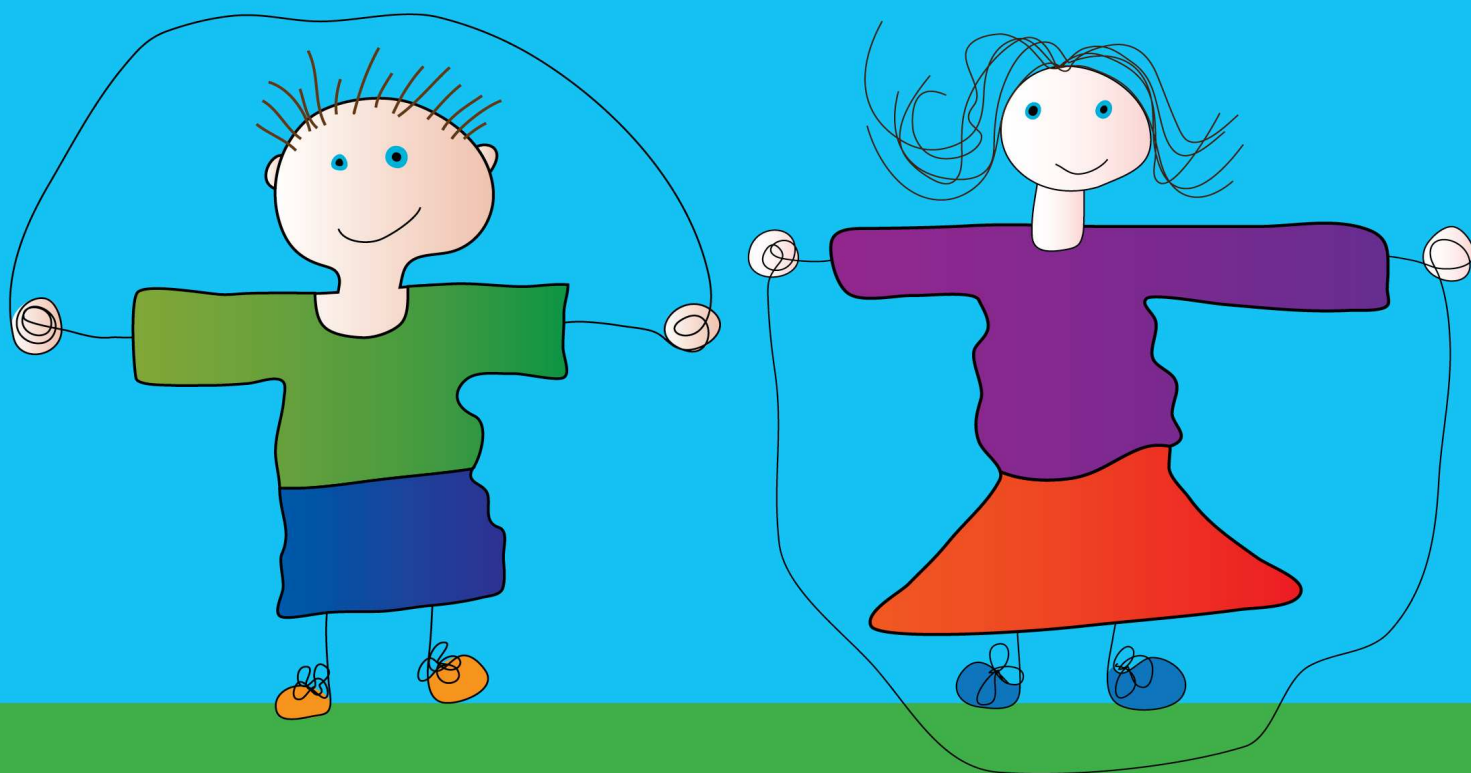


Bedfordshire Local Safeguarding Children Board

Working together to safeguard children



Protocol for working with Parents/Carers with Learning Disabilities

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Glossary

ALDT	Adult Learning Disability Team
CAB	Citizen Advice Bureau
CAF	Common assessment framework
CAMH	Children Adolescent Mental Health
CSC	Children Social Care
CWD	Children with disabilities
LAC	Looked after children
LSCB	Local Safeguarding Children Board
MAAG	Multi Agency Allocation Panel
SMART	Specific, Measurable, Achievable, Realistic Task
SWIFT	Social Care's client database
S17	Children who are defined as being 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (section 17(10) of the Children Act 1989), plus those who are disabled.
S47	Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm.
YMCA	Young Men Christian Association
YOS	Youth Offending Service

This document will refer to parents through out but Professionals should also consider this document in relation to carers as well.

1. Purpose of the protocol

1.1 To provide a joint framework of assessment for adults with learning disabilities who are also parents, which addresses their needs and those of their children, in a way that:

- Considers the needs and safety of the children.
- Recognises the needs of adults with learning disabilities and as parents.
- Acknowledges and understands the impact of learning disabilities on parenting and children.
- Supports family life and positive parenting.
- Promotes joint and multidisciplinary working across services and organisations.
- Provides a non-stigmatising service that encourages social inclusion for all users.
- To improve interagency working practices by setting out details of each agency's referral and assessment procedures, including thresholds and timescales.
- To provide a framework of quality assurance by outlining the service standards expected from each agency and the procedures for addressing any issues that may arise.
- To improve interagency communication and information sharing through the use of a common protocol.

2. Scope of the protocol

2.1 This protocol applies to:

- Adult Learning Disabilities Team within Bedfordshire Adult Social Care
- Social workers working within Bedfordshire Children's Social Care.
- All other Professionals working with children and families within Bedfordshire.

3. Principles

- Child's welfare and safety is paramount
- All professionals involved have a responsibility for the safety and well-being of children
- Promoting child and parent participation
- Valuing and appreciating diversity
- Children are best placed within their families and support should be provided to enable this wherever possible and in the best interests of the child
- Clarity about accountability and responsibility to the child.
- Parents with a learning disability have a right to be supported in a non-judgment way that enables them to fulfill their parental responsibilities
- Risk is reduced when information is shared in a timely manner
- Children have a right to services that promote their physical and emotional well being and development so that they can achieve their potential
- The well-being of children and their families is best served by a multi-agency approach where different services work effectively together

4. Introduction

- 4.1 Over the last two decades, since the closure of long stay hospitals and advances in community-based care, the number of people with learning disabilities who are forming relationships and having children has increased.
- 4.2 According to "Valuing People", the Government's White Paper (1), people who have learning disabilities are amongst the most socially excluded and vulnerable groups in Britain today. It states that, "*Parents with learning disabilities are amongst the most socially and economically disadvantaged groups. They are more likely than other parents to make heavy demands on child welfare services and have their children looked after by the local authority. People with learning disabilities can be good parents and provide their children with a good start in life, but may require considerable help to do so. This requires children and adult social services teams to work closely together to develop a common approach. Social services departments have a duty to safeguard the welfare of children, and in some circumstances a parent with learning disabilities will not be able to meet their child's needs. However, we believe this should not be the result of agencies not arranging for appropriate and timely support.*" (Valuing People, pp 81-82)

Identifying a parent who may have a learning disability

- 4.3 A learning disability is usually formally diagnosed by a medical practitioner or a psychologist. Assessments are conducted on an individual basis and cover a comprehensive assessment of a person's ability, coping and self-help skills. The assessment also includes consideration of their developmental history. The local specialist health learning disability services would be an appropriate port of call for anyone seeking such an assessment. However, there are certain signs that may alert anyone working with a family that the parent may have a learning disability. The following list can be used as a checklist to determine whether or not an onward referral is needed.

