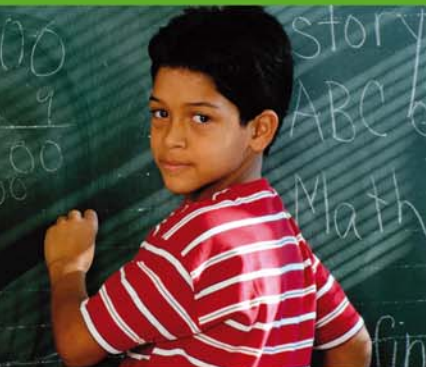


# Pathway to Provision



## Multi-Agency Thresholds Guidance



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## Introduction

Together with the Common Assessment Framework (CAF) Handbook and the Joint Access Team (JAT) Handbook, the Pathway to Provision provides a comprehensive tool kit for practitioners working with children, young people and families.

These three separate resources aim to provide concise and clear guidance to the children's workforce ensuring that there is a consistency of practice across Nottinghamshire with regard to the Joint Access Teams, Common Assessment Framework Process, Children's Social Care and access to services for children, young people and their families.

The Pathway to Provision is a two part resource which includes this multi-agency threshold guidance and an on-line resource detailing provision offered by individual services including, referral criteria and routes of access. This on-line directory will be available through the Family Information Service Database by the end of October 2010.

The purpose of the Pathway to Provision is to support practitioners to identify the child, young person and/or family's level of need and to enable the most appropriate referrals to access provision. It is especially critical that appropriate referrals are made to Children's Social Care to ensure the safety of children and young people in Nottinghamshire.

**Section A:** this section outlines the model referred to as the Nottinghamshire Continuum of Children and Young People's Need, which is used to provide a framework to develop a common understanding amongst practitioners of children and young people's needs and their vulnerabilities.

**Section B:** this section provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people. It also includes guidance on when to commence the Common Assessment Framework (CAF) process and/or make a referral to a Joint Access Team (JAT) along with guidance on thresholds for Children's Social Care.

**Section C:** this section outlines the Pathways to Provision at the Four Levels of the Nottinghamshire Continuum of Children and Young People's Need. Services included in the Pathway to Provision on-line resource have mapped their provision against the four levels of need identified in this multi-agency threshold guidance.

**Section D:** this section includes a number of appendices. The first one of these is the Step Up and Step Down Process for referrals into Children's Social Care and when support from Children's Social Care is coming to an end. Other appendices provide an overview of the Common Assessment Framework and the Joint Access Teams along with a glossary to support Section C.

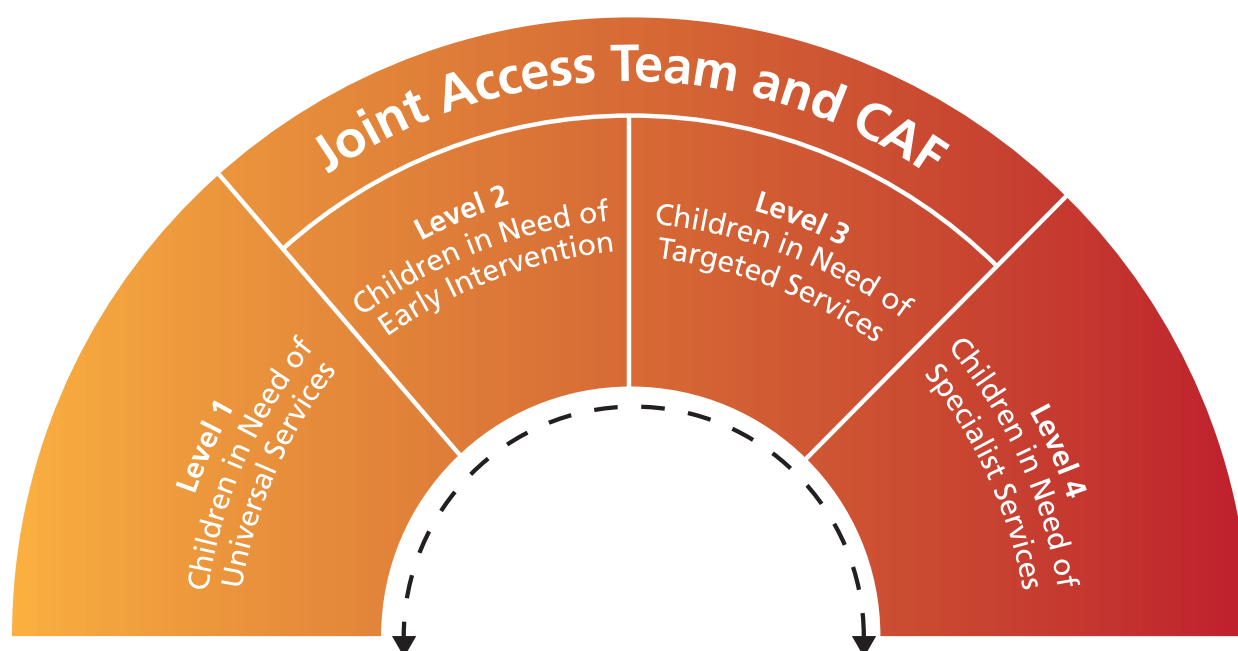
## Section A: The Nottinghamshire Continuum of Children and Young People's Needs

This section outlines the model referred to as the Nottinghamshire Continuum of Children and Young People's Need which provides a framework to develop a common understanding amongst practitioners of children and young people's needs and their vulnerabilities.

The model used to illustrate the different levels of children and young people's needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People's Needs (see figure 1) which recognises that children, young people and their families will have different levels of needs, and that a family's needs may change over time. It is important to recognise that children and young people will move between the different levels, as their needs change, for example from Level 4 to Level 3 or from Level 2 to Level 1. The model provides a framework to develop a common understanding amongst practitioners of children and young people's needs and their vulnerabilities, shared assessment procedures and a platform for inter-agency and multi-agency working through the Joint Access Team. This model is consistent with the Nottinghamshire Safeguarding Children Board (NSCB) Procedures and the national guidance, "Working Together" (2010).

The model is underpinned with the principles that it is child-centred, holistic in approach and focused on outcomes for children and young people. It recognises that children and young people's welfare and safety is everyone's responsibility and that we all have a duty, as stated in the Children Act 2004, to promote cooperation between the County Council and its partners with a view to improving the well-being of children in relation to the five Every Child Matters outcomes. We also have a duty under section 11 of the Children Act 2004, to safeguard and promote the welfare of children and young people and that all services support this objective.

Figure 1: The Nottinghamshire Continuum of Children and Young People's Needs



NB. The Nottinghamshire Continuum illustrates the Levels of need rather than numbers of children at each Level.

## Section B: Multi-Agency Thresholds Guidance

This section provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people. It also includes guidance on when to commence the Common Assessment Framework process and/or make a referral to a Joint Access Team along with guidance on thresholds for Children's Social Care.

