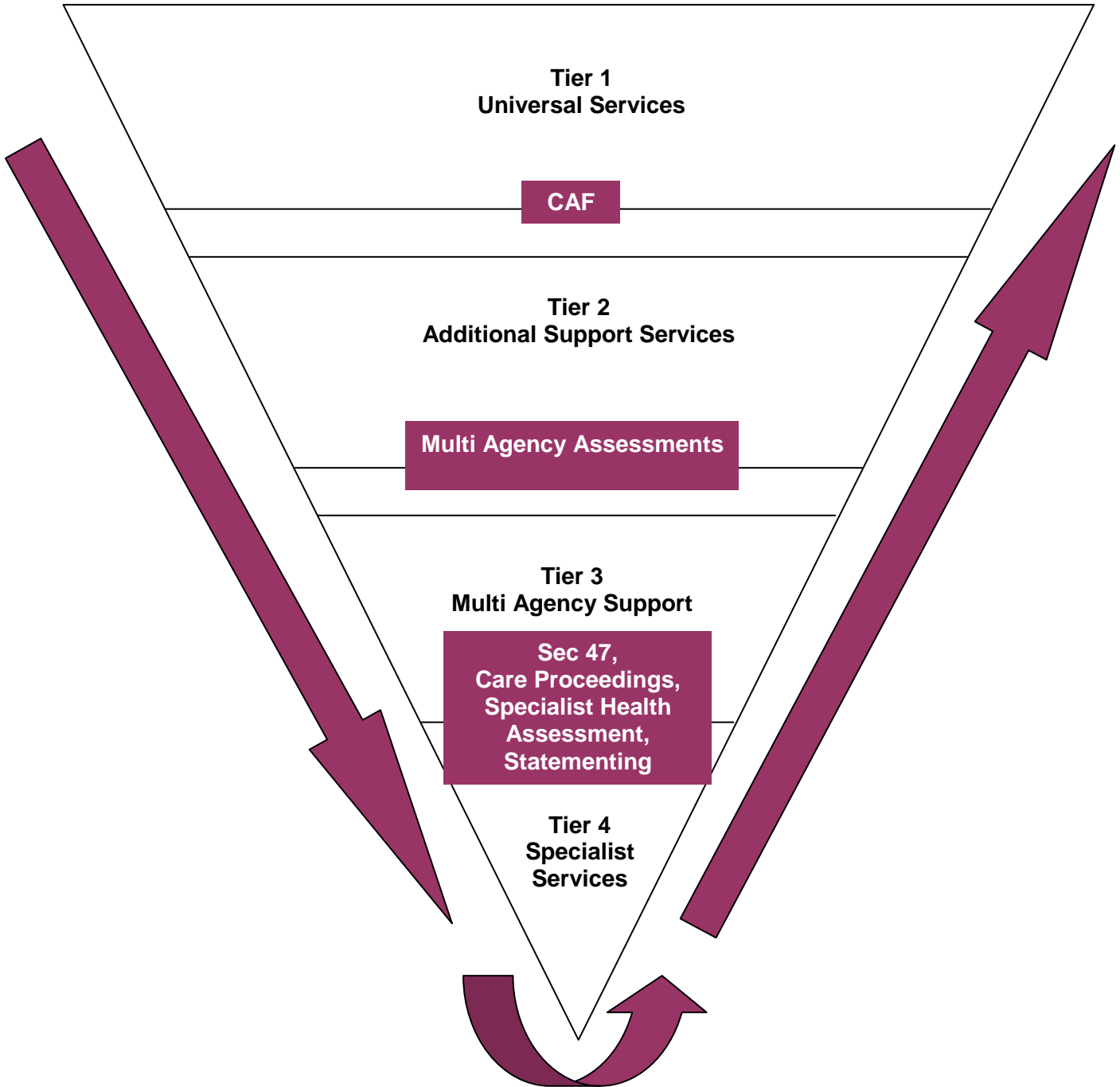
Assessment by Children's Social Care

- 4.7 Any professional referral/communication with Children's Social Care, which is not an emergency, will require a written referral to be completed. Bedford Borough Council currently utilises the Common Assessment Framework Form as their referral tool. Depending on the presenting information, the referral context, and the case history a decision will be made as to whether a further Assessment is required. The analysis of the content of the Assessment will determine the Intervention Plan thereafter.
- 4.8 The assessed need and risk will be based upon professional social work judgement, including consideration of resilience factors.
- 4.9 It is likely that children at the most complex end of the continuum of need (Tier 3 and 4 of the diagram below) will receive a service from Children's Social Care, in most cases with the Social Worker acting as the lead professional.

- 4.10 Services at Tier 3 are intended to provide a more intensive level of assessment, intervention and support than can be provided by the universal and early intervention and support services providing services at Tier 1 and 2. Children assessed as in need at Tier 3 will be those children for whom a reasonable standard of health and development will not be maintained without an intensive support service, and who are likely to move into Tier 4 without the provision of services. Children who have a severe disability or multiple disabilities, where constant care and support is needed, will also be assessed at Tier 3 of Tier 4.
- 4.11 Services at Tier 4 are intended to provide a highly intensive level of assessment and intervention. Children assessed as in need at Tier 4 will be those children where there is a serious concern about the health or development of a child, or the child has suffered, or is likely to suffer significant harm. Children who have a severe disability or multiple disabilities where constant care and support is needed and where an immediate response to providing this care and support is needed will also be assessed at Tier 4. Children will be assessed at Tier 4 where there is an imminent risk of family breakdown, and where Children's Social Care may need to invoke statutory procedures to safeguard the welfare of a child.
- 4.12 Whenever a child's case is reviewed by Children's Social Care, consideration should be given as to whether the child continues to meet the eligibility criteria for services. The model is designed to facilitate movement both up and down the levels of need, in accordance with the changing circumstances of children and families.
- 4.13 The table below will be used in Children's Social Care to assist the decision making processes of who should receive a service from an allocated social care worker, and how resources should be allocated:

Bedford Borough Council's Children's Services Eligibility Criteria

This is not a linear process and there is no single point of entry. There is potential for movement, up and down between tiers, based on an appropriate level of assessment which will consider the child's developmental needs, the capacity of the parents, family & environmental factors, an assessment of risk, and the development of an intervention plan.



(Set out in the following 2 pages are some examples)

Needs

Tier 1 <u>Universal Services</u>	CAF	Tier 2 <u>Additional Support Services</u>	Multi Agency Assessments Specialist Health Assessments	Tier 3 <u>Multi Agency Support</u>	Sec 47, Care Proceedings, Statemementing, Specialist Health Assessments	Tier 4 <u>Specialist Services</u>
Children with no identified additional needs		Children with additional needs		Children with complex needs		Children with Specialist / High Risk needs
The health, development and achievement needs of all children in the family are met by the delivery of Universal Services		Children for whom there are emerging or present additional needs, but no significant risks identified. Tier 3 interventions are not essential, but the provision of services may reduce the likelihood of problems escalating		Children for whom a reasonable standard of health and development is unlikely to be maintained without assessment and intervention, with provision of services based on assessed unmet needs		Children for whom there is a high priority of need, a serious concern about the care, health or development of the child, or the child has suffered or is likely to suffer significant harm

Purpose

To assist in the promotion and well-being of children within their families and avoid the need for Additional Services	CAF	To identify appropriate service provision and/or interventions which enable change in personal and/or social circumstances and avoid the need for targeted or specialist services	Multi Agency Assessments Specialist Health Assessments	To reduce the risk of harm by affecting change in individuals and families, both to initially maintain families within Tier 3, and to subsequently be able to work closely with professionals at Tier 1, 2 and 3.	Sec 47, Care Proceedings, Statemementing, Specialist Health Assessments	To reduce the risk of harm by affecting change in individuals and families and to initially maintain families with a high level of need. To return children to their families of origin where possible, or ensure that a positive alternative choice is secured
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Objective

To help ensure equality of access to universal provision	CAF	To address risk factors, parenting difficulties, family relationships, child health and welfare issues, offending behaviour and practical needs	Multi Agency Assessments Specialist Health Assessments	To help address risk factors, parenting difficulties, family relationships, child health and welfare issues, offending behaviour and practical needs	Sec 47, Care Proceedings, Statementing, Specialist Health Assessments	To help to address risk factors, parenting difficulties, family relationships, child health and welfare issues, and Individual behavioural difficulties. To support community options and provide alternative families in order to fully develop the potential of Looked After Children and maintain the links within their culture and community
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Desired Outcome

Better informed families, children and young people able to access universal service provision and achieving optimised outcomes	CAF	Children in need to be safe in their families and have their health and developmental needs met. CAF to be undertaken as appropriate. Return to Tier 1 services	Multi Agency Assessments Specialist Health Assessments	Children who are in need and/or vulnerable to be safely maintained in their families, have their health and development needs met by means which avoid care, or hospitalisation, or custody. Return to Tier 1 or 2 services	Sec 47, Care Proceedings, Statementing, Specialist Health Assessments	Children who are in need and/or vulnerable to be safely maintained in their families, or to be cared for safely by an alternative family, or community options; and / or be returned safely to their families/communities of origin. Where rehabilitation is not possible, permanence plans to be made in accordance with the child's assessed needs. Children and young people to have deficits in their health and developmental needs addressed.
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Section 4a: Children in Need – Short Break Services

Under The Breaks for Carers of Disabled Children Regulations 2011 Bedford Borough Council has a responsibility to provide a range of Short Breaks Services designed to assist individuals who provide care for children with disabilities to enable them to continue to do so, or to do so more effectively by giving them breaks from their caring role.

Families living in Bedford Borough who have a child or children with a disability aged between 0 – 18 are eligible for Bedford Borough Council's Short Breaks Services.

The Equality Act 2010 defines disability as either a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities. This may include a physical or learning disability, a hearing or visual impairment. It includes children and young people with Autism and Asperger's Syndrome and children who may have challenging behaviour as a result of a learning disability. It also includes children who have complex needs, who require palliative care, or who have a life limiting or a life-threatening condition.

Short Breaks Services have been defined as services that give children and young people with disabilities enjoyable experiences away from their primary carers, thereby contributing to their personal and social development and reducing social isolation; and services that provide parents and families a necessary and valuable break from their caring responsibilities.

Short Breaks Services can include day-time or overnight care in the homes of children with disabilities or elsewhere, educational or leisure activities outside their homes, or services available to assist carers in the evenings, at weekends and during the school holidays.

Bedford Borough Council provides a range of Short Breaks Services which includes: Universal, Targeted Universal, Targeted Specialist and Specialist Services for children and young people with disabilities, their parents or carers and other family members specifically siblings.

In summary, the Short Breaks Regulations requires local authorities to do three things:

- To ensure that, when making Short Break provision, they have regard to the needs of different types of carers, not just those who would be unable to continue to provide care without a break
- To provide a range of breaks, as appropriate, during the day, night, at weekends and during the school holidays
- To provide parents with a Short Breaks Services Statement detailing the range of available breaks and any eligibility criteria attached to them

The Short Break Regulations also direct that local authorities must keep their Short Breaks Services Statement under review and, where appropriate, revise the statement ensuring they show regard to the views of carers in their area.

The Short Breaks Services Statement & Eligibility Criteria at **Appendix 5** (page 61) provides further information as to how Bedford Borough Council is meeting this duty.

Section 5. The Common Assessment Framework (CAF):

- 5.1 The Common Assessment Framework (CAF) for children and young people is a standardised approach to identifying, assessing, supporting and reviewing a child's additional needs. CAF is a key part of delivering frontline services that are integrated and focused around the needs of children and young people.
- 5.2 The CAF has been designed to help practitioners assess needs at an **earlier stage** and then work with families, alongside other professionals and agencies, to meet them. The assessment process must be undertaken in partnership with the child or young person and key family members. Parents and/or young people are required to provide consent for assessments to be **'started', 'stored' and 'shared'**.
- 5.3 The Common Assessment Framework is a vital aspect of integrated working arrangements. It enables a group of professionals and the family to:
- pool their knowledge of the child and family
 - identify areas of need and strengths in the family
 - agree a shared view of desired outcomes that everyone is going to work to, for the child
 - appoint a lead professional who will co-ordinate the work
- 5.4 The CAF form can be used as an assessment tool when:
- There are concerns about progress or wellbeing
 - Needs are unclear and not being met
 - Needs are broader than identifying service can address
- 5.5 Before starting an assessment practitioners should check with the CAF Administrator to see if an assessment is already in place (see Contact List, Appendix 8, on page 86). If an assessment already exists the administrator will provide contact details of the Lead Professional so that the practitioner can make contact and request to become part of the Team around the Child.
- 5.6 If the identifying agency is unable to meet the needs of the family themselves, they should make referrals to the services which would best meet the identified needs and include these services in the 'Team around the Child' (TAC).
- 5.7 The Team around the Child (TAC) is a model of multi agency service provision which brings together practitioners from children's and adult services plus the child, young person and family. The author of the CAF Assessment is responsible for convening the first meeting and the aim of this meeting is to develop a delivery plan for the child based on the information shared and recorded in the CAF Assessment. Subsequent TAC meetings focus on reviewing progress of the delivery plan; identifying the need for additional services; agreeing changes to the Lead Professional role and eventually closing the episode of intervention.
- 5.8 Support for Lead Professionals is available via the Multi Agency Case Clinic (MACC). This acts as a specialist source of knowledge for Lead Professionals

working with difficult cases, where routine ways of working, i.e. Team around the Child meetings (TAC) have not delivered solutions. These meetings:

- Provide practitioners with the opportunity to present their cases for solutions/troubleshooting
- Provide Social Worker expertise and knowledge of Child Protection to inform the TAC decision making and Children in Need procedures
- Consider resilience factors in determining vulnerable needs
- Provide support to Lead professionals who are struggling to access the support that is required
- Signpost the Lead Professional to appropriate services. It will remain the responsibility of the Lead Professional to make the necessary contact/referrals. MACC **will not** function purely as an allocation group
- Utilise evidence informed practice combined with professional practice and knowledge and the views of service users to inform professional judgement and improve outcomes for children and families
- Comply with protocols regarding information sharing and confidentiality. All practitioners will have the opportunity to contribute equally and in an setting of professional respect

(Full details of the procedures can be found at Appendix 6 on Page 78)

- 5.9 It should be noted that Social Workers will only attend the TAC meeting if the child or young person is known to Children's Social Care. Social work advice will be provided via the MACC.
- 5.10 In cases where the practitioner undertaking a Common Assessment is aware that Children's Social Care have been involved in the past, they may consult with the Duty Social Worker for information gathering purposes, subject to consent from the young person or person with parental responsibility.
- 5.11 If the Common Assessment and, where it is held, the TAC meeting, identifies complex or specialist needs which appear to need the statutory involvement of Children's Social Care, a referral should be made. A copy of the Common Assessment, any Action Plan and the outcome of the TAC meeting should be provided with the referral information.
- 5.12 Copies of completed CAF assessments and reviews should be sent to the CAF Administrator for storage cafadmin@bedford.gov.uk. The administrator should also be notified of a change of Lead Professional and all case closures in order to ensure that systems remain updated.
- 5.13 The CAF should not be used when there are concerns that a child may have been harmed or may be at risk of harm. In those circumstances the Local Safeguarding Children Board (LSCB) [Safeguarding Children procedures](#) must

be followed immediately. Please also refer to the Information Sharing Protocol (see link on page 60).

Lead Professional (as identified through the CAF process)

- 5.14 When children are identified as having additional needs the professional identifying those needs will become the 'Lead Professional' and will take on the responsibility for ensuring that the child's needs are being met. If the child is subsequently referred to Children's Social Care via the CAF process and it is accepted as a referral the responsibility of the Lead Professional role will then be assumed by the allocated social care worker.
- 5.15 The Lead Professional role is a set of functions to be carried out as part of the delivery of effective integrated support, when a range of services are involved with a child or young person following a common framework assessment. These functions are:
- To ensure that work with the family is effectively co-ordinated;
 - To monitor that actions identified within the assessment process are carried out;
 - To act as a single point of contact for the child, young person or family
- 5.16 Key tasks of the Lead Professional are to:
- a) Build a trusting relationship with the child or young person and family (or other carers) to secure their involvement in the process.
 - b) Be the single point of contact for the family and a sounding board for them to ask questions and discuss concerns. In some cases other practitioners will need to make direct contact with them, and it will be important for them to keep the Lead Professional informed of this.
 - c) Be the single main point of contact for all practitioners who are delivering services to the child or young person, including staff in universal health and education services, to ensure that the child or young person continues to access this support.
 - d) Convene the 'Team around the Child' (TAC) meetings to enable integrated multi agency support to be made available to the child, young person or family. These meetings may be virtual / telephone meetings. At the first meeting the frequency of meetings will be established.
 - e) Co-ordinate the effective delivery of a package of 'solution focused' actions and to regularly review the progress of the agreed delivery plan via the TAC meeting.
 - f) Identify where additional services may need to be involved and put processes in place for brokering their involvement.
 - g) Continue to support the child or family if more specialist assessments need to be carried out.

- h) Support the child or young person through key transition points.
- i) Ensure a careful and planned 'handover' takes place if the TAC meeting agrees it is more appropriate for someone else to become the Lead Professional.
- j) To contact Children's Social Care directly, if in the course of the work being undertaken it becomes apparent that they have complex or specialist/high risk needs in line with the Local Safeguarding Children Board (LSCB) [Safeguarding Children procedures](#) .

Deciding on a Lead Professional

5.17 A Lead Professional may be identified and agreed by the group of professionals working with the family. This will be from the network of professionals already working with the family and will not be a specific post or an extra professional added to the network. Criteria for the selection of a Lead Professional could includes:

- The wishes of the child or young person, and their family.
- Any statutory responsibility to lead on the work.
- The level of trust built up.
- Any previous or potential ongoing relationship.
- Who has primary responsibility for addressing the needs?
- The main needs (as assessed through the CAF).
- The skills, ability and capacity to provide leadership and coordination in relation to other practitioners involved.
- The ability to draw in and influence universal and specialist services.
- An understanding of the surrounding support systems

5.18 Whenever there are Child Protection concerns, Children's Social Care will always assume the role of the Lead Agency and Lead Professional.