Checklist

- 4.4 Firstly, if the person has a history of having attended special school, remedial class, or some other form of special educational provision, then a further assessment may well be helpful, unless it is clear the special educational needs were very specific, such as for dyslexia only.
- 4.5 Secondly, if the person shows 5 or more of the signs listed below, an onward referral is warranted:
- **Inability to travel using public transport;** always brings another adult with them to appointments.
 - **Literacy:** Inability to write: writing minimal, factual information only (always takes forms away for someone else to complete), limited reading skills with limited understanding of what is read.
 - **Erratic appointment keeping:** Often either late or very early, gives odd excuses, comes on the wrong day, confusion about which appointment it is.

- **Provides vague or naïve information about basic facts:** Cannot say what hospital the baby was born in, unsure about basic facts such as whether the child is on baby milk, not sure if the child is in special education, does not know how to recognize when the child has a temperature.
- **Finances:** Poor financial management, inability to budget, cannot work out how much change is due from simple transactions.
- **Demands:** Overwhelmed by routine demands to the extent of missing important appointments etc. (e.g. regularly late for school because of an inability to get the child dressed on time), can't organize the household, unable to keep track of grocery needs, cannot prioritise demands or activities. (Sometimes parents cope with this by setting up a rigid routine that they find very hard to bend, for instance, refusing to arrange a visit on a Wednesday because that is the day they go shopping etc.)
- **Child care:** Excessive difficulties in managing children, poor eye contact with the child, telling the child off more than praising the child, inappropriate feeding or picking up of the child, little sense of what would be age appropriate toys/play, unable to sense the child's needs, child appearing to be in control of parent.
- **Compensation strategies:** Rigid routines, covering up difficulties
- **Making use of informal support more than would be expected for tasks:** such as filling in forms, using public transport, arranging appointments and making phone calls.

5. Definition

- 5.1 A **learning disability** can be defined as a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social function), which started before adulthood and has a lasting effect on a person's development. Associated conditions may be: autism, communication difficulties, epilepsy, sensory impairments, behavioural difficulties and physical disorders. When doing an assessment the Adult Learning Disability Team (ALDT) will give consideration to a person's ability to function to cope in their life as well as that person's overall level of intellectual functioning, provided that they have a Learning Disability identified through an assessment carried out by the ALDT. In general terms an IQ score below 70 is considered indicative although not always diagnostic of a Learning Disability.
- 5.2 This protocol is primarily concerned with the specialist assessments of children considered to be in need or at risk, under sections 17 and 47 of the Children Act 1989. Children who are defined as 'in need' under S.17 Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services, plus children who are disabled. Children who are defined as 'at risk' under S.47 Children Act 1989, are those judged to be suffering or likely to suffer significant harm. Assessments of the latter will form part of a Section 47 enquiries.
- 5.3 Parents with learning disabilities can sometimes fall through the gap between the provision of services for children and the provision of services for adults, as each 'sector' focuses on its own service users and fails to coordinate effectively. As a

result, some may miss out on support services that they need in order to prevent problems from arising.

- 5.4 The context in which people with learning disabilities have children is one that has been dominated by the perception of risk and the assumption that parenting will not be good enough. The Children Act 1989 brought about a shift in emphasis, requiring that children be supported to stay within their own families as much as possible. This in turn led to the need to assess disabled parents within a wider social and environmental context rather than by their parenting skills alone. Assessment by parenting skills in isolation merely tended to add weight to the commonly held assumption that a learning disability weakens the ability to parent, when this is not necessarily the case. Adults with learning disabilities may need support to develop their understanding, resources, skills and experience to meet the needs of their children. This will be particularly necessary if they are experiencing additional stresses such as domestic abuse, poor physical or mental health, having a disabled child, substance misuse, social isolation, poor housing or poverty.
- 5.5 It is worth noting that evidence suggests that deliberate abuse by a mother with learning disabilities is rare; when it does occur it is more often than not at the hands of an abusive partner, who is likely to be abusing the mother as well. However, where a mother with learning disabilities deliberately abuses it is a strong indicator that the abuse will reoccur.
- 5.6 Many parents with learning disabilities fall below the thresholds for provision of support via adult social care services. They therefore will not qualify for the kind of services through which they might learn effective parenting skills. Although the learning disability is outside the threshold criteria for one service, the lack of additional support for the parent can make it more likely that the children meet Children Social Care criteria.
- 5.7 The interventions made by Children Social Care are more likely to be short-term in nature; the interventions of adult's service professionals long-term, however this is not always the case. Practitioners need to understand the context to each other's operational practice.

6. Legislative and Policy Context

- 6.1 There is a web of law, regulation and guidance affecting practice. The key points are outlined here, but there are websites where further information for those seeking more detail and they are listed following the References. Underpinning legislation requiring public authorities to protect and support everybody's human rights is enshrined in the Human Rights Act 1998. Many of the rights set out in the Act are broad and subject to limits and qualifications, but the key Articles affecting parents with a learning disability are Article 8, a right to respect for private and family life, and Article 12 the right to marry and found a family.
- 6.2 Legislation requiring public authorities to eliminate discrimination and promote equality is set out in the Disability Discrimination Acts 2005 and the Race Relations

(Amendment) Act 2000. Website links to the Bedfordshire & Luton Partnership Trust can be found in the Useful Websites section at the end of the document.

7. Advocacy

- 7.1 An advocate can be a voice for parents, and a go-between or interpreter supporting the links between families and services.
- If the child of a parent with a learning disability is involved in child protection enquiries or in care proceedings the parent should be helped to find independent advice and advocacy
 - If independent advocacy is not available, parents should be encouraged to involve a friend, relative or member of their local community to support them through the process
 - The use of advocacy must be consistent and fair. This means that if an advocate attends a child protection conference they should also attend subsequent core groups.
 - The use of an advocate should never take away the responsibilities of social work and other professionals,
- 7.2 All workers providing services to families act as advocates, since it is a central aim of caring to promote adult and children's rights and independence and ensure their needs are met as far as possible.
- 7.3 However, family members also have the right to an independent advocate. The Case Co-ordinator plays a crucial role in ensuring that independent advocacy is sought and offered at an early stage to support the parent to participate fully.
- 7.4 Workers will, where circumstances indicate and/or by request, inform parents and older children about the independent advocacy service, and if necessary, enable them to make contact with and use the service. The role of an independent advocate is essential where the parent has a learning disability and needs more accessible formats, additional or ongoing support to understand and/or give informed consent to certain processes. The advocate supports the parent to participate in unfamiliar or formal meetings, court, tribunal hearings or other similar settings, or where the parent disagrees with decisions made and needs help in challenging them. The advocate's role is to represent and promote the family member's rights and point of view where they cannot easily do this for themselves and ensure that the person has a "voice" in the process of service provision at all stages. The advocate is also in a position to lobby for services where these are needed but not being provided, and offer practical and emotional support.
- 7.5 Learning disabled parents whose children receive services under child protection procedures may benefit particularly from advocacy support, particularly during Child Protection Conferences and Core Groups. It is essential that parents are helped to understand the nature of any concerns, and the expectations that are made of them in child protection plans. It is equally essential that they have an opportunity to express their views during these meetings.
- 7.6 The ALDT's role as an advocate for the parent will inevitably be restricted if care proceedings are issued. This is because the agency the social worker represents -

Bedfordshire County Council - is a party to the proceedings. Council employees are consequently expressly forbidden to discuss the case with the legal representatives of other parties, including parents. It is often at this point that the need for independent advocacy becomes clear.