This multi-agency threshold guidance provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people (from conception to 18 years). A threshold in this guidance is the point at which we "weigh up" what is happening and what action is needed in order to meet a child's needs. This involves professional and personal values. This document is not intended to be a definitive list but provides a framework to identify when a child or young person may be at risk of poor outcomes, alongside guidance on when to commence the Common Assessment Framework process or make a referral to a Joint Access Team. There is no substitute for sound **professional judgement**, effective inter and intra-agency communication and good evidence based practice based on up to date research.

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

<http://www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm>.

Sometimes there are legal duties to provide statutory services. Where this is not the case, there is no guarantee of service provision by particular agencies at each level as there may be restricting factors such as age limits, specific service criteria and a history of previous interventions. Information about service provision at the different levels of need on the continuum and any restrictions will be found in the on-line directory accessed through the Family Information Service's web site. It is acknowledged that children and young people may move from one level of need to another in either direction and that agencies (including universal services) may offer support at more than one level.

Recent government policy has called for a shift in the focus of services from crisis intervention to one of early intervention and prevention. A key principle is that **all** professionals working with and on behalf of children, young people and their families accept their full responsibility for ensuring that everything possible is done to prevent the unnecessary escalation of issues and difficulties and that a positive focus is maintained on ensuring the best outcomes.

Common use of this conceptual framework by local agencies and programmes enables them to work better together, share information more easily and facilitates referrals between organisations. It benefits children, young people and families by enabling them to understand what information agencies are seeking and why, and helps them to judge whether they are getting the services they require.

## The Assessment Framework\*

Assessing the needs of a child or young person requires a systematic and purposeful approach. The assessment framework gives agencies working with children and young people a common language to understand both the needs of the child/young person and what is happening to them. Using the assessment framework provides a way to gather and analyse relevant information within **three domains**:

- developmental needs of the child
- parental capacity (or caregiver capacity) to meet the child's needs
- impact of the wider family and environmental factors on both parenting capacity and the child's development.

Each domain has a number of dimensions (see figure 2) which are consistent with the CAF process.

Figure 2: The Assessment Triangle - Working Together to Safeguard Children (2010)



\* Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000)

## Threshold Indicators

The following pages provide definitions and indicators grouped around the three domains of the assessment triangle to assist practitioners identify levels of need. It is important to recognise that children and young people will move between the different levels, as their needs change, for example from Level 4 to Level 3; from Level 3 to Level 2; or from Level 2 to Level 1.

# Level 1 Threshold: Universal

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

Child's Developmental Needs	Parents and Carers
<p><b>HEALTH</b></p> <ul style="list-style-type: none"> <li>• Good physical health</li> <li>• Adequate diet/hygiene/clothing</li> <li>• Developmental checks/immunisations up to date</li> <li>• Accesses health services</li> <li>• Developmental milestones met including Speech &amp; Language</li> <li>• Appropriate height &amp; weight</li> <li>• Healthy lifestyle</li> <li>• Sexual activity appropriate for age</li> <li>• Good state of mental health</li> <li>• No substance misuse (including alcohol)</li> </ul> <p><b>EDUCATION &amp; LEARNING</b></p> <ul style="list-style-type: none"> <li>• Good attendance at school/college/training</li> <li>• No barriers to learning</li> <li>• Achieving key stages</li> </ul> <p><b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Growing level of competencies in practical and emotional skills</li> <li>• Good quality early attachments</li> </ul> <p><b>IDENTITY</b></p> <ul style="list-style-type: none"> <li>• Positive sense of self &amp; abilities</li> <li>• Demonstrates feelings of belonging &amp; acceptance</li> <li>• An ability to express needs</li> </ul> <p><b>FAMILY &amp; SOCIAL RELATIONSHIPS</b></p> <ul style="list-style-type: none"> <li>• Stable &amp; affectionate relationships with care givers</li> <li>• Good relationships with siblings</li> <li>• Positive relationships with peers</li> </ul> <p><b>SOCIAL PRESENTATION</b></p> <ul style="list-style-type: none"> <li>• Appropriate dress for different settings</li> <li>• Good level of personal hygiene</li> </ul> <p><b>SELF-CARE SKILLS</b></p> <ul style="list-style-type: none"> <li>• Age appropriate independent living skills</li> </ul>	<p><b>BASIC CARE, SAFETY AND PROTECTION</b></p> <ul style="list-style-type: none"> <li>• Carers able to provide for child's needs and protect from danger and harm</li> </ul> <p><b>EMOTIONAL WARMTH AND STABILITY</b></p> <ul style="list-style-type: none"> <li>• Carers able to provide warmth, praise and encouragement</li> </ul> <p><b>GUIDANCE, BOUNDARIES AND STIMULATION</b></p> <ul style="list-style-type: none"> <li>• Carers provide appropriate guidance and boundaries to help child develop appropriate values</li> <li>• Supports development through interaction and play</li> </ul>
	<p><b>Family and Environmental Factors</b></p>
	<p><b>FAMILY HISTORY AND FUNCTIONING</b></p> <ul style="list-style-type: none"> <li>• Supportive family relationships, including when parents are separated</li> </ul> <p><b>HOUSING, EMPLOYMENT AND FINANCE</b></p> <ul style="list-style-type: none"> <li>• Housing has basic amenities and appropriate facilities</li> <li>• Appropriate levels of cleanliness/ hygiene are maintained</li> <li>• Not living in poverty</li> </ul> <p><b>FAMILY'S SOCIAL INTEGRATION</b></p> <ul style="list-style-type: none"> <li>• Good enough social and friendship networks exist</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Good enough universal services in neighbourhood</li> </ul>

**Assessment Process:**

Children, young people and families are accessing universal services. Universal assessments will apply, such as those undertaken by schools.

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

Schools, Colleges and Training Providers, Children's Centres, Early Years Settings, Midwifery Service, Health Visiting Service, School Nursing Service, General Practitioners, NHS Direct, Connexions, Play Service, Youth Support Service, Police, Housing, Voluntary & Community Sector.

## Level 2 Threshold: Child in Need of Early Intervention

Children and young people at this level are in need of early intervention services and will access these using the CAF assessment process. This section also details when to use the CAF and where referral to the JAT would be appropriate.