Step Up Procedure - Referral to Children's Social Care

- 5.19 Where there appears to be a risk of significant harm, partner agencies will make an immediate referral to Children's Social Care as set out in the Safeguarding Procedures. Private fostering situations will also be notified directly.
- 5.20 In other situations which appear to be urgent, the relevant partner agency will contact Children's Social Care to discuss the need for their involvement prior to the completion of a written referral. Children's Social Care will then advise on whether the referring agency should proceed with the referral to Social Care, or whether they should revert to using the Common Assessment Framework.
- 5.21 In all other situations, a Common Assessment will be completed as far as possible, prior to referral.
- 5.22 The Social Worker receiving the referral will request the name and contact details of the current lead professional. Where it is agreed that an Initial Assessment is appropriate, the Social Worker will use information from the Common Assessment to inform the Initial Assessment and will become a member of the 'Team around the Child' (TAC) whilst the case is open. Should it be determined that the needs of the child do not require the involvement of Children's Social Care, advice will be provided as appropriate.
- 5.23 If the Initial Assessment identifies the need to provide a Social Work Service, a service planning meeting will be consolidated with the 'Team around the Child' (TAC) and the Social Worker will assume the Lead Professional role.
- 5.24 Should a Social Work Service not be offered the Social Worker will share information and recommendations from the Initial Assessment with the Lead Professional, subject to consent from the young person or person with parental responsibility.

Step Down Procedure - Continuing Support following closure of a case to Children's Social Care

- 5.25 Social Workers should ensure that children and young people have adequate and appropriate support in place when a case is closed. Consideration will therefore always be given to the need for a support package to meet the child or young person's identified needs at the point of closure. This will be developed through the existing 'core group' who are involved through the previous Protection Plan, Child in Need Plan or Looked after Plan.
- 5.26 Should it be identified at the point of closure that the child or young person has continuing additional needs which require integrated support, the 'Core Group' (Team Around the Child) Meeting will identify the most appropriate practitioner to undertake the role of Lead Professional and this role will transfer from the Social Worker. The Social Worker will provide an updated action plan and other relevant documentation from the child's Social Care Record, subject to the consent of the child or young person or person with parental responsibility, so that effective support can be provided.
- 5.27 The documentation from the Child's Social Care Record will normally include the most recent assessment, a copy of the Closing Summary, a copy of the Plan and any notes from any previous meetings where relevant. In some situations the targeted support of a single professional may be the appropriate option.

Section 6. The Contact and Referral Process:

Contacts

- 6.1 A contact will normally be a request for advice / information or for a service (which may lead to a referral):
- A request for general information/advice or assistance (Examples: Childminding List; Benefits query, Notification of Intention to Undertake a Statement of Educational Needs).
 - Offering a service. (Example; Foster Carer, Childminder).
- 6.2 Contacts are always dealt with and recorded immediately as contacts within Integrated Children's System (ICS). Within 1 working day it must be determined whether they are to be closed on ICS as No Further Action (NFA) or whether they are to be progressed to referrals. The Consultant Social Worker / Team Manager will record the outcome of the contact and the reason for this decision on the Contact Record within first 24 hours i.e. NFA / Progress to referral.
- 6.3 In each instance, the referring agency / person will be given written feedback as to the proposed course of future action.

Referrals (see Appendix 2 on page 44)

- 6.4 A 'referral' will normally follow from a contact where:
- Information received about a child, adult or family points to the need for further (professional) enquiry or intervention to promote the welfare or safeguard the child.
 - A request for an assessment/or service where the thresholds for service may be met.
 - Any significant one-off pieces of intake work requiring professional knowledge/skills to resolve.
- 6.5 On open cases where Initial and Core Assessments **have already been completed**, incoming contacts should be recorded on profile notes.

Process

6.6 The process for Social Care teams is:

- Referral recorded on ICS
- Check case status, i.e., not known, open, closed or if the child is subject to a Child Protection Plan. Should the child be subject to a Child Protection Plan, the Social Worker must notify Conference and Review (the Child Protection Administrator)
- If a CAF is received directly check that the CAF administrator is aware of referral and whether it is already booked into MACC and if so consider whether there is a role for Children's Social Care.
- Locate any previous records or files;
- Team Manager to decide action within 1 working day;
- Team Manager to sign and date decision.

Outcome of referral

6.7 There are several potential outcomes to a referral:

- No further action required by Children's Social Care
- Advice may be given to the referrer (e.g. as the lead professional, to identify additional services which may be required and convene a 'team around the child' meeting to consider these)
- An Initial Assessment is undertaken which could lead to a Strategy Discussion / Meeting under the Child Protection Procedures

Timescales and Managerial Decision Making

6.8 A Team Manager / Consultant Social Worker will make a decision within 24 hours based on the information available whether the referral will progress to an Assessment.

6.9 Children's Social Care must acknowledge the receipt of the referral to the referrer within 1 working day and notify the referrer of the outcome of their referral within 7 days.

6.10 It is the responsibility of the referrer to:

- Contact Children's Social Care again if they have not received a written acknowledgement within 3 working days
- If the referrer is from an agency then the referrer should record in their own agency records the decisions taken following referral.

Consent and Confidentiality

- 6.11 Information about children and families held by professionals and agencies is subject to a legal duty of confidentiality and should not normally be disclosed without the consent of the subject. However the law overrides the need to seek consent to the sharing of information between professionals where it is necessary to safeguard a child or children. **(Refer to [Local Safeguarding Children Board Information Sharing Protocol, 2010](#))**
- 6.12 In the majority of cases where safeguarding is not an issue, consent to disclosure should be recorded on the *BIC 839* form '*Consent for Information Sharing between Agencies / Professionals*' accessed on the [Intranet](#). Families should also be given a copy of the '*Information Sharing: A Guide for Parents*' and the "*Accessing your Social Care records*" leaflet.
- 6.13 Where there are disputes and conflicts within families and a number of parental figures obtaining consent may not be straightforward. **The consent of any one parent acting alone, rather than all those with parental responsibility, is required to disclose information about a child ([section 2\(7\) of the Children Act 1989](#)).**

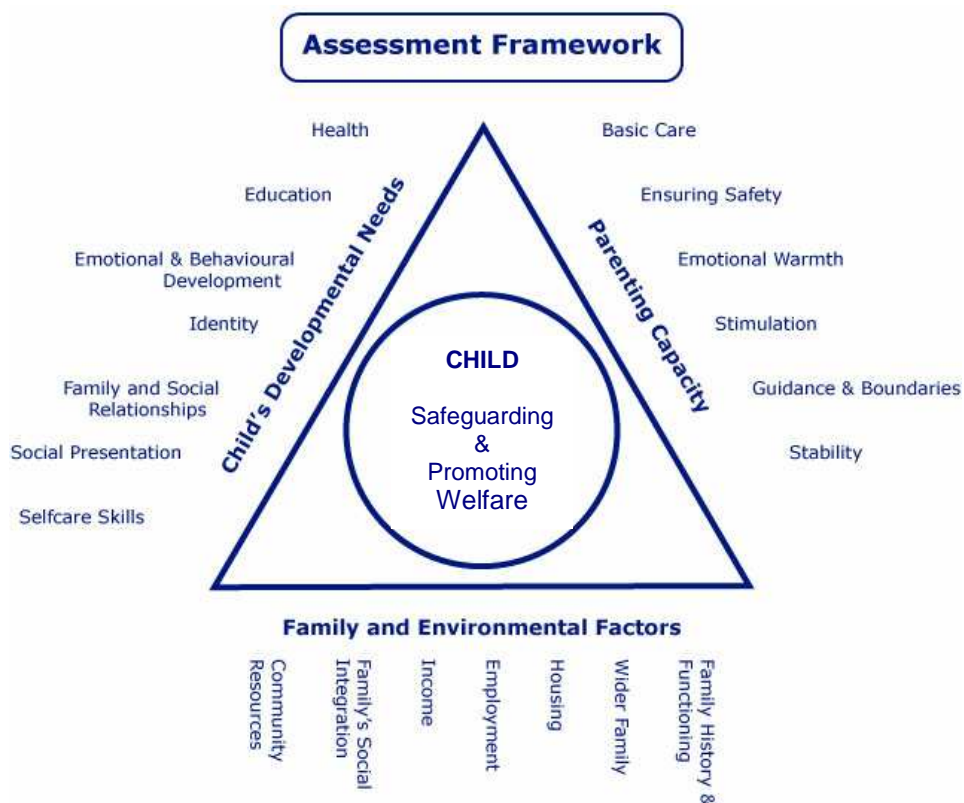
Section 7. The Assessment Process

Framework for the Assessment of Children in Need and their Families by Social Care Practitioners

- 7.1 The Integrated Children’s System (ICS) based on The [Framework for the Assessment of Children in Need and their Families](#) will be used by **Children’s Social Care** practitioners in assessing the needs of children and their families.
- 7.2 Assessments will determine:
- If a child is in need and what the specific needs are
 - Their level of vulnerability
 - How needs can be met
 - Which of their needs should be met as a priority
 - Outcomes sought
 - Which resources or professionals can best meet the identified needs

The Assessment Framework

The Assessment Framework is an established systematic approach to the process of gathering information about children who may be in need and their families. The Framework is represented by the following diagram (taken from the ‘Framework for assessment of children in need and their families, Department of Health, 2000):



Following the Munro Review of Child Protection (2010), Government has accepted the recommendations and are currently revising the 'Working Together' guidance. This is due for publication in July 2012. This guidance will respond to Munro's recommendation one:

- *Remove the distinction between initial and core assessments and the associated timescales in respect of these assessments, replacing them with the decisions that are required to be made by qualified social workers when developing an understanding of children's needs and making and implementing a plan to safeguard and promote their welfare*
- *Require local attention is given to:*
 - *Timelines in the identification of children's needs and provision of help*
 - *The quality of the assessment to inform next steps to safeguard and promote children's welfare*
 - *The effectiveness of the help provided.*

At this point, section 7 will be revised and this section will remain in force until this time.

Initial Assessments

- 7.3 The decision to gather more information following a referral constitutes an Initial Assessment. An Initial Assessment is defined as a brief assessment of each child referred to Children's Social Care, where there is a request for intervention or for the provision of services. Section 17 & 47 Agency Checklist (BIC 129) should be commenced at this point.
- 7.4 **Initial Assessments should be in proportion to the child's needs.** Initial Assessments can be short i.e. if at an early stage in the Initial Assessment progression to a detailed assessment and/or Section 47 is indicated. A detailed CAF may provide sufficient information to enable a managerial decision for progression to Core Assessment. This must be completed on the Further Action part of the Initial Assessment Form. In other boxes on the form the Social Worker must note 'Core Assessment Required'. This must be signed by the manager with their name and role clearly printed. The Social Worker needs to write a synopsis of why this has been done and the Team Manager / Consultant Social Worker must sign.
- 7.5 If at any point during the Initial Assessment there are concerns about actual or a risk of significant harm to a child, the practitioner must discuss the case with their Manager (or their nominated deputy) immediately so that the threshold for Section 47 enquiries can be considered

Timescales and Managerial Decision Making

- 7.6 Within **1 working day** a social work manager will make a decision based on the information available whether the referral will progress to an Initial Assessment.

- 7.7 All work on Initial Assessments must be completed within the timescale set by the manager at the point of referral.
- 7.8 The manager should record, date and sign a decision in relation to the completed Initial Assessment clearly stating their reasons for the decision made.
- 7.9 In all cases where the CAF or Initial Assessment indicates a need for a more in depth assessment of the child's needs and parental capacity to care for the child then the case should progress to a Core Assessment.
- 7.10 The decision to move from a CAF / Initial Assessment to a Core Assessment should be taken by the Team Manager in conjunction with the Social Worker and recorded on the Initial Assessment Form. Multi Agency involvement in the Core Assessment is expected.**

Seeing the Child

- 7.11 The child must be seen by a qualified Social Worker as part of the Initial Assessment and [spoken to alone where appropriate](#) (Working Together, 2010, section 5.64, page 155), or communicated with using whatever methods of communication the child uses; expressly seeking and recording their views. If for any reason the child has not been seen, this **must** be agreed by the Team Manager and the reasons clearly documented within the Initial Assessment and specifically commented on and confirmed by the manager with their reasons and decision.
- 7.12 If at any point during the Initial Assessment there are concerns about actual or a risk of significant harm and the case enters Section 47, a Strategy meeting will determine the timescale within which the child should be seen by Children's Services. This should be no longer than **within 1 working day**.
- 7.13 The Initial Assessment will briefly address the dimensions of the Assessment Framework, determining:-
- Whether the child is in need
 - What the needs are and what outcomes are intended for the child
 - The nature of any services required
 - From where and within what timescales these services are to be provided.
 - Whether a further assessment should be carried out
- 7.14 Initial Assessments will involve gathering appropriate information on the three areas of the assessment triangle:
- Child developmental needs
 - Parenting capacity
 - Family and environmental factors
- By:**
- Interviewing family members
 - Seeing the child interact with others and by communicating appropriately with the child, taking into account age, disability, and where the first language is not English
 - Collating and analysing information from other agencies and organisations.
 - Completing the risk and resilience tool (see Appendix 3 on page 45)
- 7.15 It is important that the child's views and perspective are sought and recorded, where this is appropriate and that the actions recommended are based on this.

Outcomes of Initial Assessment

- 7.16 Possible outcomes of an Initial Assessment will include:
- No Further Action (child is not 'in need')
 - Provision of services to address needs

- Continue a more detailed Assessment **whether or not this is in the context of a section 47 enquiry**
- Emergency provision of services where needs are significant and urgent i.e. accommodation, such decisions will be taken by the Head of Social Work and placements or resources allocated via BAP (Bedford Borough Allocation Panel), in an emergency contact the Commissioning Team directly.
- The convening of a 'Child in Need' Meeting
- The convening of a Strategy Meeting to decide whether a Section 47 enquiry is required and to plan this if so

7.17 **Team Managers will review every Initial Assessment that has gone beyond 10 working days on the tracking sheet and ascertain the reasons for this giving support to the social workers to complete as soon as possible where appropriate.**

Process

7.18 The process is:

- Decision to undertake Initial Assessment made within 1 working day, agreed, signed and dated by Team Manager or the Consultant Social Worker
- Initial Assessment to be completed within 10 working days
- The child must be seen by a Social Worker and preferably spoken to alone. If however, it has not been possible to see the child, this must be agreed and recorded on the assessment by the Team Manager or Head of Service
- Assessment recorded on the Integrated Children's System/Electronic Data and Records Management System (ICS/EDRMS)
- Section 17 and 47 Actions and Agencies Check List (BIC 129) should be commenced
- Decision with Manager of next step, i.e., Initial Child in Need Planning Meeting, Strategy Discussion, Core Assessment
- Outcome of Initial Assessment agreed by Team Manager or Consultant Social Worker

Core Assessments

7.19 The Core Assessment is an in-depth multi agency assessment of the child's needs and the capacity of the child's parents/care-givers to meet these needs within the wider family and community context, with multi agency ownership. The Core Assessment is led by a Social Worker. The Section 17 & 47 Agency Checklist (BIC129) should be continued. All agencies are reminded that they should share information as part of the assessment in line with the LSCB Information Sharing Protocol (see link in Appendix 4 on page 60). Alongside this, all agencies participating in this assessment must be provided with a copy of the relevant parts of the assessment to check for factual accuracy and specific disciplinary/professional perspective.

7.20 The involvement of the child, parent and/or carer is essential to the assessment process as is the focus on each individual child and his/her needs.

Timescales

- 7.21 Once it has been determined that a Core Assessment is necessary an Initial Child in Need Meeting should be convened to assist with the development of the Core Assessment. If it has been decided as part of a Strategy Meeting that a Core Assessment is required, it will not be necessary to hold the Initial Child in Need Meeting.
- 7.22 The timescale for completing the agreed Assessment must be agreed at a Strategy / Child in Need Meeting. If Section 47 enquiries, then these must be completed within a timescale commensurate with the identified safeguarding needs of the child.
- 7.23 Within 7 days of the completion of the Assessment, a Child in Need Review meeting must be held. This will determine
- a) Whether there is no further action required
 - b) Whether to transfer the case to the Social Work and Safeguarding Service or whether to complete the required work (if the plan is to complete within 3 months from the date of the Child in Need Review meeting)
 - c) To develop the Child in Need Plan

Significant Harm

- 7.24 At any stage in the assessment process, should there be suspicions or allegations that the child may be suffering or is likely to suffer significant harm (see Appendix 1: Considerations of whether harm is significant), there must be discussion with the manager so that a Strategy Meeting / Discussion can be held to decide whether a Section 47 enquiry is required and to plan interagency action in accordance with the Local Safeguarding Children Board Safeguarding Children Procedures. The key elements of this meeting should be recorded as a list of points on the form *B/C 126*. In Section 47 enquiries the child **MUST** be seen by the next working day, or if necessary via EDT within 24 hours, unless there is Team Manager agreement based on sound evidential reasons.
- 7.25 Assessment of a child in these circumstances is not a separate activity but continues the same process - although the pace and scope of the assessment may have changed. A key part will be to establish whether the child is suffering or likely to suffer significant harm and whether any emergency action is required to secure the safety of the child.
- 7.26 Once it is decided that the matter comes under Section 47 then the case should automatically progress to Core Assessment. Although there will be 35 working days to complete the Core Assessment, Section 47 enquiries will need to progress within a timescale which is commensurate with the identified safeguarding needs of the child.
- 7.27 If the Strategy Meeting / Discussion decides that the case should continue under Section 17 (CIN) the assessment also automatically progresses to a Core Assessment.