- 7.7 Whilst an independent advocate can explain processes using specialised methods and taking time as required, this does NOT replace the agencies' responsibility to present information clearly and appropriately to the needs of the parent.**

Key messages from parents

Social workers who are good at communication:

- *Are respectful*
- *Turn up on time*
- *Speak directly to parents with learning disabilities*
- *Don't use jargon*
- *Think before they talk to you*
- *Listen and 'hear' you*
- *Explain what is happening*
- *Do what they say they will do*
- *Be honest if they cannot help you*
- *Are patient*
- *Make enough time to communicate with you.*

Reproduced with permission from training materials developed by CHANGE and parents with learning disabilities (for more details see Resources section).

8. Confidentiality and Information sharing

- 8.1 Good information sharing is a crucial element of successful interagency working, allowing professionals to carry out their statutory obligations and make informed decisions based on accurate and up-to-date information, thus improving outcomes for clients.
- 8.2 Further guidelines can be found in the Bedfordshire Safeguarding Procedures and Information Sharing Protocol, these dovetails with the Government guidance "What to Do If You're Worried a Child is being Abused" that all staff need to be familiar with. All documents are available on www.bedfordshirelscb.org.uk.
- 8.3 The main points to remember are:
- Information should be shared on a 'need to know' basis when it is in the best interests of the service user(s).
 - Consent should be obtained but this requirement maybe overridden if adults or children are at risk.

9. Practice Standards

- 9.1 The needs of parents with learning disabilities should include the ability to meet a child's needs, as well as their' own personal needs, e.g. personal care of the child; preparation of meals and drinks; attending to the child's health needs; parental involvement in indoor and outdoor play; support in education. This ability should be measured not just in the immediate but assessed into the future.
- 9.2 Parenting needs should also be seen as tasks that do not directly involve the parent, but support their parenting choices, e.g. providing appropriate childcare.
- 9.3 Parents and children (where appropriate) should receive copies of assessments in formats accessible to each individual.
- 9.4 Assessments and both adult's and children's care plans should always be inter-agency in their approach.
- 9.5 The parents and child should each have care plans that assess their needs and what is required to support them, this includes a clear focus on the needs of the child.
- 9.6 Adults and children (where appropriate) should always be advised as to how to make representations or complaints about any part of the assessment and care planning process and be supported should they wish to do so.

10. Role and responsibilities of the Adult Learning Disabilities Team (ALDT)

Professionals working with parents/carers with learning disabilities have a duty not only to the adults but also to any children they may have in order to ensure that their needs are identified and that any risks are addressed by the appropriate childcare team.

- 10.1 Parents with learning disabilities need to be given the message that it is not unusual to require support with parenting, and that information and communication will be provided in ways accessible to people with learning disabilities.
- 10.2 Parents need accessible information and communication about relevant services at all the different stages of their children's lives: from midwives and health visitors all the way through to Connexions and youth services.
- 10.3 Communication with schools is particularly important: parents have a responsibility to ensure their children attend and are expected to be involved in their children's education. Parents with learning disabilities cannot fulfil such responsibilities unless information and communication is made accessible by teachers and schools. Unnecessary difficulties are created in parents' relationships with their

children's schools if the school does not think carefully about how to communicate effectively with parents and how to involve them in their children's education.

- 10.4 ALDT's should take steps to ensure that people with learning disabilities who become parents are referred to agencies that have the knowledge and access to the support available.
- 10.5 New parents and parents-to-be who have learning disabilities need accessible information about both universal and specialist services. Such information should be made available in all the places that people with learning disabilities are likely to be, including GP surgeries, day centres, colleges, employment projects, supported housing, etc. This will involve both Children and Adult Social Care.
- 10.6 Parents with a Learning Disability require accessible information about their entitlements to an assessment of their need for support with parenting and about the ways in which this support could be provided. This will involve both Children and Adult Social care via a joint planning process.
- 10.7 Few parents with learning disabilities are aware of the support they may be entitled to from Social Care services. Attention should be given to providing information about their rights, as this may help to overcome the fear that an involvement with services as a parent with learning disabilities puts them at risk of losing their children into care.
- 10.8 ALDT workers and staff from the specialist clinical services Learning Disability directorate of Bedfordshire and Luton Partnership Trust can assist in working with parents to assess:
 1. Capacity to make decisions under the Mental Capacity Act
 2. Where parents may have difficulty in engaging with services due to limited intellectual capacity
 3. Signposting to supportive advocacy services for the adult carers.

Adult services may consider a referral to the MAAG if appropriate for level 2 cases that do not meet Children Social Care criteria.

- 10.9 A referral can be made by using the CAF referral form on www.bedfordshirelscb.org.uk and sent to either:

- maagnorth@bedscc.gov.uk
- maagmid@bedscc.gov.uk
- maagsouth@bedscc.gov.uk

See appendix C for more details

- 10.10 If the ALDT has concerns about the safety of a child they should speak to their manager or other lead professional and make an immediate referral to the relevant CSC Intake and Assessment team, contact details in appendix C. The referral should be followed up in writing within 24 hours using the CAF Referral Form. The parent should be informed of the referral unless this places the child/ren at risk of further harm.

This is the first stage in making a referral to Children Social Care. Completed CAF forms are considered at a MAAG where an Action Plan is made regarding future

services. Not all CAF's will lead to a referral to Children Social Care but if the MAAG decides that a referral is necessary, because the child may be In Need according to the Children Act 1989, the CAF form and the Action Plan together will form the referral and no further documentation will be needed.

11. Referral to ALDT

- 11.1 If the children and family team have concerns about the impact of a learning difficulty/or learning disability on parenting capacity, they can request support from the ALDT. This must be in writing direct to the team duty officer if the case is not known or has no allocated Social Worker, delivery by post, fax or email are all acceptable.
- 11.2 If the person does not meet "Fair Access to care Services" criteria for the ALDT the information gained from the "Fair Access to Care Services" process will be available to inform CSC and the ALDT will advise CSC on how to work with the parent/carer.
- 11.3 When it appears that the person probably does not have a learning disability, the ALDT may offer a 'support contact'. The purpose of a support contact is to clarify how the assessment was made and whether other areas of support accessed by the adult services division may be able to provide support.
- 11.4 The feedback will include suggestions that CSC should follow through to support the parents.
- 11.5 If a child is **not** identified as 'in need' and a parent has a learning disability, consideration should first be given to referring any concerns to the client's GP. Where the problem is significant and the person is previously known to ALDT then referral back to the ALDT would be appropriate.
- 11.6 If a child is potentially 'in need' and the parent is known to have a learning disability, a referral should be made to the ALDT and arrangements made for a joint initial assessment. This should be led by CSC staff, who should take responsibility for contacting the family.
- 11.7 Where the parent has been assessed as having an IQ of 70 or less and has few supports in their family or social network and any of the following factors exist, and/or following the completion of a CAF that identifies unmet needs, a referral should be made to ALDT.
 - The parent has a learning disability and other factors are present such as a child with their own additional needs, a history of parental trauma, mental ill health or substance misuse or an abusive partner.
 - A parent with Learning Disabilities is being targeted by others wishing to exploit them, including men wanting to gain access to children for sexual purposes.
 - The parent (with IQ 60-70) who wishes to be supported by CSC
 - Parent unable to care for themselves.
 - There is evidence that sex offenders and/or their associates are visiting the household