Child's Developmental Needs	Parents and Carers
<p><b>HEALTH</b></p> <ul style="list-style-type: none"> <li>• Slow in reaching developmental milestones</li> <li>• Missing immunisations or checks</li> <li>• Susceptible to minor health problems</li> <li>• Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous)</li> <li>• Disability requiring support services</li> <li>• Starting to have sex (under 16)</li> <li>• Previous pregnancy</li> </ul> <p><b>EDUCATION &amp; LEARNING</b></p> <ul style="list-style-type: none"> <li>• Occasional truanting or non-attendance, poor punctuality</li> <li>• At risk of exclusion</li> <li>• School action or school action plus</li> <li>• Few opportunities for play/socialisation</li> <li>• Not in education, employment or training</li> <li>• Identified language and communication difficulties</li> <li>• Not reaching educational potential</li> </ul> <p><b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Low level mental health or emotional issues requiring intervention</li> <li>• Substance misuse that is not immediately hazardous including alcohol</li> <li>• Involved in behaviour seen as anti-social</li> </ul>	<p><b>BASIC CARE, SAFETY AND PROTECTION</b></p> <ul style="list-style-type: none"> <li>• Parental engagement with services is poor</li> <li>• Parent requires advice on parenting issues</li> <li>• Professionals are beginning to have some concerns around child's physical needs being met</li> <li>• Professionals are beginning to have some concerns about substance misuse (including alcohol) by adults within the home</li> <li>• Some exposure to dangerous situations in home/community</li> <li>• Teenage parent(s)</li> </ul> <p><b>EMOTIONAL WARMTH AND STABILITY</b></p> <ul style="list-style-type: none"> <li>• Inconsistent parenting, but development not significantly impaired</li> <li>• Post natal depression</li> <li>• Perceived to be a problem by parent</li> </ul> <p><b>GUIDANCE, BOUNDARIES AND STIMULATION</b></p> <ul style="list-style-type: none"> <li>• May have different carers</li> <li>• Inconsistent boundaries offered</li> <li>• Can behave in an anti-social way</li> <li>• Spends much time alone (TV, etc)</li> <li>• Child not exposed to new experiences</li> </ul>
<p><b>IDENTITY</b></p> <ul style="list-style-type: none"> <li>• Some insecurities around identity</li> <li>• May experience bullying around 'difference'</li> </ul> <p><b>FAMILY &amp; SOCIAL RELATIONSHIPS</b></p> <ul style="list-style-type: none"> <li>• Some support from family and friends</li> <li>• Has some difficulties sustaining relationships</li> <li>• Undertaking occasional caring responsibilities</li> <li>• Child of a teenage parent</li> <li>• Low parental aspirations</li> </ul> <p><b>SOCIAL PRESENTATION</b></p> <ul style="list-style-type: none"> <li>• Can be over-friendly or withdrawn with strangers</li> <li>• Personal hygiene starting to be a problem</li> </ul> <p><b>SELF-CARE SKILLS</b></p> <ul style="list-style-type: none"> <li>• Not always adequate self-care—poor hygiene</li> <li>• Slow to develop age appropriate self-care skills</li> <li>• Overprotected/unable to develop independence</li> </ul>	<p><b>Family and Environmental Factors</b></p> <p><b>FAMILY HISTORY AND FUNCTIONING</b></p> <ul style="list-style-type: none"> <li>• Parents have relationship difficulties which may affect the child</li> <li>• Experienced loss of significant adult</li> <li>• May look after younger siblings</li> <li>• Parent has health difficulties</li> <li>• Some support from family and friends</li> </ul> <p><b>HOUSING, EMPLOYMENT AND FINANCE</b></p> <ul style="list-style-type: none"> <li>• Families affected by low income or unemployment</li> <li>• Parents have limited formal education</li> <li>• Adequate/poor housing</li> <li>• Family seeking asylum or refugees</li> </ul> <p><b>FAMILY'S SOCIAL INTEGRATION</b></p> <ul style="list-style-type: none"> <li>• Family may be new to area</li> <li>• Some social exclusion problems</li> <li>• Victimisation by others</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Adequate universal resources but family may have access issues</li> </ul>

## Assessment Process

When a cluster of indicators at Level 2 are evident for a child or young person, the Common Assessment Framework process and documentation must be used with the child, young person and/or parent/carer to gather information on their strengths and needs to assess the level of response required. A CAF may be appropriate when only one indicator is present; however, this decision will be based upon professional judgment, and not all children or young people at this level will require a CAF, if they have only a couple of indicators.

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

For further details of the Nottinghamshire CAF process go to: [www.nottinghamshire.gov.uk/commonassessmentframework](http://www.nottinghamshire.gov.uk/commonassessmentframework)

## Referral to a Joint Access Team

When a cluster of indicators at Level 2 are evident for a child or young person, a referral to a Joint Access Team should be considered where existing service provision identifies additional unmet needs. Parent/carers, children and young people can self refer to the JAT. A JAT offers an opportunity for a single (cross agency) conversation about a child or young person with early intervention or targeted needs. As a result of this conversation there will be a better understanding of the child or young person's needs, advice, information and ideas generated regarding next steps and additional support services identified.

The CAF form is the referral form for a discussion at a JAT meeting. There is a minimum expectation that the first two pages of the CAF form are completed along with the consent section. Further action agreed at the JAT meeting should be recorded using the CAF documentation. For the JAT meeting to have the most effective discussion, best practice would be for the whole Common Assessment to be completed prior to discussion at the Joint Access Team. The assessment would provide a comprehensive picture of the strength and needs of the child, young person and their family. For details of the Nottinghamshire JAT process and contact information go to: [www.nottinghamshire.gov.uk/jointaccessteams](http://www.nottinghamshire.gov.uk/jointaccessteams)

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

Parent Support Advisors, Schools, Colleges and Training Providers, Children's Centres, Early Years Settings, Midwifery Service, Health Visiting Service, School Nursing Service, General Practitioners, NHS Direct, Connexions, Play Service, Youth Support Service, Police, Housing, Voluntary & Community Sector.

## Level 3 Threshold: Child in Need of Targeted Services

Children and young people at this level are in need of targeted services. The assessment process to access these services would be either: statutory assessments or, where these do not exist, the CAF assessment process.