Recording

- 7.28 Core Assessments must be recorded on ICS/EDRMS.

Section 8. Post Assessment – Children in Need process

Child in Need Meetings

The purpose of the Child in Need Meetings

- 8.1. If a matter does not meet the thresholds for Section 47 Enquiries, children and their families may still have identified needs which may be met under Section 17 of the Children Act 1989 ('Child in Need').
- 8.2 The purposes of the multi agency meetings includes:
- Bringing the family, child and all those professionals involved with them together.
 - Collating and analysing the multi-agency information about the child's health and development and the parental capacity to promote the child's welfare.
 - Judging if the child is unlikely to achieve or maintain or have the opportunity to achieve or maintain a **reasonable** standard of health or development **without the provision of services**.
 - Deciding what future actions and/or services are required to promote the child's welfare and what the intended outcomes are, including the completion of a Core Assessment and clearly recording who will do what, when and why in relation to needs and outcomes identified so that progress can be tracked and reviewed by family and professionals involved in future CIN meetings.

Involvement of Child and Family

- 8.3 The child and family should be consulted about the meeting and invited and prepared for attendance. It is good practice to involve children and families in meetings where appropriate. However there may be times this is not possible, e.g.
- The child/young person objects to parental/family involvement.
 - The child/family failed to attend – In these circumstances a member of the meeting should be appointed to inform the child/family of the outcome.
 - Where children parents or carers do not wish to attend records should show how their views have been sought and represented at the meeting.
- 8.4 In all circumstances the views and wishes of all children old enough to express their views and wishes should be ascertained and recorded, using what ever medium is appropriate.

Involvement of other professionals

The meeting should include:

- The Social Worker and Line Manager if appropriate
- Those with a direct and relevant involvement with the child and family.
- Those who hold relevant information that can be shared in the meeting (see link for Information Sharing Protocol on page 60).
- In exceptional circumstances, those working with the child/family may feel that it is necessary to convene a meeting where the child and family are not invited or notified of the meeting.

Participation in Reviews

- Parents / carers and the child / young person (where appropriate) should wherever possible attend reviews and their views be recorded be they Looked After, Child in Need or subject to a Child Protection Plan. If parents or carers do not attend the review a record of the review should be given to them and they should be asked to sign this.
- The wishes and feelings of the child should always be sought and included. Attendance at reviews by the child should always be encouraged and timings should avoid the school day for children of school age.
- If English is not the first language then arrangements for an interpreter should be made and issues of access for people with disabilities should be addressed.

8.5 When planning reviews and meetings, consideration should be made to hold meetings at a time and venue suitable for the family to ensure their involvement; e.g. consider work commitments, childcare, religious observance.

Outcomes

The intended outcomes include:

- Arrangement for completion of a Multi Agency Core Assessment with family to identify and analyse the child's needs.
- The development of a 'Child in Need' Plan to promote the welfare of the child and meet his/her needs and identify those that will implement the plan.
- Reviewing the effectiveness of actions and services against the intended outcomes for the child.
- If the decision at a Child Protection Conference is not to make the child subject to a Child Protection Plan then the conference may formulate an outline **Child in Need Plan** addressing the areas of significant concern and establishing the intended outcomes for the child and family. This will then be reviewed by the Child in Need Review Meeting within 20 days of the Child Protection Conference. Work with the child and family may then progress using the provisions of **Section 17**.

- Identify and agree the Lead Professional (if a Social Worker is involved they will be the Lead Professional)

Process

The process is:

- The child and family should be invited and given clear guidance about the purpose of the meeting and the importance of their attendance.
- The meeting should be chaired by the Social Worker unless it is a particularly complex Child in Need or Child Protection case, in which case the Social Worker should discuss with their Consultant Social Worker / Team Manager who should chair the meeting.
- The Initial Assessment of the child will be available to the meeting and copies distributed to appropriate members of the family and all involved professionals.
- A clear analysis of the needs, difficulties and concerns that have led to the need for a 'Child in Need Meeting should be discussed at the meeting.
- The meeting will agree the Child in Need Plan that addresses the needs difficulties and concerns in relation to the child.
- The co-ordination and review of the plan and the membership of any future review meeting will be decided at the initial meeting. The plan will be recorded the Child in Need Plan on BIC 133 within ICS.
- If the plan is not actioned or has failed to meet the child's needs the chair of the meeting must be informed and a decision taken whether to reconvene the Child in Need Review Meeting before the planned review date.
- The meeting will be recorded on the Section 47 & 17 Meetings Form (*BIC 126*) within ICS.

NOTE: IF THE CASE IS PROGRESSED UNDER SECTION 47 AND A CHILD PROTECTION CONFERENCE IS REQUIRED THIS MUST TAKE PLACE WITHIN 15 WORKING DAYS OF THE STRATEGY MEETING. FOR FURTHER GUIDANCE PLEASE REFER TO THE [LOCAL SAFEGUARDING CHILDREN BOARD MULTI-AGENCY SAFEGUARDING PROCEDURES](#)

Referral to Resource Allocation Panels

8.6 In Bedford Borough, a number of different resource allocation panels sit alongside the Access Criteria.

- Multi-Agency Case Clinics (MACC) (Universal Needs / Additional Needs)
- Bedford Borough Allocation Panel (BAP) (Complex Needs)
- Joint Allocation Panel (JAP) (Specialist / Multi Agency Funding Agreements)

Application to BAP (Bedford Borough Allocation Panel)

8.7 BAP is a panel to allocate commissioned resources according to the needs of children being identified as having Complex Needs.

8.8 Applications to BAP will be made using the BAP Application Form (*BIC 701*) and a completed Core Assessment or Pathway Plan (in cases where emergency provision is required, contact commissioning directly).

- 8.9 Please see [Bedford Borough Allocation Panel and Joint Agency Panel Procedures](#) for detailed information on how to book a slot on BAP.
- 8.10 Any applications for resources for placement and education support for children and young people with complex needs where their school place is at risk or has broken down will also be heard by BAP during term time. Cases are brought to Panel primarily by Inclusion Support Officers, but may be brought by other professionals such as Education Welfare Officers. Schools do not directly refer to the panel.
- 8.11 When panel is made aware of multi agency support needs for a given student then they ensure that this case can be picked up at the Multi Agency Case Clinic or alternative panels depending on assessed need. It is also important to note that if a given student is discussed at BAP / JAP and it is apparent that there are clear and assessed school problems then these panels are able to make recommendations and consider interim support in consultation with the Education Support Services Manager or the Assessment and Monitoring Manager.

Application to JAP (Joint Allocation Panel)

- 8.12 The JAP is a multi-agency panel, including Health, Local Authority Education services and Social Care, that will consider applications for resources for more specialist intervention and support. This should be agreed by the Head of Student Support Services and Principal Education Psychologist, and/or Bedford Borough Allocation Panel (BAP) / Children with Disabilities Allocation Panel (CDAP).
- 8.13 The Joint Agency Panel sits monthly and agrees joint funding for accommodation or support packages for children with complex and challenging, and/or continuing health care needs. Commissioners from Health and Children's Services form the panel. This panel enables the development of multi-agency packages of interventions to enable children who previously would have accessed out of borough provision to remain living within the borough.

Application to CDAP (Children with Disabilities Allocation Panel)

- 8.14 The Children with Disabilities Allocation Panel meets weekly and is responsible for agreeing packages of social care support for children open to the Children with Disabilities Teams. This panel ensures that all allocations of service provision including direct payments are reviewed on a regular basis to ensure desired outcomes are being met.
- 8.16 Cases that are allocated or resourced by a Children with Disabilities social work team are eligible to come to the panel
- 8.17 The following cases must be presented:
- Where an assessment identifies that a child or young person's needs may require a Family Support package (including respite care) under Section 17, 18 or 20 of the Children Act

- Where existing resources, including direct payments, are provided to meet a child or young person's needs

8.18 The paperwork to be submitted is the application, latest assessment, case summary and CIN Minutes and must be sent to the CDAP inbox by 5pm on the Friday before the panel on the following week.

8.19 Unless agreed otherwise, the allocated Social Worker or manager should attend. The Panel will advise when setting a review date those cases where social workers do not have to attend.

Assessment of Young Carers

8.20 Young people aged 16 or over providing substantial care on a regular basis for an adult, who ask for an assessment, are entitled under the Carers and Disabled Children Act 2000 to an assessment of their needs.

8.21 The eligibility criteria should be used to determine priority and the Assessment Framework to assess the impact of the caring role on the child or young person's health or development.

8.22 Other agencies (including Adult Services and Schools) considering referring a young carer to Children's Services must undertake the CAF assessment, as far as possible.

8.23 The Initial Assessment of a young carer should not be different to any other assessment, concentrating on the impact on the child or young person's health or development.

8.24 Other agencies are most likely to be the Lead Professional for young carers, but where specialist services are required from Social Care a referral to Contact, Referral and Assessment is required.

8.25 The outcome of such assessments may be:

- Signposting to other universal services.
- Referral to specialist providers of carers support and services through the Multi Agency Case Clinic (MACC).
- Decision to undertake more detailed Core Assessment.
- Referral of the parent to Adult Services for assessment of their needs
- Decision about whether the child is a Child in Need
- Social Care staff may assume the role of the Lead Professional dependent on whether or not the referral was progressed.

Role of Family Group Meetings

8.26 A Family Group Meeting (FGM) is a meeting where family members and friends make the main decisions. It is arranged and facilitated by the Family Group Meeting Co-ordinator who is not involved in making decisions about the child.

8.27 Only a Social Worker can make a referral on open cases.

8.28 The service is intended to help any child in the following situations:

- Where there is an unresolved family conflict which may lead to the child or young person becoming Looked After;
- There is a real chance that a meeting could assist in the child leaving care to return to the care of their family or friends;
- Family Group Meetings may be held as part of an Initial Assessment or as part of a Core Assessment, to assist the child / young person and the family to identify their own solutions to the presenting problems.

How to make a referral for a Family Group Meeting

8.29 The Social Worker should contact the Family Group Meeting Manager (see contacts, page 86) at the Family Group Meeting Service for an initial discussion. A referral form will then be completed between the Social Worker and the FGM Manager. The Co-ordinator will arrange the venue and time of the meeting.

8.30 Referrals to the Family Group Meeting Service may also be made by one of the allocation panels.

Section 9. Children in Need – Review, Transfer and Closure procedure

Reviewing Services for Children in Need

- 9.1 All childcare cases must be reviewed regularly.

Timescales

- 9.2 The timescales are:

An Initial Child in Need Planning Meeting should be held as soon as possible.

A Child in Need Review Meeting should be held within 7 days of the completion of the Core Assessment and then at 3 monthly intervals. Where there is an intensive support package being offered to the family or where there are complex needs within the family then 6 - 8 weekly intervals may be more appropriate until the package ends with this being decided within the Child in Need Review Meeting.

Reviewing Child in Need status

- 9.3 Once the actions from the Child in Need Plan have been met in full and with joint agreement from the family, Children's Social Care and other agencies involved, it may be decided that the case should be closed to Children's Social Care (although there may be ongoing universal service provision).
- 9.4 Where a case is to be closed to Children's Social Care this should be decided within the Child in Need meeting and be fully documented and a new Lead Professional appointed and a CAF and Intervention Plan completed if another agency is to continue providing services. Please refer to the ***Process for the Closure of Cases***.
- 9.5 If however, following ongoing support from all agencies, it is apparent that identified outcomes and changes have not been achieved, the Social Worker and the Team Manager should consider whether to hold a Strategy Meeting to decide whether the Safeguarding thresholds have been met for the case being moved into Child Protection. This decision can only be taken on a case by case basis and a Section 47 commenced. Where there is sufficient evidence to show that the cumulative impact of inaction by the family is having a detrimental effect on the child and can be considered as 'significant harm or likelihood of it', then the option of calling a Strategy Meeting must be considered.

Transfer of Cases

- 9.6 All cases due for transfer will be agreed and confirmed at weekly allocation meetings. These will be held every Friday, chaired by the Head of Service. Team Managers will be responsible for timetabling these and ensuring attendance. Meetings will always include managers from the Contact, Referral and Assessment team and Social Work and Safeguarding Team. Looked After Children (LAC) team and Children with Disabilities (CWD) team representatives should attend alternate meetings as scheduled. These meetings will consider case transfers to any of the teams in the Borough (***Refer to [Transfer of Cases Protocol 2009](#)***). The Transfer Protocol must be adhered to including the transfer from Contact, Referral and Assessment to Social Work and Safeguarding (formerly Family Support Teams) which should happen within 7 days of the completion of the Core Assessment (unless there is agreement that the case will be closed after a short focused piece of work with the family).
- 9.7 Contact, Referral and Assessment managers will alert the Social Work and Safeguarding Team managers in advance about cases for transfer. The same principle applies to transfers to the Looked After Children team and Children with Disabilities teams. This should initially be done by e-mail with follow-up telephone calls if required
- 9.8 Transfer summaries must be informative and include important dates and urgent actions that may need following up on. Summaries must be signed off by the Team Manager as well as the BIC 550, chronology, and last Bedford Borough Allocation Panel decision sheet.

Closure of cases

- 9.9 Where it is agreed that ongoing services are no longer required, the Team Manager, in conjunction with the allocated worker and other core group members, can decide to formally close the case to the Directorate.
- 9.10 Cases which are to be closed will be done so using the Directorate Audit Tool and Case Closure Summary Documentation (BIC 803).

Appendices

Appendix 1: Considerations of whether harm is significant

To understand and establish significant harm, it is necessary to consider:

- The nature of harm, in terms of maltreatment or failure to provide adequate care
- The impact on the child's health and development
- The child's development within the context of their family and wider environment
- Any needs as a result of the child's medical condition, physical or mental impairment that may affect the child's development and care within the family
- The capacity of the parents to meet adequately the child's needs
- The wider and environmental family context
- Whether there is a proven person posing a risk to children living in the house or having contact with child/ren and the likely implications of this

Consideration of whether harm is significant should therefore include:

- Accuracy of what has been alleged/reported
- Impact on this particular child – evident now or probable given research studies/ information available regarding children in similar situations – taking into account:
 - Whether what has been done to a child, or omitted from a child's care, forms a 'pattern' of behaviour towards this child – or was it a one off and is it likely that it will recur or not?
 - Severity of abuse/impact – and how the child may have reacted / changed as a result.
- The overall wellbeing and/or robustness of the child
- Specific vulnerability/ies of the child stemming from young age or impairment
- The views of the child
- The context in which the act or omission occurred – is all the available past information available and does any still need to be sought – how important might missing information be?
- Causal link to parents/carers against what would have been reasonable/is reasonable to expect of any parents in relation to this child and its needs (with or without provision of services)
- Parental reaction – both immediately and in the long term
- What protective/positive factors or individuals (e.g. extended family) are there?
- What engagement with professionals in recognition of the need for change is there? What acceptance of responsibility / what insight /what capacity and what motivation for changing and sustaining change is there? Are the causes of problems identified and needs established so that clear targets for parents and agencies can be set and linked to clear outcome expectations?

(Taken from: *The Local Safeguarding Children Board Safeguarding Children Procedures* - <http://bedfordscb.proceduresonline.com/index.htm>)

Appendix 2: Deciding when to refer (LSCB Safeguarding Children Procedures)

CHILD IN NEED WHO MAYBE IS ALSO AT RISK OF SIGNIFICANT HARM	CHILD IN NEED	CHILD WITH ADDITIONAL NEEDS
<p>A REFERRAL TO CHILDREN'S SOCIAL CARE SHOULD ALWAYS BE MADE IN THE FOLLOWING CIRCUMSTANCES</p> <ul style="list-style-type: none"> • Any allegation of sexual abuse • Physical injury caused by assault or neglect which <u>may</u> or <u>may not</u> require medical attention • Incidents of physical abuse that alone are unlikely to constitute significant harm <u>but taken into consideration with other factors may do so</u> • Children who suffer from persistent neglect • Children who live in an environment which is likely to have an adverse impact on their emotional development • Where parents' own emotional impoverishment affects their ability to meet their child's emotional and/or physical needs regardless of material / financial circumstances and assistance • Where parents' circumstances are affecting their capacity to meet the child's needs because of domestic violence, drug and/or alcohol misuse, mental health problems, previous convictions for <u>offences</u> against children. • A child living in a household with, or have having significant contact with, a person at risk of sexual offending • A child under 13 who is sexually active • An abandoned child • Bruising to an immobile baby • Pregnancy where children have been removed • Suspicion of fabricated illness 	<p>A REFERRAL TO CHILDREN'S SOCIAL CARE SHOULD BE CONSIDERED IN THE FOLLOWING CIRCUMSTANCES</p> <ul style="list-style-type: none"> • A plan to meet the child's needs following a common assessment has not had the desired outcome • A child may become at risk of harm without the provision of services. <p><i>The following is not an exhaustive list, but highlights common situations where a referral should be considered:</i></p> <ul style="list-style-type: none"> • Child not achieving milestones with no apparent physical cause • Child permanently excluded from school or temporarily excluded on a regular basis • Child who persistently runs away from home or school • Child who self harms • Child involved in offending behaviour • Child who is known to be involved in underage sexual activity and/or exploitation • Child appears over protected and unable to develop their own identity • Disabled child with complex needs that cannot be realistically met by the parent or carer • Child whose communication needs are not being met • Learning disabled parents or parents with learning difficulties whose impairment impacts on their parenting skills • Parenting skills are inadequate to meet the child's needs • Episode(s) of domestic violence • Episode(s) of mental illness which might affect the child • Substance misuse which is affecting parenting capacity • Families who are socially isolated • Families where lack of access to appropriate housing or income is adversely affecting the child 	<p>A child with needs which are currently unmet and which need to be met if the child is to achieve his/her full potential in relation to the five Every Child Matters outcomes:</p> <ul style="list-style-type: none"> • Stay safe • Be healthy • Enjoy and achieve • Make a positive contribution • Achieve economic well-being <p>The Common Assessment Framework checklist should be completed in order to determine whether an assessment is required.</p> <p>A REFERRAL TO CHILDREN'S SOCIAL CARE SHOULD NOT BE CONSIDERED IF:</p> <ul style="list-style-type: none"> • The common assessment has resulted in a plan that is enabling the child to achieve their full potential in relation to the five outcomes • The input of Children's Social Care is not essential to either service provision or contributing to an assessment of the wellbeing of the child <p>A REFERRAL SHOULD BE CONSIDERED IF:</p> <ul style="list-style-type: none"> • A plan has been implemented following completion of a common assessment and it is not meeting the needs of the child • Further information comes to light that indicates that either the child is at risk of significant harm or the involvement of Children's Social Care is essential to the delivery of services.