- Parent unable to follow clear instruction
- Parent presenting self-harming behaviour and suicide attempts
- Parent misuse of drugs, alcohol, medication
- Non-compliance with treatment, reluctance or difficulty in engaging with necessary services, lack of insight into disability or impact on the child
- Domestic violence and/or relationship difficulties
- Unsupported and/or isolated parents
- A child is acting as a young carer for a parent or sibling

12. Role and responsibilities of Children Social Care (CSC)

- 12.1 CSC should take steps to ensure that adults with learning disabilities who become parents know about the support available, and about their responsibilities as parents.
- 12.2 A key barrier faced by CSC in carrying out their responsibilities is that parents with learning disabilities are often frightened of asking for support when they need it. Accessible, useful information provided by Children Social Care can go a long way to overcoming this fear.
- 12.3 Independent sector organisations are a particularly important way of getting information to parents with learning disabilities as there is less stigma and fear associated with them

13. Referral and assessment procedures - children

- 13.1 All professionals should routinely record the names and dates of birth of any children within the household of a service user and of any children the user has parental responsibility or regular contact with; clarifying whether the child/ren are a carer for their parent or other siblings due to their parents health issues. If possible, they should also record the names of the children's schools, their GP and any other health or social care professionals involved with the children or their family.
- 13.2 Parents with learning disabilities are much more likely to accept professional help during pregnancy or following birth than later. Early intervention should enable services to be put in place proactively. Plans should include a range of immediate, medium and longer term services.
- 13.3 CSC workers should routinely record whether a parent has a clinically diagnosed learning disability at the Initial Assessment.
- 13.4 A decision should be made about whether the child is potentially a child in need, or a child in need of protection within the terms of Bedfordshire's threshold criteria, see appendix D within 24 hours of a referral.

13.5 If it is believed that the child would benefit from family support services, professionals may refer the child but only with the consent of the person with parental responsibility.

14. The threshold for significant harm is likely to have been reached when:

- There is an impact on the child's growth, development behaviour and/or mental/physical health
- The parent/carer's needs or disability are taking precedence over the child's needs
- The child/ren become targets for parental aggression or rejection
- The child/ren are neglected as a result of parental disability
- Where the disability is combined with domestic violence.

14.1 It is not necessary to have a formal diagnosis in order to complete the assessment. Section 47 enquiries/core assessments should focus on identifying parental behaviour's and considering their potential impact on the child.

The following table may assist in the assessment process¹:

Parental Behaviour	Parental Impact on Children <i>(in addition to attachment problems)</i>
Self-preoccupation	Neglected
Emotional unavailability	Depressed, anxious, neglected
Practical unavailability	Out-of-control, self-reliant, neglected, exposed to danger
Frequent separations	Anxious, perplexed, angry, neglected
Threats of abandonment	Anxious, inhibited, self-blame
Unpredictable/chaotic planning	Anxious, inhibited, neglected
Irritability/over-reactions	Inhibited, physically abused
Distorted expressions of reality	Anxious, confused
Strange behaviour/beliefs	Embroided in behaviour, shame, perplexed, physically abused
Dependency	Caretaker role
Pessimism/blames self	Caretaker role, depressed, low self-esteem
Blames child	Emotionally abused, physically abused, guilt
Unsuccessful limit-setting	Behaviour problem
Marital discord and hostility	Behaviour problem, anxiety, self-blame
Social deterioration	Neglect, shame

14.2 If the decision is made by CSC to undertake an Initial and/or Core Assessment then there needs to be some agreement/decision as to whether this is a joint assessment as the issues around the parent/carers ability to meet the needs of the

¹ Duncan, S., & Reder, P. (2000) "Children's experiences of disorder in their parents" in Reder, R., McClure, M., Jolley, A. (eds) (2000) *Family Matters* Routledge: London

child/ren will need to be assessed taking into account their disability. CSC workers are not experts in this field and therefore the input of the ALDT is essential.

- 14.3 To comply with government requirements, Initial Assessments need to be completed in 7 working days from the date of referral. CSC are always the professionals responsible for the child's Initial Assessment and that must be recorded on SWIFT. ALDT and all professionals involved with children are required to provide support with initial assessments as appropriate.
- 14.4 Core Assessments need to be completed in 35 working days from completion of the Initial Assessment. CSC are always the lead professional responsible for the Core Assessment and must be recorded on SWIFT as such. ALDT will provide information for the Core Assessments.

15. Joint Working

- 15.1 Where the parents have learning disabilities and their child has identified additional needs, ALDT and CSC will hold respective responsibility for the care plans and the costs of support services to the family relating to those care plans. The care plan and their costs will be agreed through application to the respective commissioning panels in Children and Learning Disabilities services.
- 15.2 Case responsibility and decision making accountability for the child remains with CSC.
- 15.3 When the parent/carer has learning disability eligible needs in respect of a learning disability in their own right and the child is not at risk nor in receipt of support services, then support to the parent/carer will be the responsibility of the ALDT and funded by them. Dialogue between the ALDT and CSC should still be maintained in these cases as CSC may be able to signpost useful preventive and promotional services.
- 15.4 Language used needs to be clear and free from jargon; professionals should aim to only introduce a couple of new ideas at each meeting. The parents should be given clear explanations of decisions made.
- 15.5 If a child in need plan results from assessments, these should be reviewed on a regular basis. Reviews should focus on whether the child's developmental needs are being met, as the child's needs change the plan should be adjusted accordingly. A parent with learning disability may be slow to recognise a child's changing needs and will require help to change their behaviour to meet the needs of their growing child. **The ideas of life long help may need to be explored.**
- 15.6 There should be preparation/consultation with parents, wider family and the child prior to any meeting. The record of each meeting should be circulated to all with plans and assessments being updated regularly. Written materials should be adapted to be accessible to the parents/child/ren.

- 15.7 Professionals should remain alert to the possible discrimination faced by the family and should consider how their own attitudes and values to learning disabilities might affect their assessment.
- 15.8 It may be possible to gain information regarding a parent's capacity, with their agreement, through school records.
- 15.9 No major decisions (such as the removal of children, closure of case, etc) should be made without the consultation of other services, unless urgency requires immediate action. In these circumstances other parties should be informed as soon as possible.
- 15.10 The ALD worker must be informed if a child is returning home following a period of being in care or of accommodation and the CSC social worker must be informed of any changes in the care package.
- 15.11 When a Parent has to attend a meeting in respect of their child/ren then they should be given the opportunity to bring along someone who is able to be their advocate and offer support.