Child's Developmental Needs	Parents and Carers
<p><b>HEALTH</b></p> <ul style="list-style-type: none"> <li>• Some concerns around mental health</li> <li>• Has some chronic/recurring health problems</li> <li>• Missed routine and non-routine health appointments</li> <li>• Concerns (e.g. diet, hygiene, clothing)</li> <li>• Conception to child under 16</li> <li>• Sex with multiple partners</li> <li>• Administration of substances in a hazardous manner (sharing equipment etc)</li> <li>• Substance misuse impacts negatively on their risk taking behaviour (e.g. unprotected sex)</li> <li>• Disability requiring significant support services</li> </ul> <p><b>EDUCATION &amp; LEARNING</b></p> <ul style="list-style-type: none"> <li>• Short term exclusion or persistent truanting, poor school attendance</li> <li>• Previous permanent exclusion</li> <li>• Identified learning needs and may have statement of special educational needs</li> <li>• Not achieving key stage benchmarks</li> <li>• Limited access to books, toys</li> <li>• Persistent NEET</li> </ul> <p><b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Difficulty coping with anger, frustration and upset</li> <li>• Physical and emotional development raising significant concerns</li> <li>• Early onset of sexual activity (13–14)</li> <li>• Hazardous substance misuse (including alcohol)</li> <li>• Inappropriate sexual behaviour</li> <li>• Offending or regular anti-social behaviour</li> </ul> <p><b>IDENTITY</b></p> <ul style="list-style-type: none"> <li>• Subject to discrimination</li> <li>• Significantly low self-esteem</li> <li>• Extremist views</li> </ul> <p><b>FAMILY &amp; SOCIAL RELATIONSHIPS</b></p> <ul style="list-style-type: none"> <li>• Peers also involved in challenging behaviour</li> <li>• Regularly needed to care for another family member</li> <li>• Involved in conflicts with peers/siblings</li> </ul> <p><b>SOCIAL PRESENTATION</b></p> <ul style="list-style-type: none"> <li>• Clothing regularly unwashed</li> <li>• Hygiene problems</li> <li>• Is provocative in behaviour/appearance</li> </ul> <p><b>SELF-CARE SKILLS</b></p> <ul style="list-style-type: none"> <li>• Poor self-care for age—hygiene</li> <li>• Precociously able to care for self</li> </ul>	<p><b>BASIC CARE, SAFETY AND PROTECTION</b></p> <ul style="list-style-type: none"> <li>• Parent is struggling to provide adequate care</li> <li>• Parental learning disability, parental substance misuse (including alcohol) or mental health impacting on parent's ability to meet the needs of the child</li> <li>• Previously subject to child protection plan</li> <li>• Teenage parent(s)</li> <li>• Either or both previously looked after</li> </ul> <p><b>EMOTIONAL WARMTH AND STABILITY</b></p> <ul style="list-style-type: none"> <li>• Child often scapegoated</li> <li>• Child is rarely comforted when distressed</li> <li>• Receives inconsistent care</li> <li>• Has no other positive relationships</li> </ul> <p><b>GUIDANCE, BOUNDARIES AND STIMULATION</b></p> <ul style="list-style-type: none"> <li>• Few age appropriate toys in the house</li> <li>• Parent rarely referees disputes between siblings</li> <li>• Inconsistent parenting impairing emotional or behavioural development</li> </ul>
	<p><b>Family and Environmental Factors</b></p> <p><b>FAMILY HISTORY AND FUNCTIONING</b></p> <ul style="list-style-type: none"> <li>• Evidence of domestic violence</li> <li>• Acrimonious divorce/separation</li> <li>• Family members have physical and mental health difficulties</li> <li>• Parental involvement in crime</li> <li>• Evidence of problematic substance misuse (including alcohol)</li> </ul> <p><b>HOUSING, EMPLOYMENT AND FINANCE</b></p> <ul style="list-style-type: none"> <li>• Overcrowding, temporary accommodation, homelessness, unemployment</li> <li>• Poorly maintained bed/bedding</li> <li>• Serious debts/poverty impacting on ability to care for child</li> </ul> <p><b>FAMILY'S SOCIAL INTEGRATION</b></p> <ul style="list-style-type: none"> <li>• Family socially excluded</li> <li>• Escalating victimisation</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Parents socially excluded with access problems to local facilities and targeted services</li> </ul>

### **Assessment Process:**

Where one or more indicator is present at Level 3, the child or young person could already be known to a statutory service and have a statutory service assessment. If this is not the case, a CAF should be completed. The completion of the CAF must not delay any appropriate referral to a statutory service.

The CAF could be used as supporting evidence for a referral to targeted/statutory services. The CAF process can also be completed to support the transition of a child or young person moving from Level 4 to Level 3\*.

For example a CAF can be completed to support the transition of a child or young person from social care child in need intervention. At the final Child in Need meeting, with consent from the family, a new lead professional would be identified to enable the CAF process to be taken forward to enable consistent, coordination of services when Children's Social Care are no longer involved.

**NB** a Common Assessment Framework must **not** replace a statutory assessment.

### **Referral to Joint Access Team (JAT):**

Referral to a Joint Access Team would be appropriate at the early stages of Level 3 or to support the transition of a child or young person from specialist to targeted or early intervention, as described above under assessment process.

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

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

*\* To support the transition in and out of Children's Social Care please refer to Appendix A: Step Up and Step Down Process for Children's Social Care page 25.*

## Level 4 Threshold: Child in Need of Specialist Services

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

Child's Developmental Needs	Parents and Carers
<p><b>HEALTH</b></p> <ul style="list-style-type: none"> <li>• Has severe/chronic health problems</li> <li>• Persistent substance misuse</li> <li>• Non-organic failure to thrive</li> <li>• Fabricated illness</li> <li>• Early teenage pregnancy</li> <li>• Serious mental health issues</li> <li>• Seriously obese</li> <li>• Dental decay and no access to treatment</li> <li>• Sexual exploitation/abuse</li> <li>• Sexual activity under the age of 13</li> <li>• Disability requiring highest level of support</li> </ul> <p><b>EDUCATION &amp; LEARNING</b></p> <ul style="list-style-type: none"> <li>• No education provision</li> <li>• Permanently excluded from school or at risk of permanent exclusion</li> <li>• History of previous exclusions</li> <li>• Significant developmental delay due to neglect/poor parenting</li> </ul> <p><b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Regularly involved in anti-social/criminal activities</li> <li>• Puts self or others in danger</li> <li>• Endangers own life through self harm/substance misuse including alcohol/eating disorder/suicide attempts</li> <li>• In sexually exploitive relationship</li> <li>• Frequently goes missing from home for long periods</li> <li>• Child who abuses others</li> </ul> <p><b>IDENTITY</b></p> <ul style="list-style-type: none"> <li>• Experiences persistent discrimination</li> <li>• Is socially isolated and lacks appropriate role models</li> <li>• Alienates self from others</li> <li>• Distorted self image</li> </ul> <p><b>FAMILY &amp; SOCIAL RELATIONSHIPS</b></p> <ul style="list-style-type: none"> <li>• Looked after child</li> <li>• Care leaver</li> <li>• Family breakdown related in some way to child's behavioural difficulties</li> <li>• Subject to physical, emotional or sexual abuse/neglect</li> <li>• Is main carer for a family member</li> <li>• Adoption breakdown</li> <li>• Forced marriage of a minor</li> </ul> <p><b>SOCIAL PRESENTATION</b></p> <ul style="list-style-type: none"> <li>• Poor and inappropriate self-presentation</li> </ul> <p><b>SELF-CARE SKILLS</b></p> <ul style="list-style-type: none"> <li>• Neglects to use self-care skills due to alternative priorities, e.g. substance misuse</li> <li>• Unaccompanied asylum seeker</li> </ul>	<p><b>BASIC CARE, SAFETY AND PROTECTION</b></p> <ul style="list-style-type: none"> <li>• Parents unable to provide "good enough" parenting that is adequate and safe</li> <li>• Parents' mental health problems or substance misuse significantly affect care of child</li> <li>• Parents unable to care for previous children</li> <li>• There is instability and violence in the home continually</li> <li>• Parents are involved in crime</li> <li>• Parents unable to keep child safe</li> <li>• Victim of crime</li> </ul> <p><b>EMOTIONAL WARMTH AND STABILITY</b></p> <ul style="list-style-type: none"> <li>• Parents inconsistent, highly critical or apathetic towards child</li> <li>• Child is rejected or abandoned</li> </ul> <p><b>GUIDANCE, BOUNDARIES AND STIMULATION</b></p> <ul style="list-style-type: none"> <li>• No effective boundaries set by parents</li> <li>• Regularly behaves in an anti-social way in the neighbourhood</li> <li>• Child beyond parental control</li> <li>• Subject to a parenting order which may be related to their child/young person's criminal behaviour, antisocial behaviour or persistent absence from school</li> </ul>
	<p><b>Family and Environmental Factors</b></p> <p><b>FAMILY HISTORY AND FUNCTIONING</b></p> <ul style="list-style-type: none"> <li>• Significant parent discord and persistent domestic violence</li> <li>• Child looked after by a non-relative within scope of private fostering arrangement</li> <li>• Destructive relationships with extended family</li> <li>• Parents are deceased and there are no family/friends options</li> <li>• Parents are in prison and there are no family/friends options</li> </ul> <p><b>HOUSING, EMPLOYMENT AND FINANCE</b></p> <ul style="list-style-type: none"> <li>• Physical accommodation places child in danger</li> <li>• No fixed abode or homeless</li> <li>• Chronic unemployment due to significant lack of basic skills or long standing issues such as substance misuse/offending, etc.</li> <li>• Extreme poverty/debt impacting on ability to care for child</li> </ul> <p><b>FAMILY'S SOCIAL INTEGRATION</b></p> <ul style="list-style-type: none"> <li>• Family chronically socially excluded</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Poor quality services with long-term difficulties with accessing target populations</li> <li>• Restricting and refusing intervention from services</li> </ul>