Appendix 3: Risk & Resilience Tool

Bedford Borough Council

A risk and resilience model for children's social care

Introduction

This risk and resilience assessment model has been designed specifically for Bedford Borough Council Children's Services to assist front line staff in their assessment of situations where there are concerns about a child's safety and welfare. It aims to assist professional decision making, not to replace professional judgement.

The model supports a systematic approach to analysis and decision-making within child protection which is based on research. (See reference list on page 56)

It aims to promote consistency among child protection workers and front line agency staff across the authority by providing a framework to ensure structured consideration of assessment criteria relating to risk and resilience.

Risk and resilience assessment is the *process* used to determine the **level** and **likelihood** of harm and the **seriousness and potential impact** of the harm or danger given the current information, family characteristics and functioning.

The process then supports the management of risk and considers which interventions are needed to mitigate the threat to the child and increase their resilience and protective factors. "Risk management cannot eradicate risk; it can only try to reduce the probability of harm."¹

The risk and resilience assessment *process* can be used at the point of the first contact with the child and family or at any subsequent point in the life of the case when child welfare is of concern, including when a decision is to be made about reducing the level of intervention e.g. ending a child protection plan, or returning a child to live with their family. A repeated assessment process can provide an audit trail which can demonstrate the changes that have occurred to the level of risk and resilience, and the impact of any intervention.

The model has been developed as a tool for social workers but can be used by any professional working with children and young people, to assist them in understanding the needs of the child and family, and determining the right course of action, including whether to make a referral to children's social care.

NB This tool is intended to support consistent professional decision making based on evidence. If at any time practitioners have information that leads them to believe that a child is at immediate risk of significant harm, they should take action according to child protection procedures.

¹ The Munro Review of Child Protection Part One – A Systems Review Professor Eileen Munro

Underpinning principles

- Promoting partnership working
- Involving children young people and their families
- Transparency of process
- Recognising positives and building on strengths
- A continuing process, not a single event
- Grounded in evidence based knowledge

Guidance for Completion

The following risk and resilience assessment tool has been developed to support the model in practice.

The tool can be completed individually, in discussion with supervisors and other professionals, or by a team of professionals from any discipline. It can be used in Strategy discussions, Team around the Child or Child in Need meetings or as part of any formal assessment, including Initial and Core Assessments. It can be used directly in discussion with children and families, and will help involve them in the analysis.

The tool helps to inform the assessment process and support good analysis by providing a structured approach to obtaining the necessary information and considering relevant factors. It supports professional judgement, requires reflective discussion and should not be seen as a mechanistic process.

The tool is in three stages:

1. Identification of the risk of significant harm
2. Evaluation of the relative strengths of the child's levels of vulnerability and resilience, and of adversity and protective factors in the environment.
3. Analysis and managing the risk

The use of the resilience / vulnerability matrix at stage 2 provides a visual baseline analysis. Repeated use over time can be used to help assess progress.

Any 'ticks' put into the framework should be clearly evidenced in case notes in the child's file. A separate form for each individual child in the family should be used.

In sections 4 and 5, which relate to the parental role, the focus should be on the primary care-giver.

The use of this model and tool should not require extra work, but should help to structure and add value to what practitioners already do.

Specific needs arising from race, language, culture, disability or sexual orientation should be recognised. Additional vulnerability factors arising as a result of difference e.g. harassment or prejudice, either within the family or their environment should be recorded as additional factors in Section 2 Question 8 and Section 4 Question 15.

Risk and Resilience Assessment Tool – Bedford Borough Council

Child's name:
 Home address:
 Parent/Primary caregiver:
 Relationship to child:
 Person completing this tool:
 People contributing (List below)
 Date of completion:

DOB:
 Gender:
 Parent/Secondary caregiver:
 Relationship to child:
 Designation:
 Agency:

What are the circumstances leading to the use of this tool?

(Brief summary)

SECTION 1

Is the child/young person at risk of significant harm?

	Significance of harm	Yes ✓	No ✓	Don't know ✓	NA
1	Does the suspected harm meet the definition of abuse in the child protection procedures (physical, emotional, sexual, neglect)? Please state which : If no, move on to Section 2				
2	Has the child/young person been injured or physically harmed?				
3	Is the pattern of harm escalating?				
4	Is the pattern of harm continual?				
5	Has the parent or caregiver made a threat to cause serious harm to the child?				
6	If sexual abuse is alleged, does the perpetrator continue to have access to the child/young person?				
7	Is there a previous history of maltreating or neglecting a child?				
8	Are the injuries/incidents a one off event/cumulative/episodic? – If yes, state which:				
9	Did the injuries/incidents result from spontaneous actions, neglect or intent? If yes, state which:				
10	Is the parents' explanation inconsistent with the injuries/incidents?				
11	Are the injuries/incidents likely to recur?				

Additional notes:

Impact on the child:

Question	Response
When and how is the child at risk?	
What is the severity and duration of the harm?	
What does the child mean to the family? What role does the child play e.g. scapegoat, protector?	
What are the effects on the child's current development?	
What may be the long-term effects?	
What is the child's reaction to and perception of the harm?	
What are the child's needs, wishes and feelings regarding intervention and likely outcomes?	

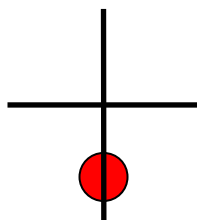
Is the harm significant?**Is immediate action required? If yes, state what action, by whom:**

Section 2 - What are the factors relating to the child/young person that increase his/her vulnerability?

	Vulnerability	Yes ✓	No ✓	Don't know ✓
1	Is the child under 12 months? (Young children are more vulnerable. Any physical harm to a child under 12 months must be considered serious)			
2	Is the child under aged between 12 months and 5 years? (they are unable to protect themselves)			
3	Does the child have a disability, significant or chronic illness? (Children with disabilities, chronic illness or behaviour problems are more vulnerable to abuse or neglect) Specify:			
4	Does the child/young person present as fearful of the parent or other household member? (A fearful, withdrawn or distressed child may indicate that the family environment is characterised by "low warmth/high criticism" and they are less likely to be protected by their parent.)			
5	Is the child/young person engaging in self harm, substance misuse, and dangerous sexual or other risk taking behaviour? (This maybe an indicator of past or current abuse or harm)			
6	Does the child have asylum seeking status? (They are vulnerable as a result of their life experiences, and absence of support networks)			
7	Does family or child identify areas of vulnerability that are not included in the list above? If so please list:			
8	Do the professionals who know the child or family identify areas of vulnerability that are not included in the list above? (e.g. child is a young carer) If so please list:			

Additional notes:

When completed, plot your responses on the Risk/Resilience matrix – by marking the number of 'Yes' responses on the **lower** section of the vertical axis.

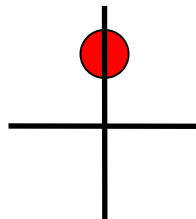


Section 3 - What are the factors relating to the child/young person that increase his/her resilience?

	Resilience	Yes ✓	No ✓	Don't know ✓	N/A due to age
1	Does the child/young person have a strong attachment to a main caregiver?				
2	Does the child/young person have good self esteem?				
3	Is the child/young person sociable and does he/she interact appropriately for his/her age and development?				
4	Does the child/young person have friends?				
5	Has the child/young person experienced positive parenting?				
6	Is the child/young person comfortable with their physical appearance?				
7	Does the child/young person have talents and/or interests?				
8	Does the child/young person take part in play, leisure and/or sport activities?				
9	Does the child/young person have a positive experience of nursery or school?				
10	Does family or child/young person identify areas of resilience that are not included in the list above? If so please list:				
11	Do the professionals who know the child or family identify areas of resilience that are not included in the list above? If so please list:				

Additional notes:

When completed, plot your responses on the Risk/Resilience matrix – by marking the number of ‘Yes’ responses on the **upper** section of vertical axis.

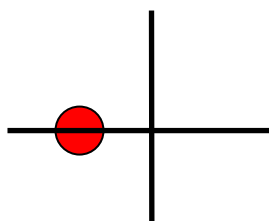


Section 4 - What are the factors relating to the parent or caregiver, and their environment that increase the risk to the child/young person?

	Adversity	Yes ✓	No ✓	Don't know ✓
1	Has either parent/care-giver caused significant harm to any child or young person in the past (once a person has harmed a child there is an increased likelihood that this behaviour will re-occur)			
2	Is either parent/ care-giver's explanation of the harm inconsistent or minimised? (Where a parent fails to accept responsibility for their actions, there is a higher likelihood of future significant harm)			
3	Is either parent/ care-giver unwilling to engage meaningfully?			
4	Is either parent/care-giver's behaviour violent or out of control?			
5	Is either parent/care-giver's ability to protect the child impaired due to mental illness, physical or learning disability?			
6	Is either parent/care-giver experiencing domestic abuse?			
7	Is either parent/care-giver experiencing a high level of stress? Stress factors may include poverty, financial issues, health, racial abuse, bereavement or separation.			
8	Does either parent/care-giver have unrealistic expectations of the child, or act in a negative way toward them?			
9	Does either parent/caregiver have a poor caring relationship with the child or young person?			
10	Does either parent/care-giver have a substance misuse problem (Substance misuse may lead to poor supervision, neglect, harmful responses through altered consciousness and a risk of harm from others through inability to protect?)			
11	Does either parent/care-giver refuse access to the child or young person?			
12	Is either parent/caregiver under 21 years			
13	Has either parent/caregiver experienced childhood neglect or abuse (parenting skills are frequently learned or modelled on the experience of being parented, although later positive experiences can counteract early childhood experiences)			
14	Is the physical environment chaotic, hazardous or unsafe?			
15	Is the environment overly sanitised, where child's needs are not recognised?			
16	Does family or child identify areas of adversity that are not included in the list above? If so please list:			
17	Do the professionals who know the child or family identify areas of adversity that are not included in the list above? If so please list:			

Additional notes:

When completed, plot your responses on the Risk/Resilience matrix – by marking the number of 'Yes' responses on the **left hand** section of horizontal axis.



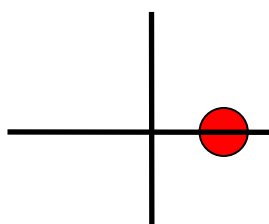
Section 5 - What are the factors relating to the parent or main caregiver, and their environment that protect the child/young person and decrease the risk?

	Protective Environment	Yes ✓	No ✓	Don't know ✓	N/A
1	Is the parent/main caregiver supportive of the child/young person?				
2	Does the parent/main caregiver respond appropriately to the child's physical needs?				
3	Does the parent/main caregiver respond appropriately to the child's emotional needs?				
4	If child has disclosed abuse, does the parent/main caregiver believe the child?				
5	Is the parent/main caregiver willing to engage meaningfully? NB Use professional judgement to assess evidence of disguised compliance.				
6	Does the parent/main caregiver understand the need for change?				
7	Is the parent confident that the family can make any necessary changes?				
8	Does the family have good networks and relationships in their extended family and/or community who will help to protect the child/young person?				
9	Does family or child identify areas of strength which they can evidence and that are not included in the list above? If so please list:				
10	Do the professionals who know the child or family identify areas of strength that are not included in the list above? If so please list:				

Additional notes

When completed, plot your responses on the Risk/Resilience matrix – by marking the number of 'Yes' responses on the **right hand** section of horizontal axis. A sample model is included on Page 55.

Now join the marks on each of the four axes of the diagram. The pattern for a resilient and protected child will sit predominantly in the upper right quadrant; a vulnerable and unprotected child will sit predominantly in the lower left quadrant.

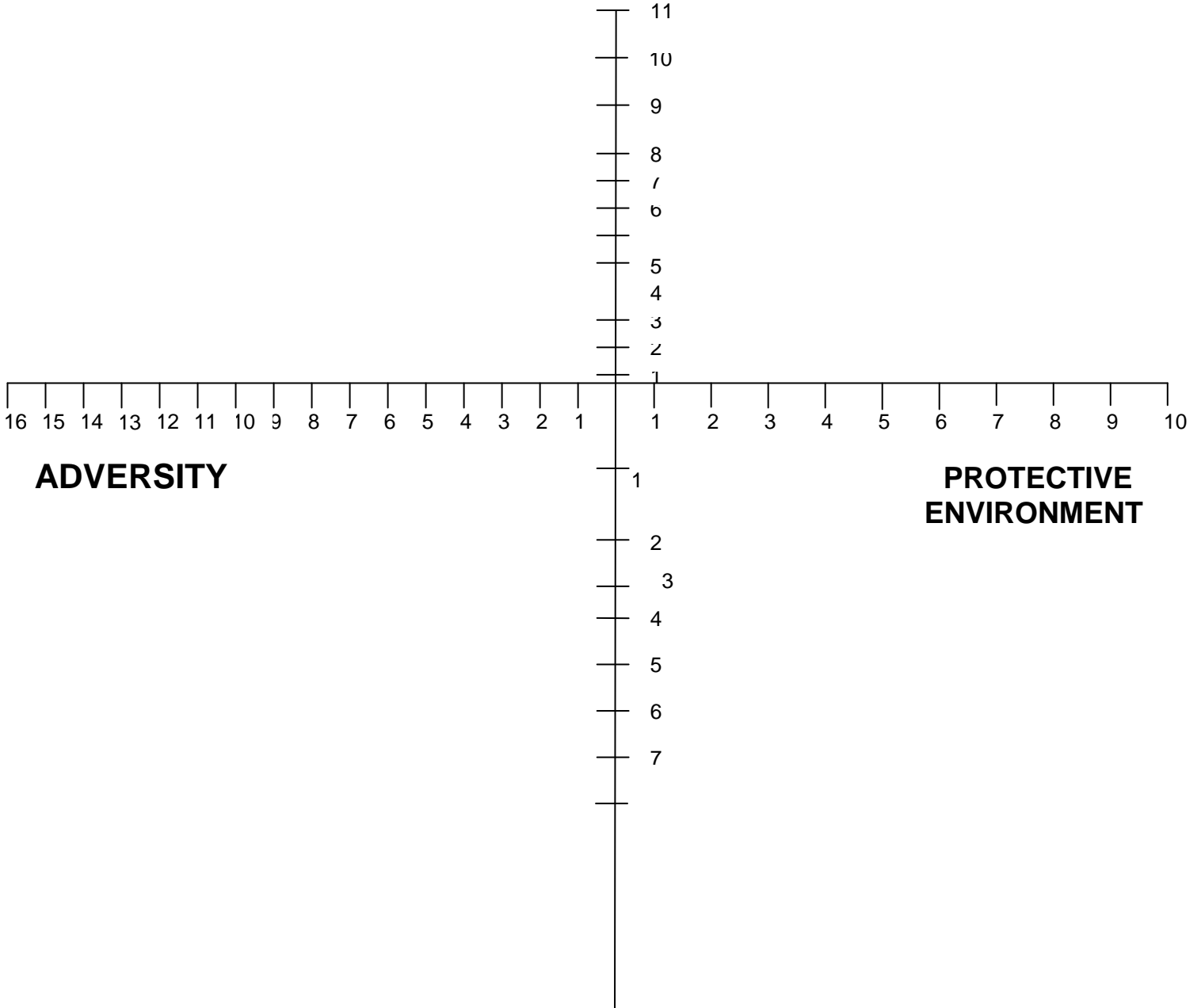


Resilience/Vulnerability Matrix

Name of child:

Date of completion:

RESILIENCE



Explanation:

A resilient child living in a protective environment will be represented by a shape located predominantly in the top right hand quadrant of the matrix.

A vulnerable child living in an adverse environment will be represented by a shape located predominantly in the bottom left hand quadrant of the matrix.

A vulnerable child in a protective environment will be represented by a shape located predominantly in the bottom right hand quadrant of the matrix.

A resilient child living in an adverse environment will be represented by a shape located predominantly in the top left hand quadrant of the matrix.

Most children will demonstrate aspects of both vulnerability and resilience and live in environments which include both protective and adverse factors, **but the diagram will show which are the dominant factors for this child.**

Any additional comments on the completed matrix

Section 6 – Analysis

Managing the risk - what needs to change in order to make the situation safer and healthier for the child? Your aim, in managing the risk, is to strengthen and build on the resilience and protective factors, and diminish the identified risk factors.

Question	Response
Is the child safe without any intervention?	
What is your understanding of the balance and relative strengths of the risks and protective factors? Are the protective factors outweighed by the risk factors?	
Describe the factor(s) which are the most significant for the child in terms of a) reducing or b) increasing the probability of future harm?	
What is your assessment of the likely impact of the risk(s) on the child's health, safety and development?(If more than one, address each separately)	
Specify what needs to change in order to make the situation safe for the child, to reduce the risk and adversity faced by the child, and strengthen their resilience and their protective environment?	
What is the capacity of the family to achieve this change?	
What are the advantages of intervention? How likely is it that intervention will achieve and maintain necessary changes?	
What are the risks (if any) associated with intervention in the short or long term?	

What does the child/young person and family want to happen?	
What would indicate that progress is being made?	