16. Pre-Birth Assessments where a parent has a clinically determined Learning Disability.

- 16.1 Where an agency or individual anticipates that a prospective parent may need support services to care for their baby or that a baby may be at risk of significant harm, a referral to CSC should be made as soon as the concerns are recognised. Arrangements should then be made for a joint initial assessment to include the named Midwife.
- 16.2 Delay should be avoided when making referrals in order to:
- Provide enough time to make plans for the baby's protection
 - Provide enough time to make a full and informed assessment
 - Avoid approaching parents in the last stages of pregnancy, which is likely to be more emotionally charged
 - Enable parents to contribute their own ideas and solutions and increase the likelihood of positive outcomes
 - Enable the early provision of support services so as to facilitate optimum home circumstances prior to birth
- 16.3 Concerns should be shared with the prospective parent and consent obtained to refer to CSC unless this may place the welfare of the unborn baby at risk. The sharing of concerns should not delay a referral to CSC.
- 16.4 A pre-birth initial assessment should be completed on all pre-birth referrals and a strategy meeting held where:
- There has been a previous unexplained death of a child whilst in the care of either parent
 - A parent or other adult in the household presents a risk to children

- A sibling in the household has a Child Protection or Child In Need Plan.
 - A sibling has been previously removed from the household either temporarily or by court order;
 - Domestic abuse is known to have taken place;
 - Parental substance misuse is likely to significantly impact on the baby's safety or development;
 - There are concerns about the mother's ability to self care and/or to care for the child
 - Any other concern exists that the baby may be at risk of significant harm.
- 16.5 The strategy meeting should consider the need to move to a s.47 Enquiries and initiate the process immediately if this is agreed. The ALDT should be invited, attend and make a contribution to the strategy meeting.
- 16.6 The meeting should be chaired by a CSC Team Manager and involve all agencies with relevant information, including the midwifery service and Health Visitor. Where required, a legal advisor should be consulted.
- 16.7 The meeting must decide:
- Whether a s.47 enquiry and pre-birth core assessment is required
 - What areas need to be considered for assessment
 - Who needs to be involved
 - How and when the parent(s) are to be informed of the concerns
 - Post Natal plan needs to be developed for the mother and the baby.
- 16.8 The assessment should be completed within 7 working days. In the event of a decision to proceed to a child protection investigation, an initial Child Protection Conference should be held within 15 days of the strategy meeting.
- 16.9 Social workers should support parents to express their views at the conference in ways that are comfortable for them.
- 16.10 The assessment plan must be consistent with standards required for possible court proceedings, including clear letters of instruction
- 16.11 The parents should be informed as soon as possible of the concerns and the outcome of the assessment.

17. Family Group Meetings

- 17.1 One service which may be of particular interest to parents with a learning disability and their families, where there are difficulties affecting their children, is that of the Family Group Meeting.
- 17.2 The aim of a Family Group Meeting is to support the family to take the lead in making a plan about how they can manage their difficulties together – in a more family centred way. In many cases there is multi-agency involvement and the Family Group Meeting offers an opportunity for mutual understanding and agreement in a less formal environment.

- 17.3 Use of accessible materials and formats, such as those used in person centred planning can support parents to participate fully in their own solutions and give meaning to many of the complexities they face.
- 17.4 Some professionals are concerned that the plans made by families at a Family Group Meeting are less robust than a conventional service package - or even that they may be dangerous. However the child's well-being and safety is placed at the heart of the process and experience and research has shown that families reach positive and creative solutions in very complex situations.
- 17.5 The actions taken as a result of Family Group Meetings can also reduce the need for more intrusive and costly interventions from professional agencies in the long run.
- 17.6 If a Family Group Meeting takes place, the role of any professional already working with the family is to:
- continue the existing support until the outcome of the Family Group Meeting is known and the plan is changed as a result.
 - share information with the meeting
 - contribute to the ongoing plan as agreed and
 - participate in subsequent reviews.

18. Young Carers

“Young people should not be expected to carry inappropriate levels of caring which have an adverse impact on their development and life chances. It should not be assumed that children should take on similar levels of caring responsibilities as adults” (Framework for Assessment of Children in Need and their Families 2000 para 3.62)

- 18.1 When a young person is undertaking any caring role within the family the first consideration should be for their well-being.
- 18.2 Referrals to CSC in relation to young carers should also be referred to the ALDT and a joint assessment carried out, led by the CSC worker. This is to make sure that the adult is receiving appropriate support services, provision of which may reduce the responsibility on the young carer.
- 18.3 A risk assessment should be undertaken in respect of the young person to determine the level of additional support and/or investigation required.
- 18.4 It is fundamental to this Guidance that suitable support is afforded to parents to enable them to care for their children themselves to avoid their children taking on inappropriate caring roles.
- 18.5 Where a young carer is to move from the family home and this would leave a parent with a Learning Disability vulnerable then a referral should be made to the ALDT and the young carer involved in discussing a future care plan.
- 18.6 Tasks and responsibilities identified as inappropriate are those which are time consuming and/or likely to impact adversely on a child or young person's emotional, physical, educational or social development.

18.7 However, it is also recognised that roles and relationships within families are complex and that some children and young people may be involved in caring within their families to some degree. **Workers need to use their professional judgment when assessing these situations:**

- Where a worker from the Adult Services considers that a young person in a family where a parent has a learning disability is carrying out some aspects of caring for their parent, and there is no worker from the Children Social Care involved, the worker should complete a CAF referral with the young person and parent, with a view to agreeing in a multi-agency setting, whether there should be an Initial Assessment and/or a Carer's Assessment to determine the young person's own needs.
- Where Children Social Care is already involved they must carry out a Carer's Assessment.
- While it should never be tolerated or expected that children carry out caring tasks which are inappropriate for their age and stage of development, or which create anxiety, or which they are reluctant to do, the precise activities considered acceptable should be determined after careful assessment.
- Making decisions about what it is appropriate for a young person to do should always be based on what is right for the young person and never on financial or purely pragmatic grounds.
- It is also recognised that some children may want to support their parents by being involved in some aspects of caring and that this may bring some personal benefits for them and the family as a whole. Therefore workers must use their professional judgement and knowledge of the family to come to a suitable conclusion and keep this under constant review.
- Workers must give information to all family members about the Young Carers Project (Spurgeons) which aims to provide emotional and practical support for children over 8 years who are involved, to any degree, in caring for a disabled family member. If the family wishes, the worker will help them contact the Project or contact them on their behalf. The Young Carers project offers additional support and leisure opportunities for the child or young person and is not a substitute for Social Care or other support services which are assessed as needed for any family member.
- Contact: Jane Lightfoot Tel: 01234 857826 Email: janelightfoot@spurgeonsbedford.org.uk for further details of Bedfordshire Young Carer's Project.
- In the few cases where a family may be reluctant or anxious about agreeing to an Initial or a Carer's Assessment for the young person, perhaps fearing that the child will be taken away from the family or that unsuitable or no alternative provision will be made, the workers involved should make every effort to re-assure the family that the aim is to support not undermine, and that they will work with the family to meet their needs as far as possible. (If this involves making a Child in Need referral this will be made according to the criteria and process above).

19. Services from Supporting People and Housing Support

Where a parent with a learning disability is experiencing housing related problems e.g. setting up home, maintaining a tenancy, rent arrears or neighbour disputes, the worker will give the family information about the help offered by Supporting People Services so they can either refer themselves or, by agreement, the worker can make a referral on their behalf.

19.1 Supporting People offer the following services:

They commission and fund services that provide housing related support to anyone experiencing difficulty living independently or keeping to the terms of a tenancy agreement.

Some services offer “floating support”, in that they will visit people in their own homes, regardless of where this is or what sort of accommodation they live in.

Supporting People services are focused on housing issues and do not provide care, parenting or specialist counseling. They can often provide practical support to prevent homelessness and help develop independent living skills and coping skills for the future.

19.2 Funding for Supporting People services

The Supporting People programme is administered by the County Council, although as they do not fund the care element of any services, there is no requirement to meet FACS criteria to be referred to them.

“Floating” support services are usually free to people who need services for less than 2 years and are funded by the Supporting People budget.