## Children's Social Care Thresholds

This section of the multi-agency thresholds guidance relates *specifically* to Children's Social Care. It outlines the thresholds, assessment processes and key services for children and young people in need of Children's Social Care intervention.

**NB Other specialist services will have their own threshold guidance which will be added as the Pathway to Provision is developed.**

### Level 4 Thresholds: Child in Need of Children's Social Care Intervention

The provision of Children's Social Care intervention at Level 4 occurs after an 'Initial Assessment' is completed (as described in the Framework for Assessment national guidance) and indicates one of the following levels of need:

- 4a) Children in Need of Specialist Support from Children's Social Care
- 4b) Children in Need of Protection
- 4c) Children in Need of Care.

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

- What will happen to a child's health or development without services being provided; and
- The likely effect the services will have on the child's standard of health and development

The Child in Need process is not the forum for consideration of cases where Child Protection Procedures may be indicated.

Please read in conjunction with Nottinghamshire Safeguarding Children Board Procedures at:

[www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm](http://www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm)

Further guidance on indicators and definitions for child protection in specific circumstances at Level 4 are included in chapter 6 of the Nottinghamshire Safeguarding Children Board Procedures.

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

### 4a) Child in Need of Specialist Support from Children's Social Care

#### Level of Need:

#### Children and young people who have:

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

**Threshold Criteria:****Issues not resolved by interventions at Level 1-3 and**

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

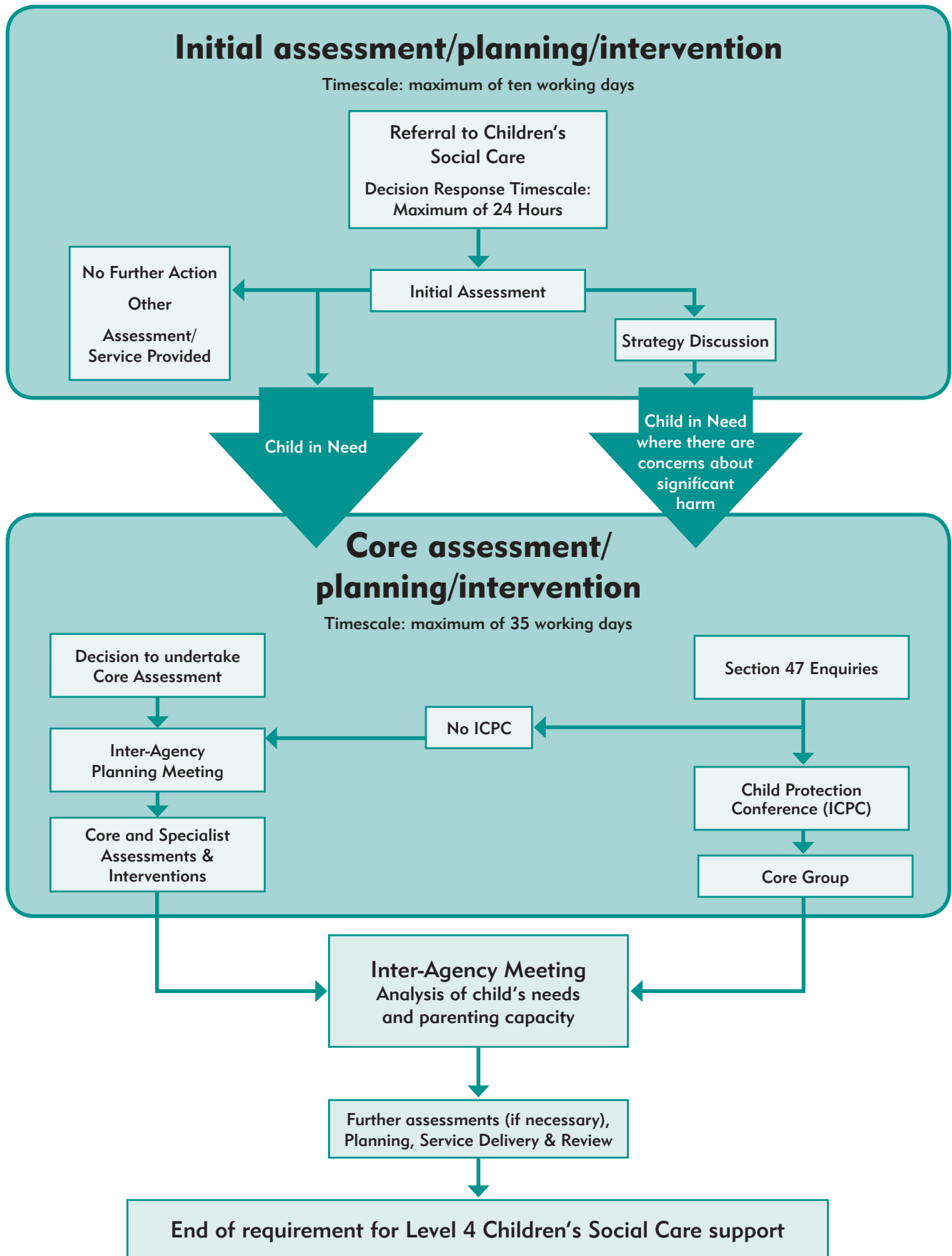
**Assessment Processes:**

- Referral to Children and Young People's Services
- Allocation of Social Worker or Social Work Assistant
- Initial Assessment
- Child in Need Core Assessment
- For guidance on timescales please see Figure 3 overleaf which is taken from the Nottinghamshire Safeguarding Children Board Procedures.
- Further specialist agency assessment as required
- The Common Assessment Framework can be used as supporting evidence to gain specialist intervention but must **not** replace a specialist assessment.