Is there any other information you need to complete this tool? Please note below:

Summary of analysis:

Discuss your analysis with your supervisor.

Name of person completing the analysis:

Date completed:

Date of discussion with supervisor:

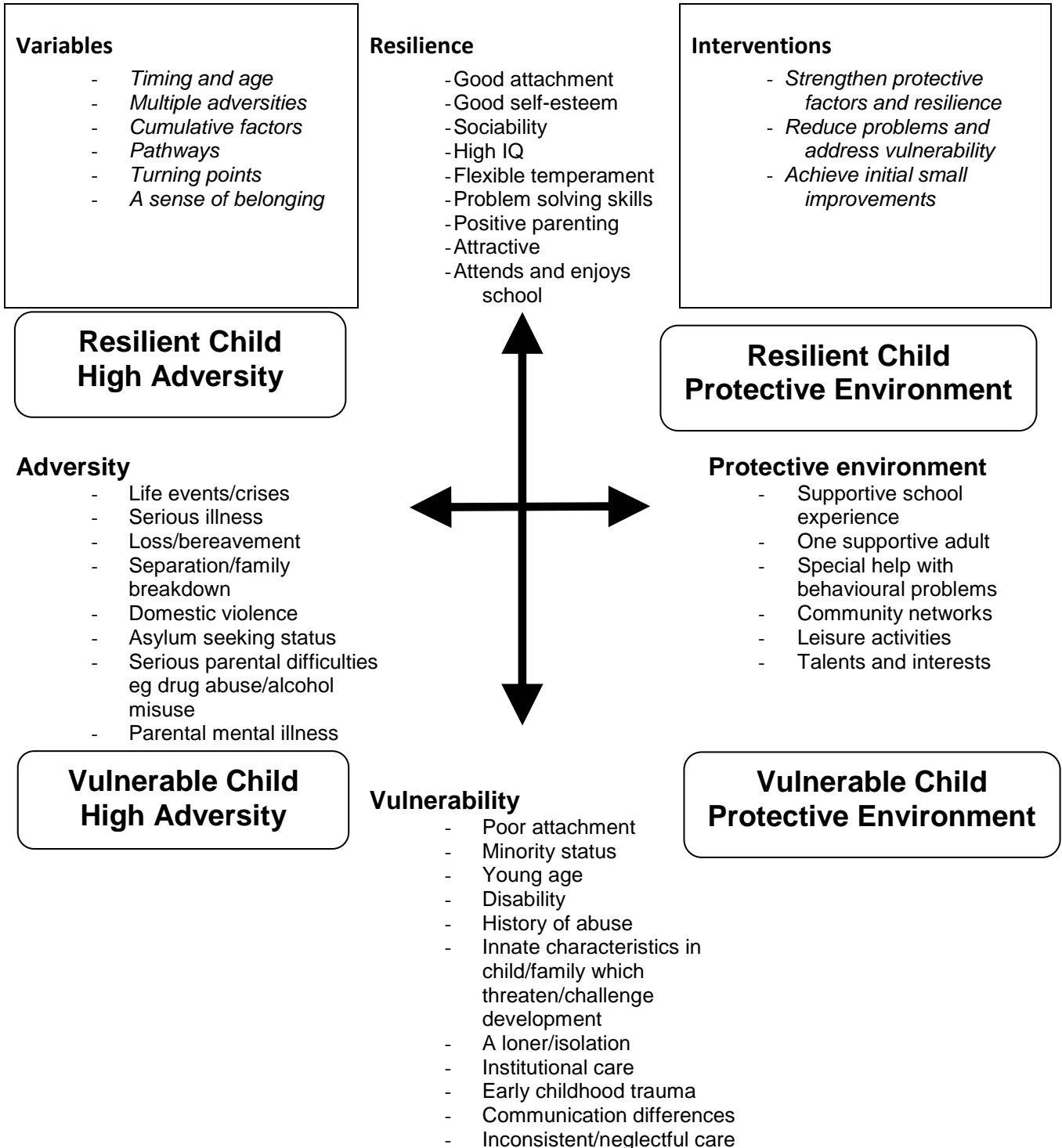
Name of supervisor:

Links to the planning process

On completion of this risk assessment model, the information should be used to contribute to the ongoing decision making and planning process, including child protection planning if appropriate. Any plan should include the actions, resources and services required, who will be responsible timescales for action, any contingency arrangements and how the plan will be monitored and reviewed.

Risk and Resilience Assessment Tool

Risk and Resilience Model Daniel B and Wassell S (2002) *Assessing and Promoting Resilience in Vulnerable Children*



Risk and Resilience Assessment Tool

Reference List

Ontario Child Protection Tools Manual

February 2007 – Ministry of Children and Youth Services

Dalzell R and Sawyer E (2007) Putting Analysis into Assessment NCB
Risk Assessment Framework – North East of Scotland Child Protection Committee
(2008) based on the work of Jane Aldgate and Wendy Rose 2006

Jane Aldgate and Wendy Rose (2006) Assessing and Managing Risk in “Getting it Right for Every Child”

Ed Vicky White and John Harris (2004) Developing Good Practice in Children's Services - Analysing Risk in Child Protection: A Model for Assessment" by Vic Tuck

Daniel B and Wassell S (2002) Assessing and Promoting Resilience in Vulnerable Children

Munro E (2002) Effective Child Protection

Promoting Positive Outcomes for Children in Need: The Assessment of Protective Factors; Robert Gilligan; Chapter 11, Child's World Reader (2001)

Andrew Turnell and Steve Edwards (1999) Signs of Safety; A Solution and Safety Oriented Approach to Child Protection Casework, W.W. Norton and Company

Parton, N, Thorpe, D. and Wattam, C. (1997) Child Protection, Risk and the Moral Order, London: Macmillan

DePanfilis, D., & Wilson, C. (1996). Child protective services: Applying the strengths perspective with maltreating families. *The American Professional Society on the Abuse of Children*, 9(3), 15-20.

Boushel M (1994) The Child's Protective Environment

Reder P, Duncan S, Gray M (1993) Beyond Blame: Child Abuse Tragedies Revisited

Brearley, C.P. (1982) Risk and Social Work, London: Routledge and Kegan Paul

Appendix 4: Resources & Weblinks

Safeguarding

[Bedford Borough Local Safeguarding Children Board – Inter Agency Procedures](#)

CAF and the role of Lead Professional

<http://www.everychildmatters.gov.uk/resources-and-practice/search/EP00082/>

<http://www.everychildmatters.gov.uk/deliveringservices/caf/>

<http://www.everychildmatters.gov.uk/deliveringservices/leadprofessional/>

Integrated Children's System (ICS)

<http://www.everychildmatters.gov.uk/ics/>

Framework for the Assessment of Children in Need and their Families

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144

Children Act 1989

http://www.opsi.gov.uk/acts/acts1989/plain/ukpga_19890041_en_1

Children Act 2004

http://www.opsi.gov.uk/acts/acts2004/pdf/ukpga_20040031_en.pdf

http://www.opsi.gov.uk/acts/en2004/ukpgaen_20040031_en.pdf

Practice Guidance

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144

<http://www.familyandparenting.org/bookshop>

[Working Together to Safeguard Children 2010](#)

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00183-2010>

Care Planning Regulations 2010

<http://www.legislation.gov.uk/uksi/2010/959/contents/made>

Public Law Outline

<http://webarchive.nationalarchives.gov.uk/+http://www.justice.gov.uk/guidance/careproceedings.htm>

Information Sharing Protocol (BLSCB)

http://bedfordscb.proceduresonline.com/chapters/pr_info_share.html

Appendix 5: Short Breaks Services Statement & Eligibility Criteria

Short Breaks Services Statement

Bedford Borough Council has a responsibility to provide a range of Short Breaks Services designed to assist individuals who provide care for children with disabilities to enable them to continue to do so, or to do so more effectively by giving them breaks from their caring role.

This statement provides information about this responsibility and will be reviewed on 1st April 2012 and annually thereafter.

Our Vision

Bedford Borough Council is committed to working with its communities and partners to improve the local quality of life.

Working together with our partners, we are determined to make the Borough a better place to live work and visit.

We are committed to supporting children and young people with disabilities and are determined to provide the right support to them and their families.

We will promote the safety and well being of children and young people with disabilities, ensuring they can fully participate in family and community life, enjoy themselves with friends and make meaningful decisions about their own lives.

We will continue to work closely with families and key professionals to help children and young people with disabilities to enjoy opportunities to reach their potential and fulfil their ambitions.

We will offer locally based, culturally appropriate services to meet the needs of Bedford Boroughs growing communities, and provide support to organisations delivering Short Break Services.

We will be clear and equitable, gaining a understanding of individual circumstances where possible and allocating services based on identified and assessed needs.

We are committed to making the best use of the resources available to us in achieving this vision.

What are Short Break Services?

Short Breaks Services have been defined as services that give:

- Children and young people with disabilities enjoyable experiences away from their primary carers, thereby contributing to their personal and social development and reducing social isolation
- Parents and families a necessary and valuable break from caring responsibilities

Short Breaks Services can include day-time or overnight care in the homes of children with disabilities or elsewhere, educational or leisure activities outside their homes, or services available to assist carers in the evenings, at weekends and during the school holidays.

Bedford Borough Council recognises that short breaks can benefit children and young people with disabilities, their parents or carers and other family members specifically siblings.

Who are Short Breaks Services for?

Families living in Bedford Borough who have a child or children with a disability aged between 0 – 18 are eligible for Bedford Borough Council's Short Breaks Services.

The Equality Act 2010 defines disability as either a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.

This may include a physical or learning disability, a hearing or visual impairment.

It includes children and young people with Autism and Asperger's Syndrome and children who may have challenging behaviour as a result of a learning disability.

It also includes children who have complex needs, who require palliative care, or who have a life limiting or a life-threatening condition.

Benefits for Children and Young People

Short Breaks Services can present opportunities for children and young people with disabilities to be able to experience new activities, establish and build friendships and pursue their aspirational goals.

Further Short Breaks Services can assist children and young people to develop life skills, grow in independence and confidence and experience access to leisure and recreational activities as part of a local community.

Benefits for Parents and Carers

Studies have shown that for some parents the provision of short breaks simply means the difference between being able to cope, or not.²

Short Break Services allow parents and carers opportunities to carry out everyday activities, attend to personal health and wellbeing, pursue employment or training, maintain relationships and develop support networks.

This often results in families being better able to cope, and to be able to continue to provide care for both their children with disabilities and other children they may have.

Benefits for Siblings

Siblings of a child with disabilities may share concerns their parents have including feelings of isolation, a need for information, guilt, and concerns about the future. Their issues may also include resentment, peer issues, embarrassment and pressure to achieve.

Spending undivided time with their parents or carers as part of a Short Breaks Service can allow siblings the opportunity to enjoy being themselves, assist in alleviating anxiety and enable them to be better able to cope with any difficulties they may face.

The Short Breaks Regulations

The Breaks for Carers of Disabled Children Regulations 2011 (here referred to as the Short

Breaks Regulations) provides further detail to local authorities as to how they must perform their duty under the Children Act 1989 to include, as part of the range of services they provide for families, breaks from caring for carers of children with disabilities to support them to continue to care for their children and to allow them to do so more effectively.

In summary, the Short Breaks Regulations requires local authorities to do three things:

- To ensure that, when making Short Break provision, they have regard to the needs of different types of carers, not just those who would be unable to continue to provide care without a break
- To provide a range of breaks, as appropriate, during the day, night, at weekends and during the school holidays
- To provide parents with a Short Breaks Services Statement detailing the range of available breaks and any eligibility criteria attached to them

The Short Break Regulations also direct that local authorities must keep their Short Breaks Services Statement under review and, where appropriate, revise the statement ensuring they show regard to the views of carers in their area.

Short Break Services

Bedford Borough Council provides a range of Short Break Services including Universal, Targeted Universal, Targeted Specialist and Specialist Services for children and young people with disabilities, their parents or carers and other family members specifically siblings. This range of Short Break Services includes:

- Day-time care in the homes of children with disabilities or elsewhere
- Overnight care in the homes of children with disabilities or elsewhere
- Educational or leisure activities for children with disabilities outside their homes
- Services available to assist carers in the evenings, at weekends and during the school holidays

² A report on Themes Emerging from the Qualitative Research into the Impact of Short Break Provision on Families with Disabled Children Centre for Disability Research, December 2009

Short Breaks Services Local Offer

Our Short Break Services Local Offer presents all families with a choice of services accessible without assessment and usually by self-referral.

This benefits families by allowing them the opportunity to choose from the range of Short Breaks Services that most meets their needs, and assists them in ensuring that they have access to services when they most need them and not just when they are in crises.

Bedford Borough Council has invested in the funding and development of our Local Offer and this includes the provision of Universal and Targeted Universal Services.

As part of our Short Break Services Local Offer we are committed to seek to increase the availability, frequency and capacity in Universal and Targeted Universal Services for children and young people with disabilities and their families.

Universal Services

Universal Services are designed so that all children, young people, parents or carers and other family members can access them and include health, education, social and leisure facilities.

The range of Universal Services in Bedford Borough includes:

- Citizens Advice Bureau
- Community Childminding Scheme
- National Child Minding Association
- Education Support Services (Connexions)
- Family Information Service
- Family Support Groups & Church Groups
- General Practitioners, Health Centres, Child Development Centre, School Nurses & Primary Care Trust
- Home Start, Children's Centres & Youth Clubs
- Leisure Facilities, Swimming Pools, Parks and Open Spaces
- Libraries
- Nurseries, Pre-Schools, Lower, Middle and Upper Schools and Colleges
- Voluntary and Community Organisations for Children, Young People and Families

Targeted Universal Services

Targeted Universal Services are designed to provide a level of additional support to enable children and young people with disabilities opportunities to experience new activities, establish and build friendships and pursue their aspirational goals; it also provides parents or carers and other family members a chance to enjoy a break from their caring role.

The range of Targeted Universal Services Providers in Bedford Borough includes:

- Autism Bedfordshire
- Bedford and District Cerebral Palsy Society
- Beds Garden Carers
- Carers in Bedfordshire
- Carers Support Bureau
- Early Years Support Service
- Families United Network
- Foundation Stage Advisory Teachers
- MENCAP – Holiday Play Scheme
- MENCAP – Smiley Club
- Parent Partnership
- Parenting & Sibling Support Groups
- Sensory Equipment Library

As part of our Targeted Universal Services Bedford Borough also hosts three special schools including:

- Ridgeway Special School – For pupils with physical disabilities and learning difficulties aged 5 – 16
- St. John's Special School - For pupils with severe learning difficulties; additional physical or sensory needs and autistic spectrum conditions aged 2 – 19
- The Grange Special School – For pupils with moderate learning difficulties and autistic spectrum conditions aged 7 – 16

Additional Support

In addition to accessing Universal and Targeted Universal Services, some families may require additional levels of support in order to be able to continue to provide care for their child with disabilities or to do so more effectively.

Bedford Borough Council has invested in the funding and development of additional support

services, and families can access Targeted Specialist and Specialist Services following formal assessment and in line with our Short Breaks Services Eligibility Criteria.

Targeted Specialist Services

Targeted Specialist Services are designed to provide a more intensive level of assessment, intervention and support than can be provided by Universal and Targeted Universal Services.

It includes provision of services for children and young people who may have severe or multiple disabilities for which a reasonable standard of health and development will not be maintained without targeted or intensive multi-agency support, and who are likely to require further specialist services without such intervention.

The range of Targeted Specialist Services in Bedford Borough includes:

- Direct Payments Carers
- Domiciliary Care Services
- Intensive Family Support Service
- National Child Minding Association
- Webster Stratton Parenting Programmes
- Sensory Impairment & Music Therapy Team
- Special Educational Needs Transport
- Specialist Health Professional Support

Specialist Services

Specialist Services are designed to provide a high level of intensive assessment and intervention where there is a serious concern about the health or development of a child or young person.

It includes provision of services for children and young people who have severe or multiple disabilities where constant care and support is needed and where an immediate response to providing this care and support is needed.

The range of Specialist Services Provision in Bedford Borough includes:

- Hospice Care Provision
- Family Link Workers
- Day-time care in the homes of children with disabilities or elsewhere
- Overnight care in the homes of children with disabilities or elsewhere

Assessment of Needs

Not all children and families will need the same level of support, or Short Breaks Services. Some will need more than others because of the nature of their child's disability, or the effect it has on normal day-to-day activities.

This is why we may need to assess your child and families needs to be able to provide the Short Breaks Services at the right time.

Assessments can be brief depending on the nature of the circumstances. In some cases it may be sufficient to decide the nature of any services required. In others it may determine that Child in Need (CIN) Initial or Core Assessments are required.

Our aim is that the level of assessment is proportionate to the apparent level of need of the family and to ensure that the welfare of the child is safeguarded.

The Children's Act 1989 defines a child with a disability as a Child in Need (CIN).³ As such local authorities have a responsibility under legal framework⁴ to assess the impact of any disability on family life by considering:

- The child's developmental needs
- The parents' parenting capacity
- Family and environmental factors

Local authorities also have a duty to assess the needs of carers taking account of their wishes to undertake work, education, training or leisure activities. Assessments typically consist of an analysis of need, judgement and decision making and may be one or more of the following:

- Self-Assessment
- Carers Assessment
- Common Assessment Framework (CAF)
- Child in Need (CIN) Initial Assessment
- Child in Need (CIN) Core Assessment

There may be occasions when situations arise that have a significant effect on your immediate ability to provide care for your child with a

³ 1989 Children's Act S17(10)

⁴ As set out in Framework for the Assessment of Children in Need and Their Families – Published by the Department of Health

disability. In these circumstances please contact the Social Care Teams who will assess the need for support.

How do I Arrange an Assessment?

Families are legally entitled to request a formal assessment of their individual circumstances and this assessment should precede any decisions made regarding allocation of services.