19.3 Eligibility for services

Individual services will have their own eligibility criteria. These are generally based on priority of support needs and risk assessment.

Some services may have a waiting list

In Bedfordshire Supporting People are developing a “gateway” to accept and channel referrals towards services that can best meet people’s assessed needs.

Details of the services available and referral procedures are available from the Supporting People team on Tel: (01234) 276195 Email: sp.generalenquiries@bedscc.gov.uk

19.4 Homelessness

If families should become homeless the 3 District or Borough Councils have legal responsibilities to respond where people are homeless or under threat of homelessness and need assistance or advice with this. Applications for Housing can be made through

the District or Borough councils - each Council has different arrangements for applying and detailed information can be found using the links below;

Contact details can be found at:

- www.bedford.gov.uk
- www.midbeds.gov.uk
- www.southbeds.gov.uk

20. Care Packages

Care packages when required will be commissioned through the purchasing mechanisms and contracts available to the department who has responsibility for that part of the care plan or support package. Any contract should ensure that staff providing services to either children or vulnerable adults are subject to Criminal Records Bureau (CRB) checks.

21. Direct Payments

When adult service users wish to purchase their own care packages via 'direct payments', the staff member from the ALDT should support this component of the assessment.

22. Finance

- 22.1 Where additional financial resources are required, the circumstances of the whole family must be addressed and consideration given to using Section 17 monies under the Children Act 1989 or the Fair Access to Care Services procedure or both. Consideration should be given to the consequences of not providing the service. The needs of the parent and children should be clearly identified in any planning/discharge meetings so that the cost of appropriate packages of support can be agreed, if appropriate.
- 22.2 In some circumstances, one or other service will have the financial responsibility, or there may be an agreement to apportion costs.
- 22.3 Many of the parents referred often do not meet the department's Fair access to care criteria, but it is acknowledged that there are vulnerability issues for the child.
- 22.4 Services will be arranged immediately, where needed and will not be delayed for assessments to be completed, or funding organised.
- 22.5 **Where the responsibility for funding is not clear**, for example, where a parent needs therapeutic help that will impact on parenting, **there will be a common approach and an equal contribution by each service involved**. This will prevent delay, is straightforward to manage, and is the most equitable on a principle of "swings and roundabouts".
- 22.6 **Where there may be an overlap in responsibility for funding**, for example:
- Assistance with travel to/from school/nursery/playgroup (if the parent wishes to accompany the child it will be important to enable this)
 - Provision of child care while parent rests/prepares evening meal/does family shop.
 - Assistance with other family responsibilities, for example, housework, to enable parent to spend time with child.

As above there will be a common approach and an equal contribution by each service involved. This will prevent delay, is straightforward to manage, and is the most equitable on a principle of "swings and roundabouts".

23. Resolution of disputes and differences

- 23.1 In the event of a dispute or disagreement arising between professionals, in the first instance the matter should be discussed between the respective line managers. If the differences cannot be resolved at this level within a reasonable timescale, then the matter should be referred to the Head of Intake/Assessment and Family Support for CSC and the Head of Service for Learning Disability (Adults).
- 23.2 Any disputes involving cases where there is a possible risk to a child should be referred to the Head of Quality Assurance. Any disagreements or differences should be recorded on the case file, including the views of the other party.
- 23.3 Where a young carer is to move from the family home and this would leave a parent with a Learning Disability vulnerable then a referral should be made to the ALDT and the young carer involved in discussing a future care plan.
- 23.4 On the rare situation where professional workers have significantly different and opposing views about what should happen, they must, with the support of their Line Managers call a **Professionals Meeting** and negotiate to reach agreement. Family members should be kept informed of and involved in these negotiations along with their advocate as appropriate.
- 23.5 Professional differences should **not** normally cause delay in meeting assessed need. If some delay is inevitable and/or in the interests of the family or family member, then this must be kept to a minimum and all concerned kept informed of the timescales involved.

Appendix A - Useful Weblinks and Websites

Local

ALDT -

www.bedfordshire.gov.uk/LearningDisabilities/Adultlearningdisabilitiesservice.aspx
[X](#)

Children Social care -

www.bedfordshire.gov.uk/HealthAndSocialCare/ChildrenAndYoungPeoplesServices/ChildrenandYoungPeoplesServices.aspx

Family Group Meetings -

www.bedfordshire.gov.uk/HealthAndSocialCare/ChildrenAndYoungPeoplesServices/ChildrenServicesleaflets.aspx

Bedfordshire County Council – www.bedfordshire.gov.uk

Bedfordshire & Luton Partnership Trust – www.blpt.nhs.uk

Bedfordshire Primary Care Trust – www.bedfordshirepct.nhs.uk

Supporting People -

www.bedfordshire.gov.uk/HealthAndSocialCare/HelpForAdults/SupportingPeople/SupportingPeople.aspx

Bedford Young Carers Project-

www.bedfordshire.gov.uk/HealthAndSocialCare/Carers/SupportOrganisations.aspx
[PX](#)

Bedfordshire Local Safeguarding Children Board –

www.bedfordshirelscb.org.uk

Bedfordshire & Luton Adult Safeguarding Board -

www.bedfordshire.gov.uk/HealthAndSocialCare/HelpForAdults/SafeguardingAdults/BedfordshireandLutonSafeguardingAdults.aspx

National

People's rights: www.direct.gov.uk

Department of Health: www.dh.gov.uk

Social Care Institute of Excellence: www.scie.org.uk

Every Child Matters: www.everychildmatters.gov.uk

Valuing People: www.valuingpeople.gov.uk

Norah Fry Research Centre: www.bristol.ac.uk/norahfry/

Learning Curves: The assessment of parents with a learning disability
www.acpc.norfolk.gov.uk

Appendix B - Contact details for ALDT.

How to contact us

Monday - Friday

Between 9.00am - 5.00pm (4pm on Friday)

For general enquiries, advice, support and referrals for Bedford

**Duty/Intake Team
ALDT
County Hall
Cauldwell Street
Bedford
MK42 9AP**

Tel: 01234 276762

For general enquiries, advice, support and referrals for Mid & South Beds

**Duty/Intake Team
ALDT
The Rufus Centre,
Steppingly Road,
Flitwick,
MK45 1AH**

Te 01582 818776

If you need to speak to a Duty/Intake Worker outside of working hours, please call

Emergency Duty Team

Tel: 0870 2385465

About the Learning Disabilities Service

Who are we?

We are an integrated team consisting of social workers, community nurses, community team assistants, carer's development worker and administrative staff.

What do we do?

We provide a specialist service to adults who are 18 years old and over, have a formal learning disabilities diagnosis and who live in Bedfordshire. The team can offer support and advice with **specialist health care needs**

For example:

- epilepsy
- mental health
- complex physical needs
- challenging behaviour
- autism

and **social care needs** such as:

- Direct Payments
- Day opportunities (college, vocational courses)
- Employment opportunities
- Accommodation
- Help to live at home
- Respite Care
- Carer's assessment

The assessment, care management and specialist nursing support are the core work that is provided by the Adult Learning Disability Team. This is because we have a legal responsibility to carry out Community Care assessments.

How do we do this?

Referral

A referral is made to the team. This is discussed at a meeting.

We will complete an assessment in the next 14 days unless it is urgent - then we will see you a lot sooner.

You will then be given a Named Worker. The worker who supports you could be a social worker, a community nurse (known as a lead practitioner) or a community team assistant.

Assessment

We will discuss and agree your needs with you.