**Key Services:**

Children's Social Care Services: Children's Social Work Teams, Disabled Children Services, Asylum Seekers Services, Behaviour and Attendance Service, Police.

Figure 3: Child in Need Assessment Processes



## 4b) Child in Need of Protection

### Level of Need:

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

### Threshold Criteria include:

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

It is also essential to refer to the criteria for Child Protection Plans in the Nottinghamshire Safeguarding Children Board procedures at:

[www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm](http://www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm)

### Assessment Processes:

- Referral to Children and Young People's Services
- Allocation of Social Worker
- Initial Assessment
- Section 47 Enquiry
- For guidance on timescales please see Figure 3 on page 14 taken from the Nottinghamshire Safeguarding Children Board Procedures.
- Further specialist agency assessment as required

### Key Services:

Children's Social Care Services: Children's Social Work Teams, Legal Services, Disabled Children Services, Asylum Seekers Services, Behaviour and Attendance Service, Police.

#### **4c) Child in Need of Care**

##### **Level of Need:**

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

##### **Threshold Criteria:**

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

##### **Assessment Processes:**

- Referral to Children and Young People's Services
- Allocation of Social Worker
- Initial Assessment
- Section 20 Accommodation
- Section 31 Care Proceedings
- Care Planning
- Permanence Planning
- Further specialist agency assessment as required
- Leaving care support/pathway planning
- Child in Need meeting a part of threshold/care planning.

##### **Key Services:**

Children's Social Care Services, Children's Social Work Teams, Fostering and Adoption Services, Residential Care Services, Child Protection Services, Legal Services, Disabled Children Services, Asylum Seekers Services, Looked After Health Service, Looked After Health Service, CAMHS Looked After Children Team, Education Support for Looked After Children, The Virtual School for Looked After Children, Behaviour and Attendance Service, Aftercare Team, Family Intervention Project, Police.

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

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

## **Section C: Outline of the Pathway to Provision**

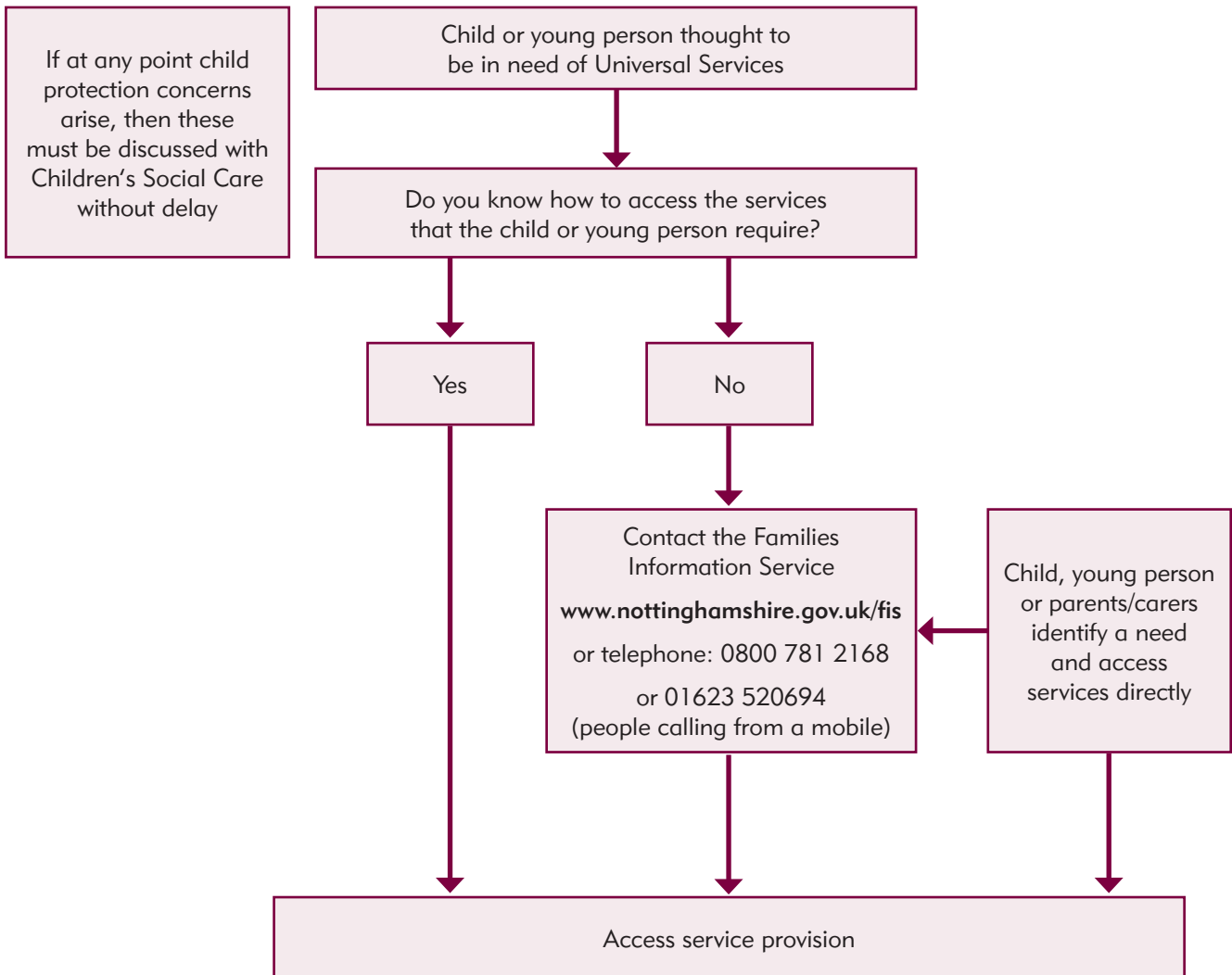
This section outlines the Pathways to Provision for the different levels of need experienced by children and young people in Nottinghamshire, along with an overview of the services available and the routes to access them. The panels at Levels 2, 3 and 4 are listed under each of the Pathway outlines.