Common Assessment Framework (CAF) Assessments can be completed by a Lead Professional from one of the following:

- General Practitioners, Health Centres, Child Development Centre, School Nurses & Primary Care Trust
- Nurseries, Pre-Schools, Lower, Middle and Upper Schools and Colleges
- Voluntary Sector Organisations
- Social Care Workers
- Intensive Family Support Service

Child in Need (CIN) and Carer Assessments can be arranged by Social Care Teams who can be contacted by telephoning: **01234 267422**.

What Happens Next?

Once a Lead Professional or Social Care Worker has been identified they will arrange to conduct a formal assessment of your needs and refer you to the appropriate services.

Some referrals will be made to Resource Allocation Panels who will use the assessment to identify a tailored package of Short Breaks Services which can meet your individual needs.

Further information detailing these processes can be found at the end of this Short Breaks Statement.

Right to Appeal

Families and individuals have a right to appeal the assessment of their needs. This can be discussed with the Lead Professional or Social Worker who has undertaken the assessment.

Monitoring and Review

Bedford Borough Council aims to provide the most appropriate resources to assist individuals who provide care for children with disabilities, to

enable them to continue to do so, or to do so more effectively by giving them breaks from caring.

It is also to present opportunities for children and young people with disabilities to be able to experience new activities, establish and build friendships and pursue their aspirational goals.

Bedford Borough Council recognises that the needs of children and their families change and that re-assessment of these needs may be required.

If you would like your needs re-assessed please contact the Lead Professional or Social Worker who will be able to discuss this with you further.

Direct Payments

Direct payments are local council payments for people who have had a formal assessment of need. They can be used for Short Break Services, or as an alternative to direct services.

This option will be provided with support to assist you in getting started, and there is no obligation on you to take this option up.

If you do not have an allocated Social Worker you can contact the Direct Payments Support Team at the Disability Resource Centre, who can give you more information. (**01582 470900**)

Short Breaks Statement Review

This Short Breaks Services Statement has been written based on consultations⁵ with children, young people, parents, voluntary organisations, professionals and will be reviewed on **1st April 2012** and annually thereafter.

If you have any questions about Short Break Services, or would like to be involved in the design and development of Short Breaks Services in Bedford Borough please contact our Short Breaks Manager on **01234 267422**.

For more information about any Short Break Services mentioned within this Statement please contact our Families Information Service on: **0800 023 2057**.

⁵ Consultation processes included: Aiming High Steering Group; Short Breaks - User Engagement Report; Childcare Sufficiency Assessment

Short Breaks Services Useful Contacts

Families Information Service

0800 023 2057

www.fis.bedford.gov.uk

The Family Information Service has an online directory which holds local and national information on childcare, youth clubs, sport and leisure activities, family support groups, and services for children with a disability.

If you do not have access to the internet then please call the Family Information Service on the number above who will be happy to help.

Children with Disabilities Register

0800 023 2057

The register is an electronic database of children and young people in Bedford Borough who have a disability. Being part of the register means parents and carers are sent useful information on local services on a regular basis.

Disability Resource Centre

01582 470900

A comprehensive disability information service and equipment display area for all ages.

Children with Disabilities Team

01234 228709

The team provides a service for children with disabilities and their families and carers.

Early Years Support Service

01234 290770

Educational support and advice to children from 0 - 5 years with special educational needs.

Foundation Stage Advisory Teachers

01234 228721

Provide support to childcare and early years settings to enable them to include all children.

Parent Partnership Service

01234 316353

Confidential and impartial support for parents of children with special educational needs.

Sensory Impairment & Music Therapy

01234 300710

Support for children with a hearing impairment, visual impairment and or multi-disability.

Special Educational Needs Transport

01234 276116 / 228771

Provision of schools transport for special education needs students.

Autism Bedfordshire

01234 350704

Support & activity groups and information, advice and guidance for parents and professionals.

Bedford & District Cerebral Palsy Society

01234 351759

A wide range of support & activities for people with cerebral palsy & their families.

Community Childminding Scheme

01234 242808

A specialist service linking children with disabilities with registered childminders.

National Child Minders Association

01928 551620

Service providing a directory of specialist registered childminders.

Face to Face - Carers in Bedfordshire

01234 214914

An emotional support service for parents of a child with disabilities.

Families United Network

01582 523691

Support group for children with disabilities, includes social activities and holiday club.

MENCAP

01582 560003

Family advisory service for parents and individuals with learning disabilities.

Contact a Family

0808 808 3555

A charity for families with disabled children, offering information, advice and guidance.

Short Breaks Network

Information about short breaks best practice and outcomes for children with disabilities and their families.

www.shortbreaknetwork.ning.com

Together for Disabled Children

Provides information around the development and delivery of short breaks services.

<http://www.togetherfdc.org>

Short Breaks Services Eligibility Criteria

This part of our Short Breaks Services Statement is intended to assist professionals in the allocation of Short Breaks Services to children and young people with disabilities, their parents or carers and other family members specifically siblings.

It is also to provide information about Bedford Borough Council's Short Break Services processes and eligibility criteria to children and young people with disabilities and their families.

The Resource Allocation Guidance and Short Breaks Eligibility Criteria are to be used in conjunction with a formal assessment of need such as a Common Assessment Framework (CAF); Children in Need (CIN) Initial and, or Core Assessment and a Carers Assessment.

These assessments are usually carried out by Lead Professionals in the case of CAF Assessments, or Social Workers in the case of Children in Need Assessments and Carers Assessments. Resources will be allocated by consideration of any submitted formal assessments and additional supporting evidence.

This guidance uses descriptors to quantify the effect a disability has on the ability of children and young people, their parents or carers and siblings to carry out normal day to day activities.

It also uses examples of what typical day to day activities for these groups may be for people unaffected by a disability.

Disabilities and impairments may vary both in severity and the impact they have on family life and it is not always possible to account for all eventualities in advance.

Careful consideration should be given as to the individual circumstances for each case and the impact on the health and wellbeing of parents or carers and siblings this may have as it will strongly influence the determination of need.

As such the terminology used within this guidance is subjective to allow for discretion in determining levels of need and in making decisions on the basis of these needs.

Descriptors and examples should be used as general indicators only and decisions regarding

the level of need and allocation of resources should reflect this. The aim should always be:

To provide the most appropriate resources to assist individuals who provide care for children with disabilities to enable them to continue to do so, or to do so more effectively by giving them breaks from caring; and

To present opportunities for children and young people with disabilities to be able to experience new activities, establish and build friendships and pursue their aspirational goals.

Why we Use This Guidance

We use this guidance because it is based on legal requirements including:

- The Breaks for Carers of Disabled Children Regulations 2011
- The Equality Act 2010
- The Children's Act 1989
- The Disability Discrimination Act (DDA)
- The Chronically Sick and Disabled Persons Act 1970
- The Framework for the Assessment of Children in Need and their Families

Because it is designed around the Framework for the Assessment of Children in Need and their Families it does not exclude anyone and helps us to identify what Short Break Services children, young people and families need.

Further it uses the principles of the Equality Act 2010 which describes the effect of an impairment and not the impairment itself.

Right to Appeal

Families and individuals have a right to appeal the assessment of their needs. They should discuss this with the Lead Professional or Social Worker who has undertaken the assessment.

Definitions

DISABILITY - The Equality Act 2010 defines a disabled person as a person with a disability.

A person has a disability for the purposes of the Act if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day

activities. People who have had a disability in the past that meets this definition are also protected by the Act.

There are additional provisions relating to people with progressive conditions. People with HIV, cancer or multiple sclerosis are protected by the Act from the point of diagnosis. People with some visual impairments are automatically deemed to be disabled.

Whether a person is disabled for the purpose of the Act is generally determined by reference to the effect that an impairment has on that person's ability to carry out normal day-to-day activities.

An impairment may be physical or mental and it may not always be possible, nor is it necessary, to categorise a condition as either a physical or mental impairment.

The requirement that an adverse effect on normal day-to-day activities should be a substantial one reflects the general understanding of disability limitation going beyond the normal differences in ability which may exist among people.

The time taken by a person with an impairment to carry out normal day-to-day activities should be considered as should the cumulative effects of more than one impairment.

The Act states that a long-term effect of an impairment is one which has lasted at least 12 months or is likely to last at least 12 months or is likely to last for the rest of the life of the person affected.

The Act does not define what is to be regarded as normal day to day activity but in general are things people do on a regular or daily basis.

Conditions that are Excluded

Some conditions are specifically excluded from being covered by the disability definition, such as a tendency to set fires or addictions to non-prescribed substances.

Further Definitions

For the purposes of the Equality Act 2010, these terms have the following meanings:

SUBSTANTIAL - Means more than minor or trivial.

LONG TERM - Means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions.)

NORMAL DAY TO DAY ACTIVITIES – These include everyday things like eating, washing, walking and going shopping.

PARENTS/CARERS - A person who provides care for a child with disabilities and who is either the child's parent or a person who is not the child's parent but who has parental responsibility for that child.

SIBLINGS – A sibling can be a brother or sister of a disabled child, or a child who permanently lives within the same household.

Considerations

The information and examples given in the Resource Allocation Guidance and Short Breaks Services Eligibility Criteria are indicators only; normal day-to-day activities will be different for each child and family and may be affected by factors such as age, culture or religion.

Personal care means things like going to the toilet, having a wash, getting dressed or teeth cleaning. For babies it will be things like nappy changing.

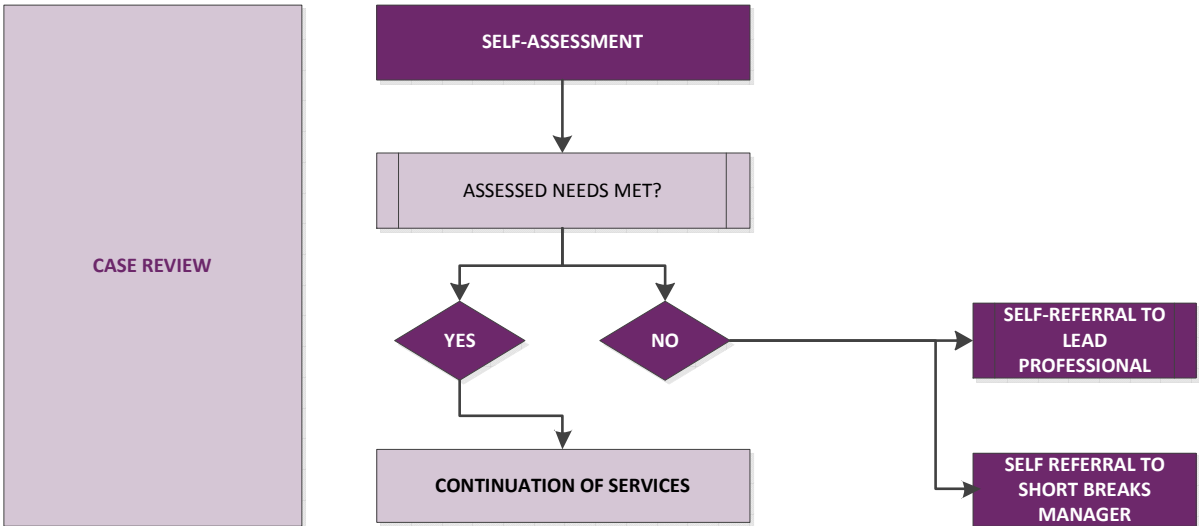
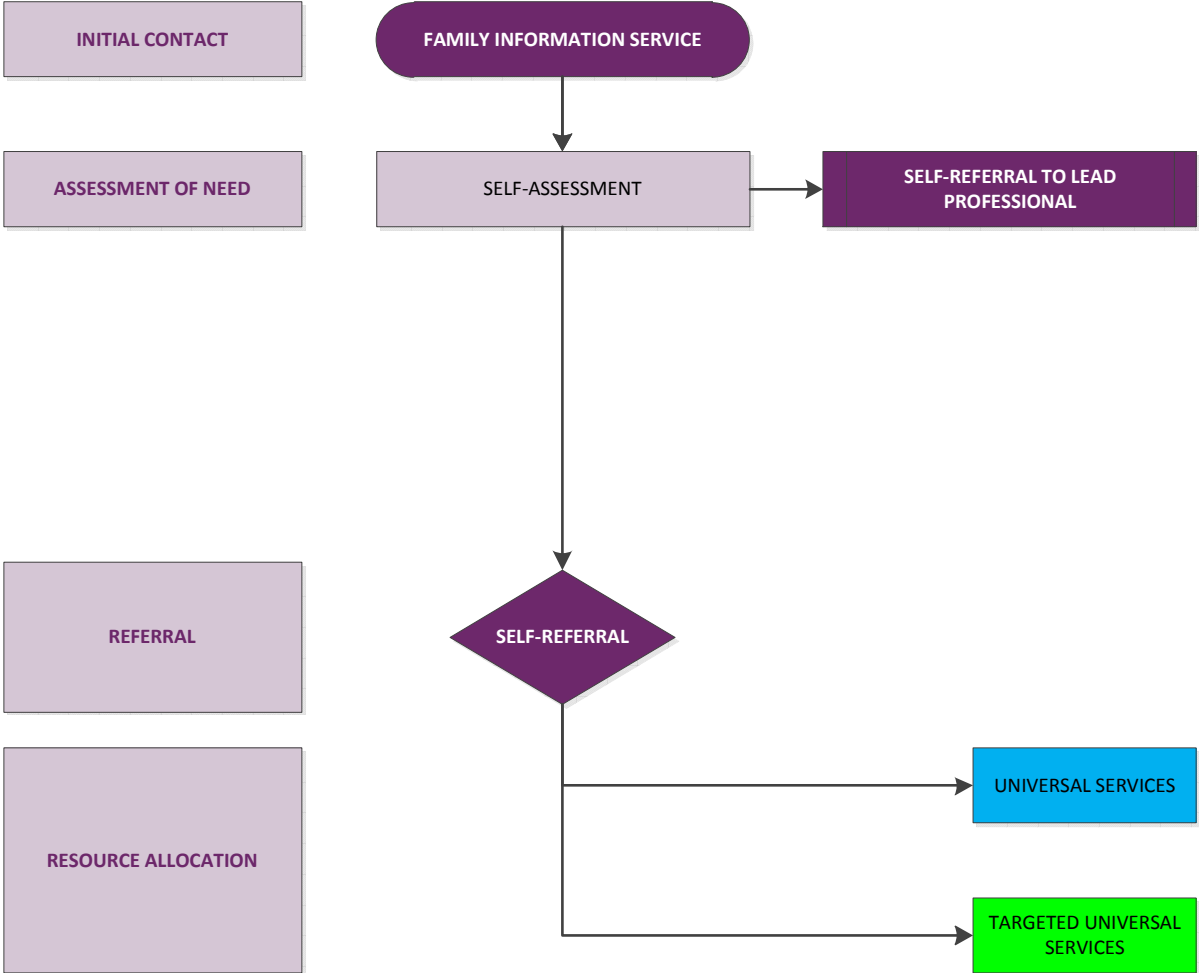
Family's needs are assessed on the criteria set out in Framework for the Assessment of Children in Need and Their Families. This looks at three areas including:

- The child's developmental needs
- The parents' parenting capacity
- Family and environmental factors