We will contact other professionals.

We will help you plan to meet your health and social care needs.

We may refer you to other people / services.

We will write the care plan with you and give you a copy.

The care plan will tell you what is going to happen and when and who will be doing it.

We will set a date when we can review the care plan.

Intervention

The Team will carry out what was agreed in the care plan.

They will make sure that other people named in the care plan will carry out what they have agreed.

Review

We will meet you to see if you have been happy with the support you have received.

We will look to see if anything else needs changing.

The care plan will either be updated or we agree that our work will be finished.

Closure

When our work has finished we will tell you.

We will also tell other people who know you.

We will make sure that you know how to contact the team if you need us in the future.

Other services that the team may offer include:

- advice and guidance
- training for carers
- health promotion
- support in accessing mainstream services
- signposting onto other agencies
- working with other agencies

The Adult Learning Disability Team may contact the following agencies to support you:

- Other health and social service professionals e.g. clinical services, psychology, occupational therapists
- Housing authorities
- Education, schools and colleges
- Mental health services
- Primary Care Trusts, GPs, District Nurses
- Police
- Benefits Agency, employment agencies and volunteers
- Advocacy services
- Registered care providers
- Day service providers
- Supported living providers
- Leisure service providers
- Voluntary organisations e.g. Mencap

Referrals to the team can be made by people who have a learning disability, their carers other people who may be supporting you with your consent.

Appendix C - Contact details for Children Social Care

Bedford Intake and Assessment Team
Kingsway
Bedfordshire County Council MK42 9BG
Tel 01234 223599

Dunstable Intake and Assessment Team
County Offices
Vernon Place
Dunstable
LU5 4EZ
Tel 01582 818499

Multi Agency Allocation Group (MAAG)

1. Rationale and Principles

The purpose of the Multi-Agency Allocation Group is to make appropriate and timely allocation of services to children and families in need.

By using a multi-agency approach, the group uses the skills, knowledge and expertise of a variety of services to ensure that families do not have to be passed from one service to the next and repeat their stories; co-working can be encouraged as appropriate; more than one service can be allocated from the same referral if appropriate; gaps in services can be identified; a holistic approach to working with children and families can be promoted, and a more 'joined up', co-ordinated approach to services can be provided to families.

The group works because it is a multi agency group, with representatives from statutory and voluntary agencies. A full list of agencies can be found on the MAAG leaflet.

The multi-agency approach is in keeping with the principles behind the Children Act 2004 and the integration agenda under Every Child Matters. The five outcomes for children and young people underpin the services that are represented on MAAG.

MAAG is also well placed to identify the lead agency for referrals. As the Common Assessment Framework (CAF) is introduced, MAAG will play a crucial role in the allocation of services to meet identified need, and at the same time identify a lead professional to co-ordinate the support plan for the child.

2. Criteria

The group will allocate services from level 1/level 2/lower level 3 (Hardiker model, appendix 1), promoting early intervention. Many agencies are able to accept referrals directly, without going through MAAG, however referrals should come to MAAG where there is a variety or complexity of needs that could potentially be met from more than one service; where the referrer is not clear which service is the most appropriate; or where there needs to be a multi-agency response. As a general guide, if you are not

able to meet the identified need within your agency, nor by one single referral, then a MAAG referral should be considered.

Referrals should outline the identified needs, desired outcome, and SMART goals of the intervention.

YISP (Youth Inclusion Support Panel) operates within MAAG and follows the same administration process.

3. Sharing Information and Confidentiality

The multi-agency approach described above means that agencies also need to share information with each other in order to identify the most appropriate service for families. The Multi-agency referral form asks for families consent to the information being shared at MAAG, and the information requested on the form is kept at the minimum level necessary to identify need and services. This is in keeping with the Children Act 2004, the principles of integrated service delivery in Every Child Matters, and the Local Safeguarding Children's Board's information sharing protocol.

4. Referral Process

Any agency can refer in to the MAAG, using the Multi-Agency Referral Form or CAF Form available on www.bedfordshirelscb.org.uk. This form should be signed by the parent to show they have given consent to the information being shared. A decision sheet will be sent to the referrer after each group meeting, and the referrer will be expected to share this with the family, and to liaise with the allocated service to commence work. Any family can be re-referred to the group if appropriate.

Referrers are not expected to attend the group to discuss their referral, although they can do so if they want to – this should be arranged through the Chair.

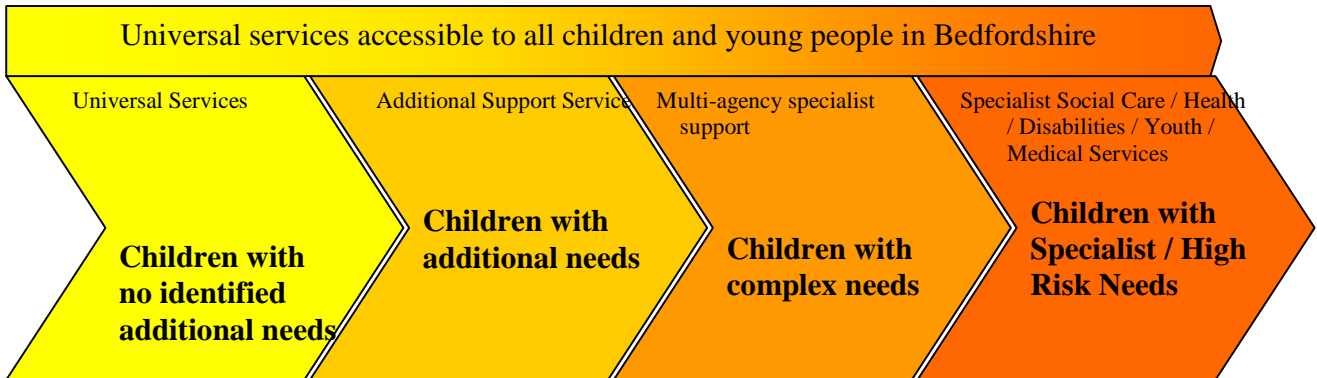
All administration is electronic. Referrals should be sent to the appropriate MAAG email address; agenda and paperwork will be distributed via email to representatives on the Monday before MAAG, and the decision sheets sent by email on the Friday after.

There are three MAAG panels, following district council boundaries

For CAF contact cafadmin@bedscc.gov.uk

For MAAG contact either maagnorth@bedscc.gov.uk,
maagmid@bedscc.gov.uk
maagsouth@bedscc.gov.uk.

Appendix D - Bedfordshire Access Criteria Figure 1: Access Criteria



To be converted into an ARC by the Creative Services Team

Universal Needs:

- Children or young people with Universal Needs have no additional support needs as they are doing well and have their health, development and achievement needs met by the delivery of Universal Services.

Additional Needs:

- Children from families where carer(s) are experiencing difficulties which **may** affect the child's health, development or achievement
- Children that fall within the definition of Vulnerable
- Children with emotional, behavioural and/or social difficulties
- Children with disabilities whose needs can be met with support within the community

Complex Needs:

- Children with Complex needs requiring targeted preventative services at risk of becoming looked after, significant harm or of significantly compromised parenting capacity
- Children whose health and development **is or may be** impaired or affected.
- Children and families where there is a **risk of deterioration** and the child's health or development **may** be affected in the near future.
- Children with complex disabilities who need substantial support from the Children with Disabilities Service (e.g. respite)

Specialist/High Risk Needs:

- Children **already looked after or in need of Protection or with enduring health problems.**
- Children or young people requiring secure accommodation
- Children requiring intensive specialist health, educational and mental health provision.