Further detailed information on the individual services and panels can be found at: <http://nottinghamshire.family servicedirectory.org.uk/> (available from the 31 October 2010)

It is expected that most referrals to Children's Social Care will be supported by a completed Common Assessment Framework. If at any point on the Pathways, child protection concerns arise then these must be discussed with Children's Social Care without delay.

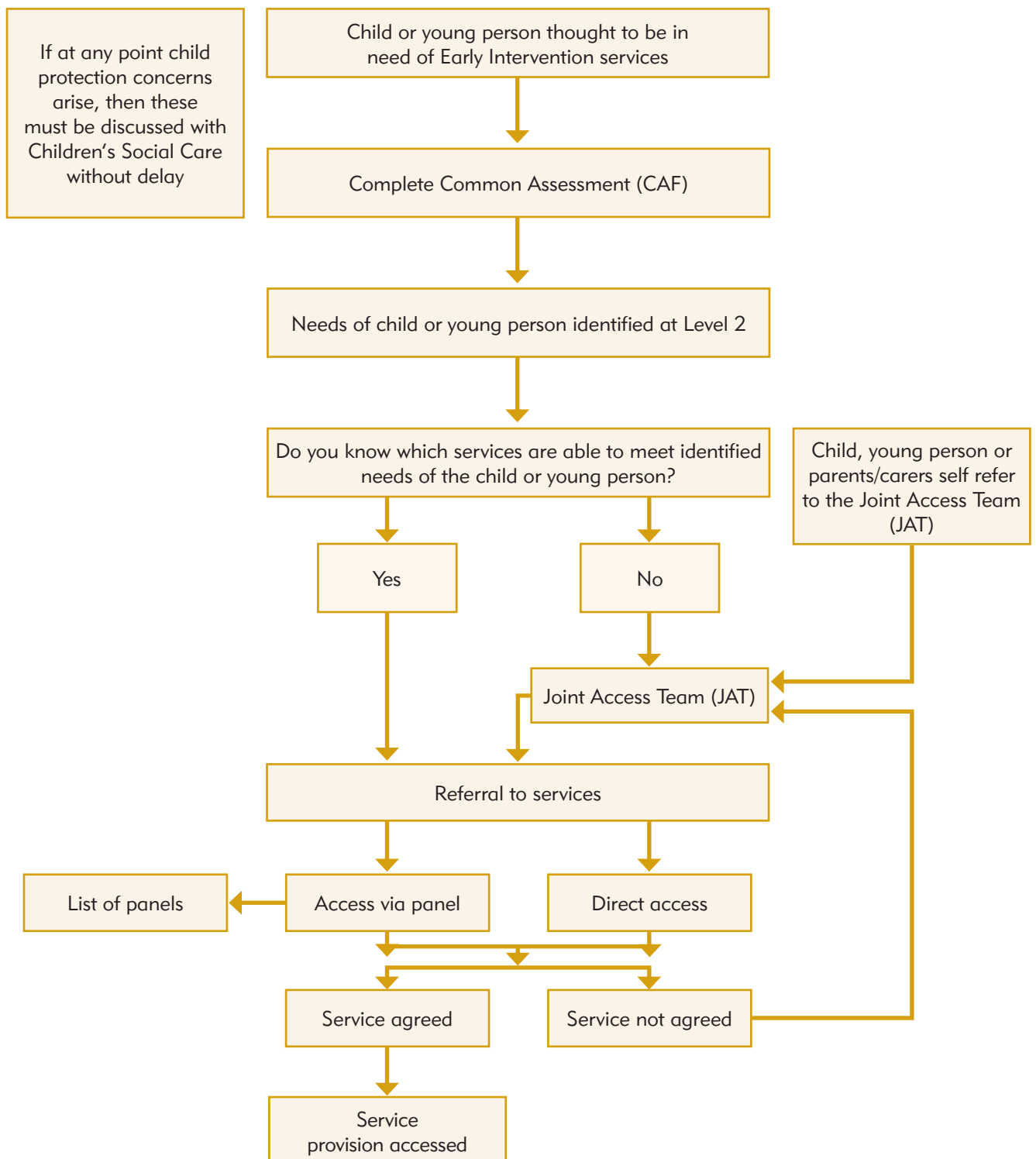
## Outline of Pathway to Provision for Level 1 Universal Services

This section outlines the Pathway to Provision for children and young people who require access to universal services. There are no assessments required to access these universal services. Children, young people, parents or carers can access these services directly.



## Outline of Pathway to Provision for Level 2 Early Intervention Services

This section outlines the Pathway to Provision for children and young people who require access to early intervention services. The needs of children and young people are assessed by completing the Common Assessment. If services cannot be identified or there are barriers to accessing services then a referral to a Joint Access Team should take place. Some services are accessed through a panel, though most will receive direct referrals. Children, young people, parents or carers can make self referrals to JATs.