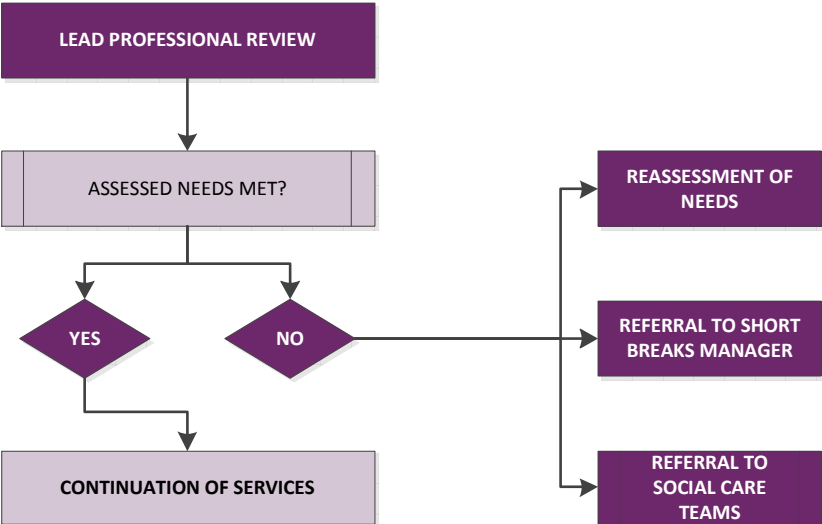
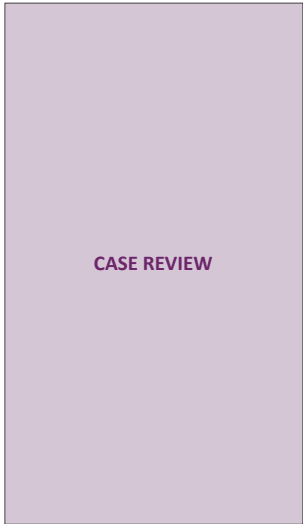
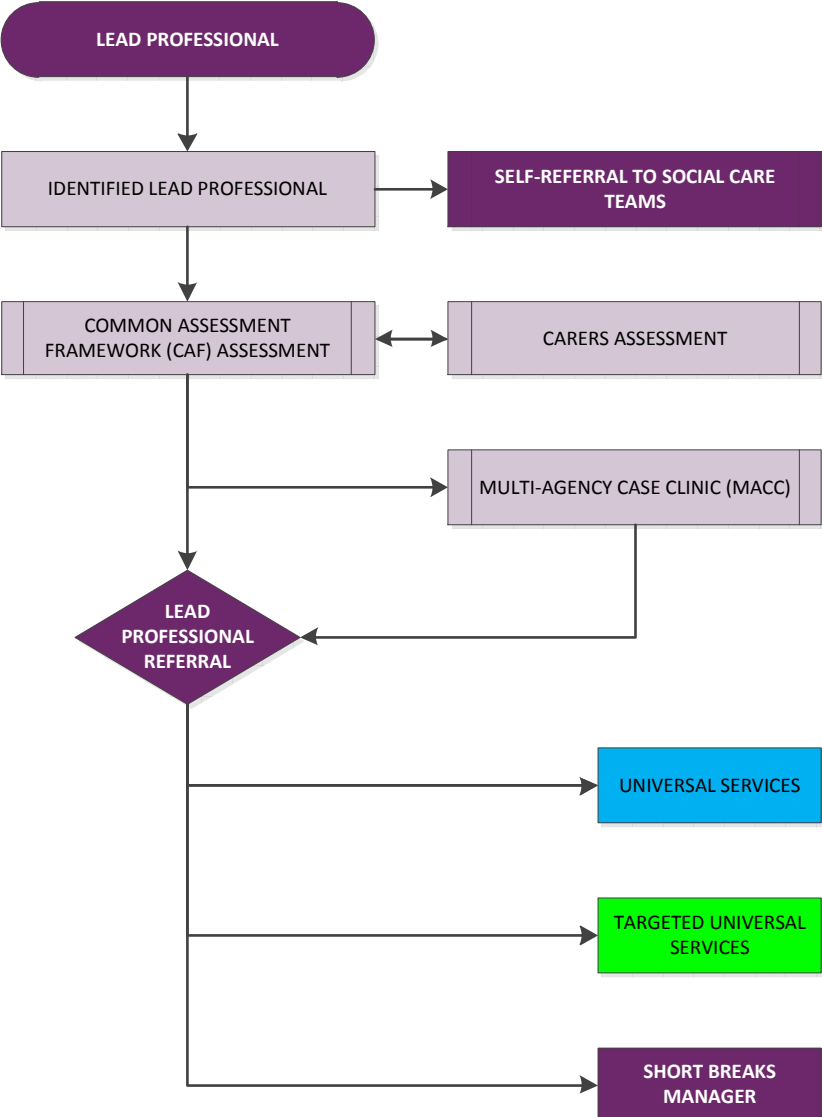
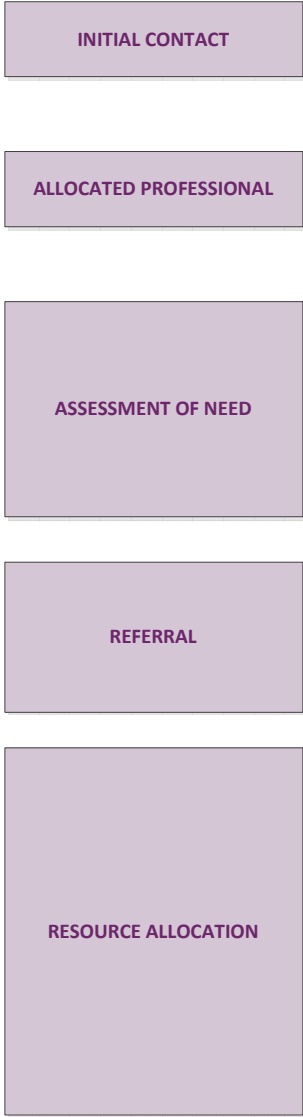
Circumstances that may be encountered within these areas because of a disability are highlighted in the considerations section for each assessed area.

If you have any questions about the Short Breaks Services Statement, Pathways, Resource Allocation Guidance or Eligibility Criteria please contact our Short Breaks Commissioning Manager on **01234 267422** to discuss these matters further.

SHORT BREAKS SERVICES - SELF-REFERRAL PATHWAY FOR FAMILIES



SHORT BREAKS SERVICES - LEAD PROFESSIONAL PATHWAY



SHORT BREAKS SERVICES - SOCIAL CARE PATHWAY

INITIAL CONTACT

SOCIAL CARE TEAMS

ALLOCATED PROFESSIONAL

ALLOCATED SOCIAL WORKER

ASSESSMENT OF NEED

CHILDREN IN NEED (CIN) INITIAL ASSESSMENT

CARERS ASSESSMENT

REFERRAL

SOCIAL CARE REFERRAL

CHILDREN IN NEED (CIN) CORE ASSESSMENT

RESOURCE ALLOCATION

UNIVERSAL SERVICES

TARGETED UNIVERSAL SERVICES

SHORT BREAKS MANAGER

RESOURCE ALLOCATION PANELS

CASE REVIEW

SOCIAL WORKER REVIEW

ASSESSED NEEDS MET?

YES

NO

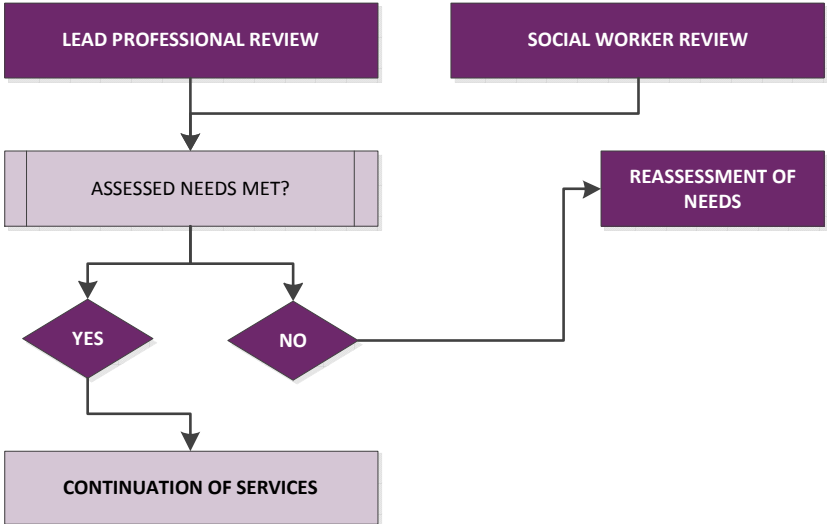
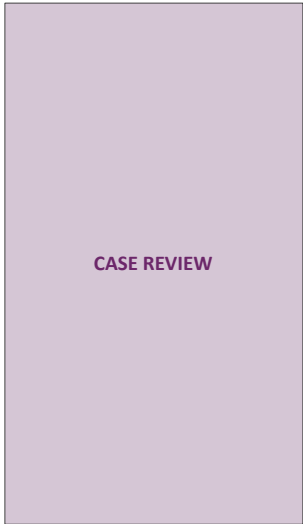
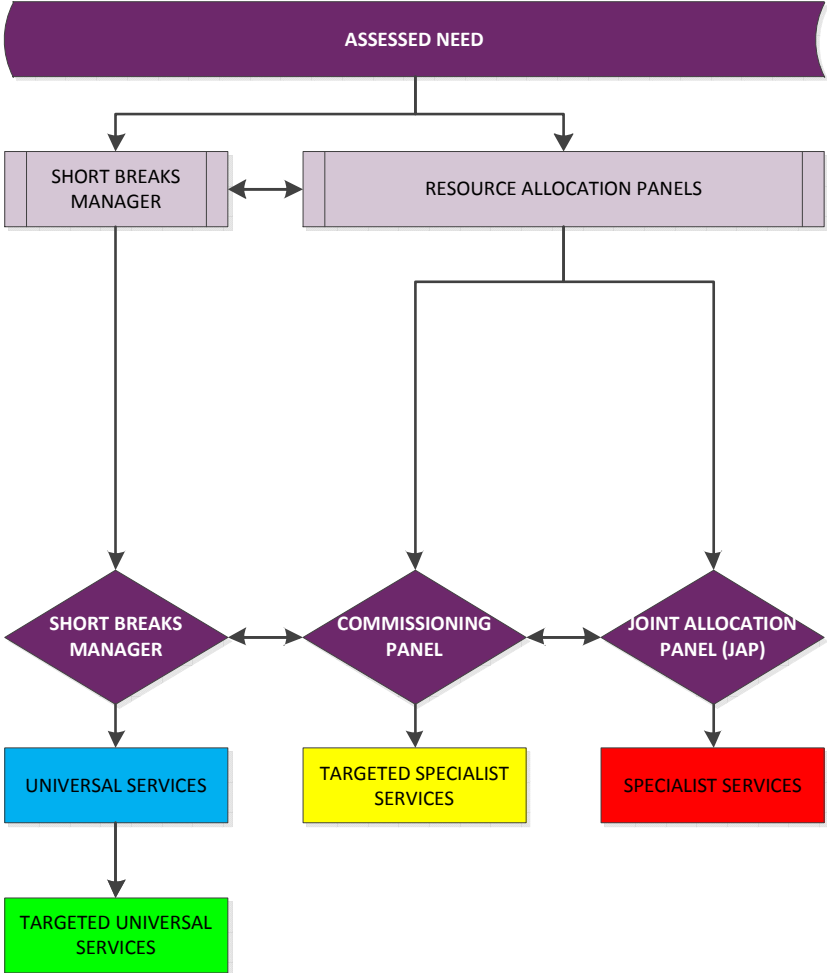
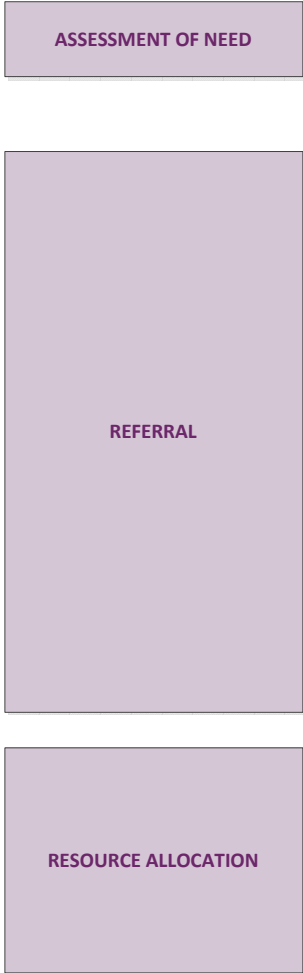
CONTINUATION OF SERVICES

REASSESSMENT OF NEEDS

REFERRAL TO SHORT BREAKS MANAGER

REFERRAL TO RESOURCE ALLOCATION PANELS

SHORT BREAKS SERVICES - RESOURCE ALLOCATION PANELS



Resource Allocation Guidance - Child's Developmental Needs

AGE RANGE	EXAMPLES OF NORMAL DAY TO DAY ACTIVITIES
PRE-BIRTH TO 12 MONTHS	The child has times of rest and responding to other people in between times of feeding and personal care. There are times of sleep with an adult nearby but not constantly watching. They respond to a variety of toys and play times that help them to learn and feel happy. The child is able to develop a strong bond with the people who care for them, in a familiar environment.
1 TO 2 YEARS	The child enjoys times of play and reassurance from familiar people. There are short periods of time when the child can play alone, but watched. They start to enjoy being near other children. The child is learning to feed themselves with help and is developing some communication skills; people who know them will understand what they want. There are periods of sleep with an adult nearby.
3 TO 4 YEARS	There are periods of play with other children without an adult helping, both at home and in other safe group or individual settings. The child can communicate their needs to familiar adults. They sleep undisturbed for most of the night.
5 TO 10 YEARS	The child is developing friendships outside of the home with support from an adult. They are developing their own interests and are interested in and are able to learn about the world. They are easily cared for by others who are familiar and responsible. They can express their emotions. They are independent for most of their personal care, like going to the toilet, if given the things they need.
11 TO 15 YEARS	The young person is independent in all aspects of personal care. They have a social life with friends of their own separate from family and carers. They can travel and explore their own local community without hands-on support.
16+ YEARS	The young person is independent in all aspects of their personal life. They can make decisions that affect their future. They enjoy and pursue their own interests independently.

Considerations

CHILD'S DEVELOPMENTAL NEEDS - These might be physical or emotional needs, difficulties with learning or communicating, or sensory disabilities. This section includes anything about a child's health, development or abilities that affect them.

Resource Allocation Guidance - Parenting Capacity

AGE RANGE	EXAMPLES OF NORMAL DAY TO DAY ACTIVITIES
PRE-BIRTH TO 12 MONTHS	Frequent and unpredictable periods of their attention are needed to make sure a child has the care it needs. They have periods of sleep broken by the child waking. They have the chance to share short periods of care with trusted friends or family members. Parents or carers have some opportunity to have hobbies and interests of their own, once the child's needs are met. They are able to meet most of their own personal care needs most of the time. They become increasingly confident about their ability to recognise and meet their child's needs.
1 TO 2 YEARS	Parents or carers have short periods of time to pursue their own interests as the child's care needs can be met by trusted and familiar adults. Their sleep may continue to be interrupted by the child. They are able to meet their own personal care needs. They are able to recognise the needs of the child and meet those needs with available support.
3 TO 4 YEARS	Parents and carers have periods of time to pursue their own interests, as the child is able to be cared for by others, either alone or in a group setting. They are able to meet their own personal care needs. They are able to recognise and meet all the needs of the child with available support.
5 TO 10 YEARS	Parents and carers have periods of time to pursue their own interests, as the child is able to be cared for by others, either alone or in a group setting. They are able to meet their own personal care needs. They are able to recognise and meet all the needs of the child with available support.
11 TO 15 YEARS	Parents and carers have periods of time to pursue their own interests, as the child is able to be cared for by others, either alone or in a group setting, or is able to look after themselves. Parents or carers are able to meet their own personal care needs. They are able to recognise and meet all the needs of the child with available support.
16+ YEARS	Parents and carers have periods of time to pursue their own interests, as the child is able to be cared for by others, either alone or in a group setting, or is able to look after themselves. Parents or carers are able to meet their own personal care needs. They are able to recognise and meet all the needs of the child with available support.

Considerations

PARENTING CAPACITY - This is about parents or carers both in that role and as adults with their own lives to lead. It is about the demands on parent/carers as a result of a child's needs, their ability to meet these needs and the effects on their lives.

Resource Allocation Guidance - Family and Environmental Factors

AGE RANGE	EXAMPLES OF NORMAL DAY TO DAY ACTIVITIES
PRE-BIRTH TO 16+ YEARS	<p>All child siblings have periods of attention from their parents or carers which helps them to be healthy and meet their needs.</p> <p>Siblings have the support needed to maintain their own interests and friendships.</p> <p>Siblings feel safe and secure in their home environment.</p> <p>The family have child-friendly people and places they can go to easily without requiring lots of additional resources or support.</p> <p>The family are able to move around their own community and have a choice of places they can go to.</p> <p>Adult family members are able to work as they choose with available child care support.</p> <p>The parents or carers are able to keep the home environment clean and safe enough to meet the needs of the whole family.</p> <p>The family have enough money to meet their basic needs.</p>

CONSIDERATIONS

FAMILY AND ENVIRONMENTAL FACTORS - This is about the wider family, including any siblings, and the effects on their lives. It is about the choices and support a family have and make, and their ability to use community facilities available to everyone.

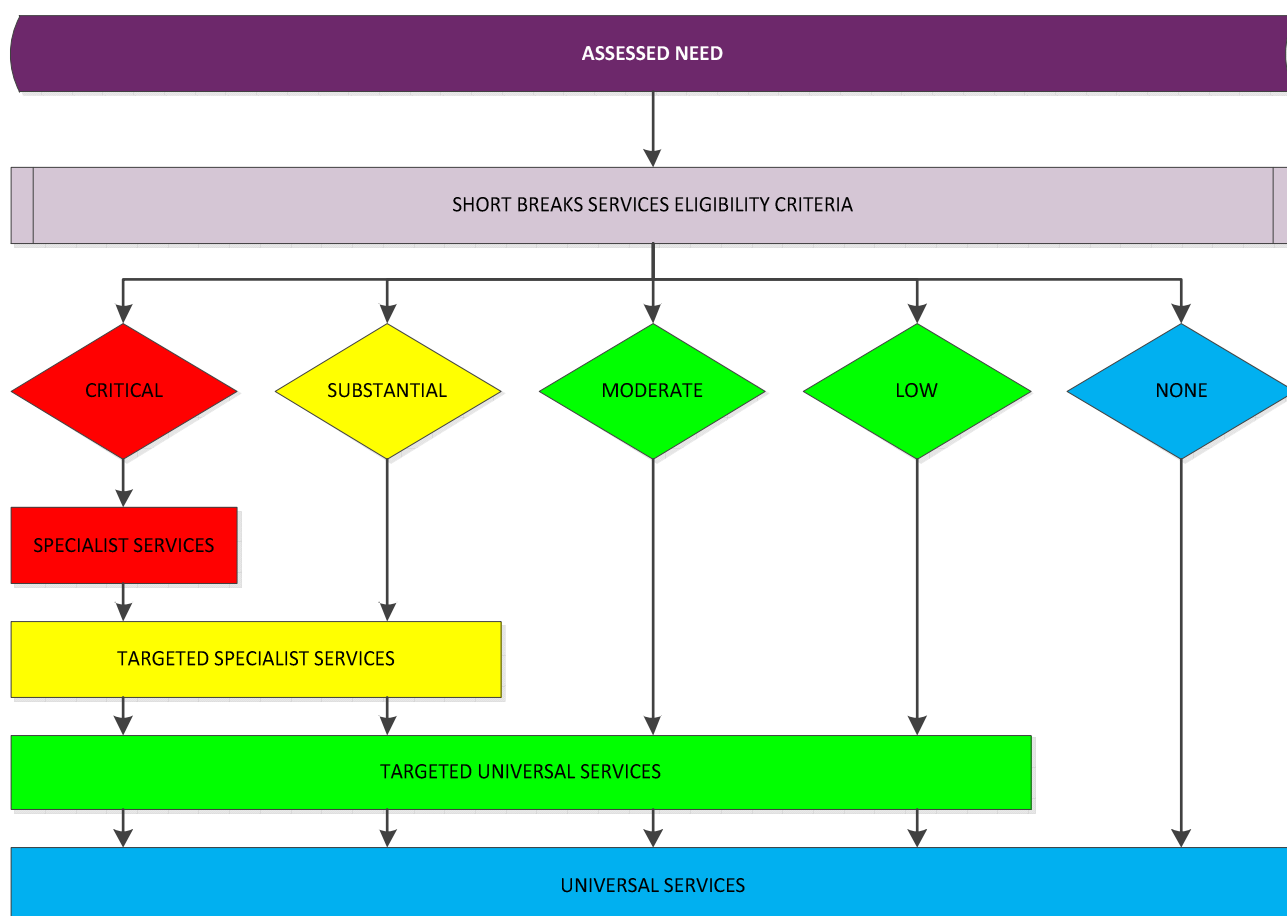
Short Breaks Services Eligibility Criteria