Table 1: Access Criteria

LEVEL 1: CHILDREN WITH NO ADDITIONAL NEEDS	EXAMPLES OF AVAILABLE SERVICES UNIVERSAL SERVICES	LEVEL OF ASSESSMENT	TIMESCALE
<p>Children or young people with Universal Needs have no additional support needs as they are doing well and have their health, development and achievement needs met by the delivery of Universal Services.</p>	<ul style="list-style-type: none"> ▪ Midwifery ▪ Primary Care Services (including GPs) ▪ Health Visitors ▪ School Nurse ▪ Dental Practices ▪ GUM Clinics ▪ Healthy Schools Programme ▪ Early Years ▪ Schools (Mainstream Nursery, Lower, Middle and Upper Schools) ▪ Children’s Centres & Extended Schools ▪ Voluntary Sector Services 	<p>Routine Assessments carried out by agencies</p> <p>Signposting <i>or</i> Referral to other agencies</p>	<p>Signposting Within 24 hours</p>
<p>EXAMPLES OF NEED:</p> <p>Requests information on a particular service</p>	<ul style="list-style-type: none"> ▪ Faith Groups ▪ District / Borough Council Services (inc Leisure & Community) ▪ Library & Information Services ▪ Youth Service ▪ Adult & Community Learning ▪ Connexions ▪ Further Education ▪ Citizen’s Advice Bureau ▪ Benefits Agency ▪ Housing Agencies 		

LEVEL 2: CHILDREN WITH ADDITIONAL NEEDS	EXAMPLES OF AVAILABLE SERVICES ADDITIONAL SUPPORT SERVICES	LEVEL OF ASSESSMENT	TIMESCALES
<ul style="list-style-type: none"> ➤ Children from families where carer(s) are experiencing difficulties which may affect the child's health, development or achievement ➤ Children that fall within the definition of Vulnerable ➤ Children with emotional, behavioural and/or social difficulties 	<p>Universal Services identified in Level 1 and possibly the following:</p> <ul style="list-style-type: none"> ▪ Secondary Health Services ▪ Children's Community Nursing Teams ▪ Speech & Language ▪ Child Health Development Teams ▪ Community Paediatric Service ▪ CAMHs ▪ Psychology services ▪ Special Schools ▪ Drug & Alcohol Services ▪ Children's Fund Services ▪ Bedfordshire Police (Community Policing) ▪ School Counselling Service ▪ Specialist Voluntary sector organisations e.g. Homestart ▪ Children's Learning Disability Services (Psychology/Nurse Services) ▪ Children's Disability Teams ▪ Education Welfare ▪ Specialist Support Service ▪ Learning Mentors ▪ Personal Advisors ▪ Connexions ▪ Learning Skills Council ▪ Parent Partnership ▪ Adult Mental Health Services ▪ Translation/Interpretation Services ▪ CAFCASS ▪ Young Carers Groups ▪ Housing Agencies 	<p>Common Assessment Framework</p> <p>if the referral is made to Children's Social Care</p> <p>Initial assessment to be undertaken by Social Worker</p>	<p>Within 28 days</p> <p>Decision to undertake made in 24 hours or the referral and completed within 7 working days</p>
<p>EXAMPLES OF NEED:</p> <ul style="list-style-type: none"> ▪ Parents separating with impact on the child ▪ Low income ▪ Lack of access to play and leisure ▪ Lack of family and community support ▪ Child not achieving school potential ▪ School non-attending ▪ General parenting advice ▪ Cultural / linguistic / access ▪ Employment and life opportunities for older children ▪ Sub-standard housing 			

LEVEL 3: CHILDREN WITH COMPLEX NEEDS	EXAMPLES OF AVAILABLE SERVICES MULTI-AGENCY SUPPORT SERVICES	LEVEL OF ASSESSMENT	TIMESCALES
<ul style="list-style-type: none"> ➤ Children with Complex needs requiring targeted preventative services at risk of becoming looked after, significant harm or of significantly compromised parenting capacity ➤ Children whose health and development is or may be impaired or affected. ➤ Children and families where there is a risk of deterioration and the child's health or development may be affected in the near future. 	<p>Universal Services identified in Level 1 & 2 and <i>possibly</i> the following:</p> <ul style="list-style-type: none"> ○ Secondary/Tertiary Hospital Services ○ Children's Hospices ○ CAMHs ○ Teenage Pregnancy Team ○ Youth Offending Services ○ Bedfordshire Police ○ Domestic Violence Unit ○ Witness Support Service ○ Children's Social Care ○ Voluntary/Independent Sector ○ Adult Mental Health Services ○ Adult Services ○ Young Carers' projects ○ And access to services from 1 or more agencies within Bedfordshire 	<p>Common Assessment Framework / identification of the Lead Professional (any agency – not necessarily Social Care)</p> <p>Initial Assessment Core Assessment</p>	<p>Within 28 days</p> <p>Within 7 days Within 35 days</p>
<p>EXAMPLES OF NEED:</p> <ul style="list-style-type: none"> ▪ Child falls within the definition of 'in need' ▪ Short term help with family crisis ▪ Child has Education / Health problems where home situation is contributory e.g. parent is young or has physical / learning disability ▪ Signs of substance misuse ▪ Persistent bullying ▪ Domestic Violence ▪ Child or parent with a disability in the family whose needs affect the development of other children to some degree ▪ Children who are carers ▪ Poor parenting impacting on the child ▪ Children who offend ▪ Significant behaviour problems with the child 			

LEVEL 4: CHILDREN WITH SPECIALIST / HIGH RISK NEEDS	EXAMPLES OF AVAILABLE SERVICES SPECIALIST SOCIAL CARE / HEALTH / YOUTH OFFENDING SERVICES	LEVEL OF ASSESSMENT	TIMESCALES
<ul style="list-style-type: none"> ➤ Children already looked after or in need of Protection or with enduring health problems. ➤ Children or young people requiring secure accommodation ➤ Children requiring intensive specialist health, educational and mental health provision 	<p>Universal Services identified in Level 1, 2 & 3 <i>and possibly</i> the following:</p> <ul style="list-style-type: none"> ▪ Children’s Social Care ▪ Specialist Acute Health Services e.g. Tier 4 ▪ CAMHs ▪ Bedfordshire Police Child Abuse Investigation Unit ▪ Specialist Health Services e.g. Psychiatric Services ▪ Prison Services ▪ Probation Services ▪ Local/National Voluntary Organisations ▪ Independent Residential Sector ▪ Youth Offending Service ▪ Asylum Team / Home Office ▪ Independent Residential Sector ▪ Independent Fostering Sector ▪ Independent Outreach Services ▪ And access to services from 1 or more agencies within or outside of Bedfordshire 	<p>Identification of the Lead Professional (any agency – not necessarily Social Care)</p> <p>Initial Assessment</p> <p>Core Assessment</p> <p>Section 47</p>	<p>Within 7 days</p> <p>Within 35 days</p>
<p>EXAMPLES OF NEED:</p> <ul style="list-style-type: none"> ▪ Child at risk of significant harm ▪ Child with risk-taking behaviour e.g. prostitution / substance misuse ▪ Child posing a high risk to others / themselves including running away ▪ Unaccompanied asylum seekers ▪ Child with severe emotional and psychological needs ▪ Child who persistently offends 			