	CRITICAL	SUBSTANTIAL	MODERATE	LOW	NONE
CHILD'S DEVELOPMENTAL NEEDS	Capacity of the child to carry out all normal day-to-day activities is limited by their impairment or health needs	Capacity of the child to carry out most normal day-to-day activities is limited by their impairment or health needs	Capacity of the child to carry out several normal day-to-day activities is limited by their impairment or health needs	Capacity of the child to carry out some normal day-to-day activities is limited by their impairment or health needs	Capacity of the child to carry out normal day-to-day activities is not limited by any impairment or health needs
PARENTING CAPACITY	Capacity of parent/carer to carry out all normal day-to-day activities is limited	Capacity of parent/carer to carry out most normal day-to-day activities is limited	Capacity of parent/carer to carry out several normal day-to-day activities is limited	Capacity of parent/carer to carry out some normal day-to-day activities is limited	Capacity of parent/carer to carry out normal day-to-day activities is not limited
FAMILY AND ENVIRONMENTAL FACTORS	Capacity of siblings to carry out all normal day-to-day activities is limited Ability of the family to access all universal services and community resources is limited	Capacity of siblings to carry out most normal day-to-day activities is limited Ability of the family to access most universal services and community resources is limited	Capacity of siblings to carry out several normal day-to-day activities is limited Ability of the family to access several universal services and community resources is limited	Capacity of siblings to carry out some normal day-to-day activities is limited Ability of the family to access some universal services and community resources is limited	Capacity of siblings to carry out normal day-to-day activities is not limited Ability of the family to access universal services and community resources is not limited

Considerations

Disabilities and impairments may vary both in severity and the impact they have on family life. It is not always possible to account for all eventualities in advance. Careful consideration should be given as to the individual circumstances for each case and the impact on the health and wellbeing of parents or carers and siblings this may have as it will strongly influence the determination of need. As such the terminology used within this guidance is subjective to allow for discretion in determining levels of need and in making decisions on the basis of these needs. Descriptors and examples should be used as general indicators only and decisions regarding the level of need and allocation of resources should reflect this.

SHORT BREAKS SERVICES – RESOURCE ALLOCATION GUIDANCE



Universal Services

- Citizens Advice Bureau
- Community Childminding Scheme
- National Child Minding Association
- Education Support Services (Connexions)
- Family Information Service
- Family Support Groups & Church Groups
- General Practitioners, Health Centres, Child Development Centre, School Nurses & Primary Care Trust
- Home Start, Children's Centres & Youth Clubs
- Leisure Facilities, Swimming Pools, Parks and Open Spaces
- Libraries
- Nurseries, Pre-Schools, Lower, Middle and Upper Schools and Colleges
- Voluntary and Community Organisations for Children, Young People and Families

Targeted Universal Services

- Autism Bedfordshire
- Bedford and District Cerebral Palsy Society
- Beds Garden Carers
- Carers in Bedfordshire
- Carers Support Bureau
- Early Years Support Service
- Families United Network
- Foundation Stage Advisory Teachers
- MENCAP – Holiday Play Scheme
- MENCAP – Smiley Club
- Parent Partnership
- Parenting & Sibling Support Groups
- Sensory Equipment Library

These are not exhaustive lists; additional services may be available and should be considered when allocating resources.

Targeted Specialist Services

- Direct Payments Carers
- Domiciliary Care Services
- Intensive Family Support Service
- National Child Minders Association
- Webster Stratton Parenting Programmes
- Sensory Impairment & Music Therapy Team
- Special Educational Needs Transport
- Specialist Health Professional Support

Specialist Services

- Hospice Care Provision
- Family Link Workers
- Day-time care in the homes of disabled children or elsewhere
- Overnight care in the homes of disabled children or elsewhere

Appendix 6: Multi Agency Case Clinic (MACC) Procedures

The new case clinics will support practitioners working with difficult cases, where routine ways of working have not delivered solutions. The meetings will:

- Act as a specialist source of knowledge for practitioners working with difficult or 'stuck' cases where routine ways of working i.e. Team around the Child meetings (TAC) have not delivered solutions
- Provide practitioners with the opportunity to present their cases for solutions/troubleshooting
- Provide Social Worker expertise and knowledge of Child Protection to inform the TAC decision making and Children in Need procedures
- To consider resilience factors in determining vulnerable needs
- Provide support to Lead professionals who are struggling to access the support that is required
- Signpost the Lead Professional to appropriate services. It will remain the responsibility of the Lead Professional to make the necessary contact/referrals. MACC **will not** function purely as an allocation group
- Utilise evidence informed practice combined with professional practice and knowledge and the views of service users to inform professional judgement and improve outcomes for children and families
- Comply with protocols regarding information sharing and confidentiality. All practitioners will have the opportunity to contribute equally and in an setting of professional respect

Membership

The membership will be multi agency with representatives from the statutory and voluntary agencies. There will be a small core team who regularly attend meetings and these will be drawn from the following services:

- Child and Adolescent Mental Health
- Voluntary Sector (on rota basis)
- Social Care
- Health 0-19 Team
- Intensive Family Support
- Drug and Alcohol Services
- Education Welfare Service

Additional team members may be invited to attend dependent upon cases presented where it is thought that they will have a particular contribution to make to the discussion and support.

These 'virtual team' members are likely to be drawn from areas such as:

- Children's Centre
- P'AST
- Domestic violence
- Parenting
- Youth Offending Service
- Housing

Consideration will also be given to the idea of running 'themed' meetings on topics that occur regularly e.g. domestic violence, drug and alcohol use, parental mental illness. In addition to supporting individual cases these meetings will also offer the opportunity to share knowledge and experience and to encourage learning.

Frequency and Duration

The meetings will take place on a fortnightly basis and will last for two hours. This is subject to review.

Administration Processes

All cases for discussion require a pre-booked appointment. Lead professionals must request an appointment by sending the completed paperwork to the CAF Administrator via **MACC@bedford.gov.uk** The CAF Administrator will then contact the Lead Professional with the date and time of their appointment. If there are any queries regarding the appointment Lead professionals can contact the CAF Administrator on 01234 718612 (internal 47612). Each appointment will last for a maximum of 20 minutes.

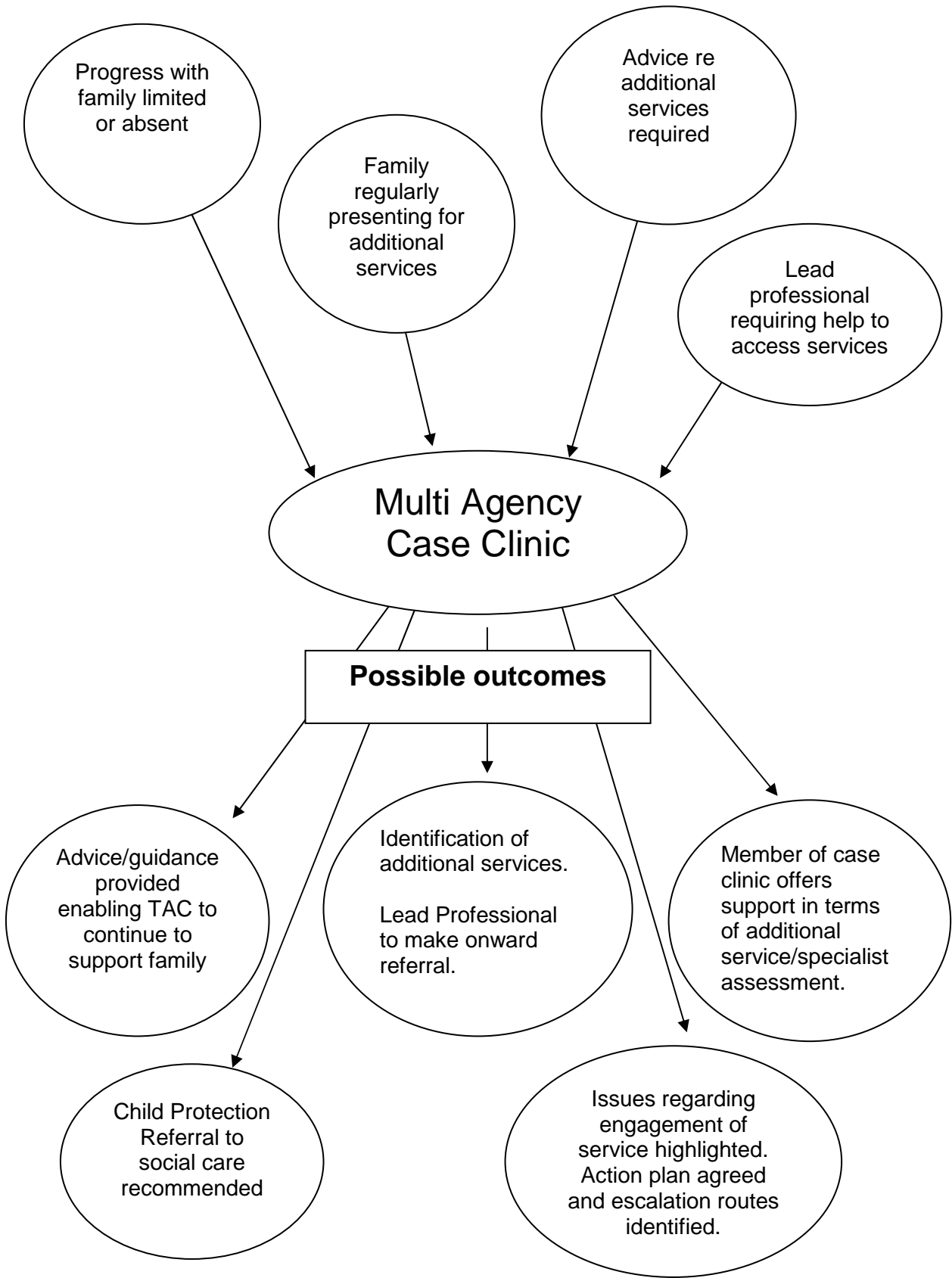
It is the responsibility of the Lead professional to:

- Provide completed paperwork in advance of the meeting. To include:
 - A current assessment using the CAF Assessment form
 - An up to date delivery plan and review;
 - The vulnerability and resilience tool.
- Ensure the family have consented to their information being shared with the services present at the meeting
- Attend the case clinic appointment to present the case for discussion. Other members of the Team around the Child are not required to attend.
- Have prepared their summary for discussion and to be clear about advice / assistance being sought (a Lead Professional Preparation sheet is available from the LSCB website to help this process).

A written summary of the actions agreed at the meeting will be sent to the Lead Professional within five working days.

Cases can be presented to the case clinic more than once should cases remain 'stuck'

Reasons for presenting case to clinic



Appendix 7: Glossary of Terms

ACCOMMODATION (Children Act 1989, Section 20)

Local Authorities are required by legislation to provide accommodation for children who require it under s 20 of the Children Act.

ASSESSMENT FRAMEWORK

This is a shorthand term for guidance contained within the 'Framework for the Assessment of children in need and their families'. This is national guidance published in 1999 setting out a detailed framework for achieving consistency and quality in assessments and planning for children in need.

BAP

Bedford Borough Allocation Panel.

BEDFORD BOROUGH LOCAL SAFEGUARDING CHILDREN BOARD (BLSCB)

The BLSCB is a statutory partnership which is responsible for ensuring effective Inter-agency arrangements for safeguarding children.

BIC

All Bedford Borough template forms have the prefix 'BIC'

CAF

The Common Assessment Framework. This follows a similar format to Initial and Core Assessments, but it is designed to be carried out by any professional, and is simple and straightforward to complete. The purpose of the CAF is to ensure that additional needs are identified and assessed at the earliest opportunity, so that when necessary services can be offered and coordinated. The ultimate aim is prevent problems becoming more serious through early intervention. It is a simple assessment to determine whether the child would benefit from a coordinated plan. If such is plan is necessary, a Lead Professional will be agreed, to coordinate the services offered.

CARE LEAVERS

Entitlement to Services under the Leaving Care Act 2000 extends to all young people who meet the criteria.

CARE PROCEEDINGS

'Care Proceedings' refer to the Local Authority making an application for a Legal Order under the 1989 Children Act.

CARER

This is a general term for anyone looking after a child or young person. A carer can be a parent, a step parent, a relative, a private foster carer, or a foster carer

CDAP

Children with Disabilities Allocation Panel.

CHILD IN NEED

Under Section 17 (10) of the Children Act 1989, a child is a Child in Need if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is disabled.

CHILD SUBJECT TO CHILD PROTECTION PLAN

Children who are judged to be at risk of continuing harm, and who have been the subject of a child protection conference, will have a child protection plan.

CHILD / YOUNG PERSON

A child or young person is aged up 18 years with specific reference the Children Act 1989. The general duties of Local Authority towards children and young people come to an end when the young person is 18. "Formerly Relevant" young adults under the Leaving Care Act 2000 receive support from the Young People's Service until the age of 21 (24 if in continuing education)

CONSULTANT SOCIAL WORKER

Experienced Senior Social Worker with supervisory responsibilities and evidence informed practice lead.

CORE ASSESSMENT

A detailed and in depth assessment carried out for children who may have highly complex needs. Children who have specific types of need, such as children who are Looked After, or who are the subject of a Child Protection plan, should always have a Core Assessment. Core Assessments use the format of the 'Assessment Framework'. Safeguarding and Specialist Services Social Workers have the lead responsibility, but other agencies need to actively contribute to the assessment to ensure positive outcomes. A core assessment should be completed within 35 working days.

CWD

Children with Disabilities

DISABLED CHILDREN

The Disabled Children and their Families Service' carries out specialist social care functions in relation to children who meet the criteria.

EDRMS

Electronic Data and Records Management System

FGM

Family Group Meeting

ICS

Integrated Children's System. The electronic recording system for Children in Need used by Safeguarding and Specialist Services.

INITIAL ASSESSMENT

A brief and holistic assessment which uses the Assessment Framework. Safeguarding and Specialist workers have lead responsibility for carrying out Initial Assessments. The purpose is to determine whether the child is a child in need, and if so whether the child is eligible for services. Initial Assessments should be completed within 7 working days of the referral.

INITIAL ASSESSMENT TEAM

This is a Children in Need Team with a specialist function. This team has a borough wide remit. The team carries out Initial Assessments on children following a referral. If the Initial Assessment results in the child being defined as 'in need' the case is transferred to one of the Social Work Teams.

JAP

Joint Allocation Panel

LOOKED AFTER

Looked After means a child/young person who is in the care of the local authority. Some children on a legal order living at home or with a close relative may be Looked After. There are technical and legal definitions; a looked after child can be accommodated 'voluntarily' or under a legal order. The Local Authority has specific and extensive responsibilities for Looked after Children.

MACC

Multi Agency Case Clinic.

PERMANENCE

Children and young people require a sense of stability and permanence in order to feel secure and develop a positive identity. 'Permanence' is normally one of the aims of intervention for children in need. For children with disrupted relationships and families it is of particular significance.

PRIVATE FOSTERING

Children and young people sometimes live with a carer who is not a close relative. This could be a family friend, a neighbour, or a more a distant relative. If this is likely to continue for more than 28 days then there is a legal requirement for the Local Authority to assess the suitability of the arrangement, and to keep in regular contact with the young person concerned.

REFERRAL

A referral is a request for an assessment or service.

RISK TO CHILDREN

Adults convicted of certain offences are designated as a 'risk to children'. Adults who fall into this category who have close contact with children may be subject to action to ensure the safety of any children with whom they have contact.

SECTION 17

Provision of services for children in need, their families and others (Children Act 1989).

SECTION 47

Section 47 of the *Children Act 1989* places a duty on Local Authorities to make enquiries into the circumstances of children considered to be at risk of 'significant harm' and, where these enquiries indicate the need, to undertake a full Investigation into the child's circumstances.

SENIOR PRACTITIONER

A post within the Social Work Team. The Senior Practitioner deputises for the Consultant Social Worker when necessary, and has additional responsibilities compared with a social worker.

SW&S

Social Work and Safeguarding

UNBORN CHILD

Unborn children can also be 'in need' and assessments undertaken pre-birth and services provided.

Appendix 8: Contacts

CAF Form	http://www.bedfordshirelscb.org.uk/caf.php
CAF Co-ordinator	cafadmin@bedford.gov.uk 01234 718612
Children's Social Care: <ul style="list-style-type: none"> • Contact, Referral and Assessment Duty Desk • Administration • Children with Disabilities Team 	vcadmin@bedford.gcsx.gov.uk 01234 223599
Emergency Duty Team	0300 300 8123 01234 223599 (for professionals)
Family Group Meeting Manager	Thomas.Sanctuary@centralbedfordshire.gov.uk 0300 300 6729 Ext 44882
Local Authority Designated Officer (LADO)	LADO@bedford.gov.uk 01234 276693 / 276760
Local Safeguarding Children Board (LSCB) Bedfordshire	LSCB@centralbedfordshire.gov.uk 300 300 6676
Youth Offending Service	Grpbeds-yot-fcstatutory@bedford.gov.uk 01234 276400