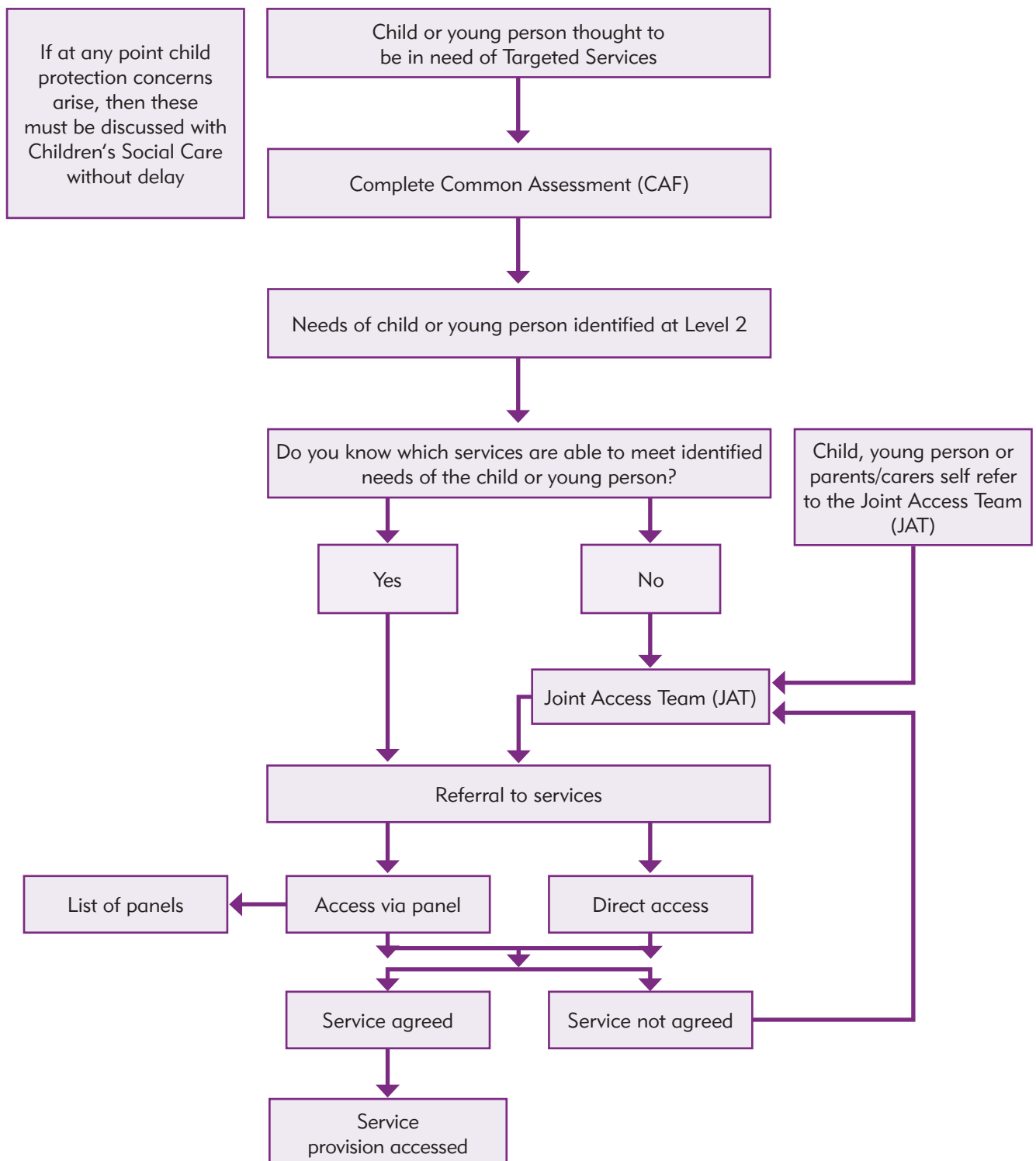


## **Panels to access services at Level 2 are:**

Children's Centre Allocations Panel
Springboard
Family of Schools Additional Family Needs (AFN) Meeting
Disabled Pupils Access Panel
Disabled Children's Access to Childcare (DCATCH)

## Outline of Pathway to Provision for Level 3 Targeted Services

This section outlines the Pathway to Provision for children and young people who require access to targeted services. The needs of children and young people are assessed by completing statutory assessments. If no statutory assessment is required, the Common Assessment should be completed. If services cannot be identified or there are barriers to accessing services then a referral to a Joint Access Team should take place. Some services are accessed through a panel, though most will receive direct referrals. Children, young people, parents or carers can make self referrals to Joint Access Teams.



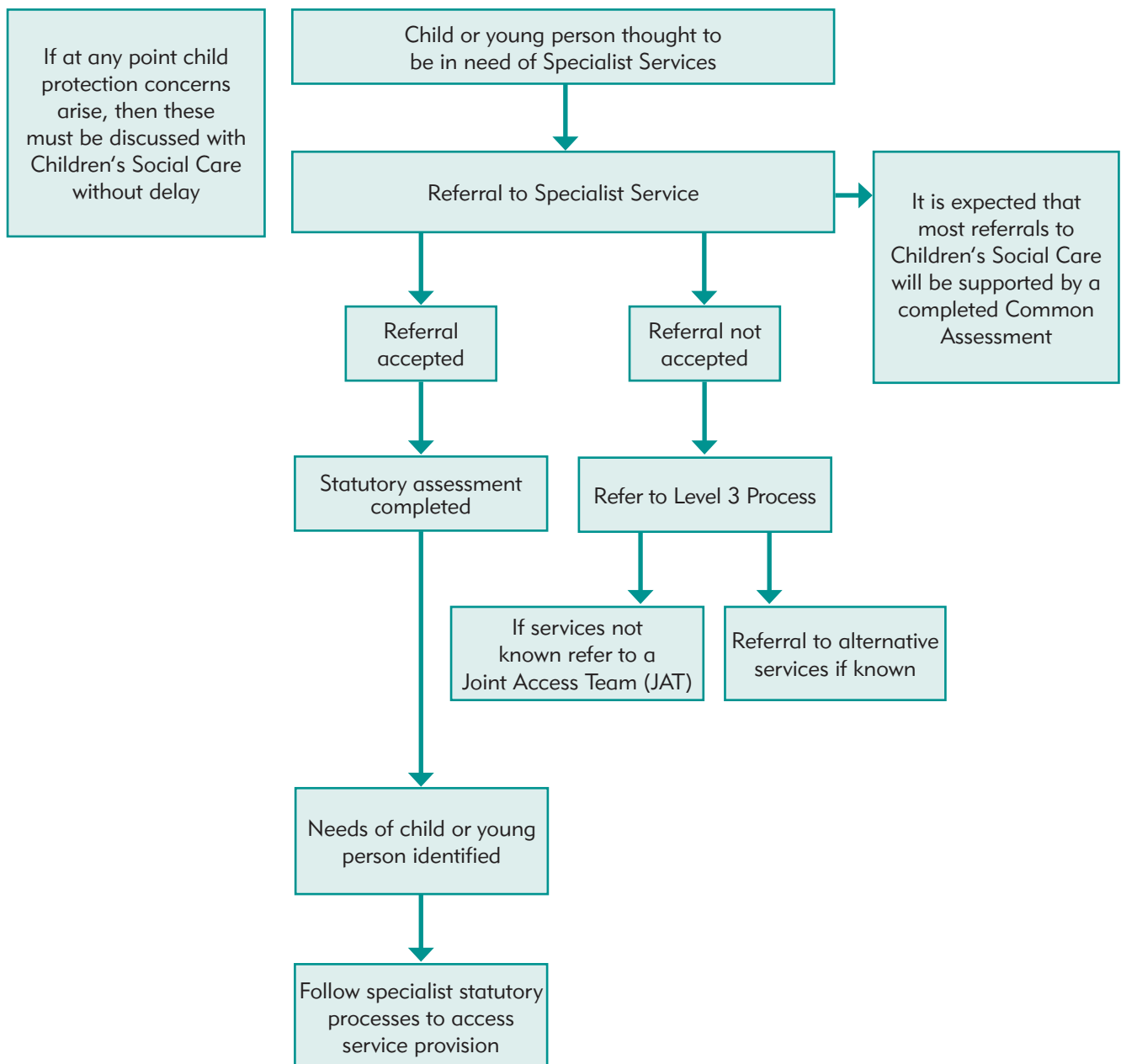
## **Panels to access services at Level 3 are:**

Youth Inclusion Support Panel
Joint Solution Forum
Anti-Social Behaviour Multi-Agency Risk Assessment Conferences (MARACs)
Children Out of Schools Group (COOSs)
Assessment and Statementing Panel
Inclusive Technology Panel
Communications Aids Panel
Enhanced Resource (Autism) Panel
Specialist Resource Panel
Complex Medical Needs Panel
High Level Needs Panel
Multi-Agency Post 16 Transition Funding Panels
Early Years and Child Care Specialist Equipment Scheme
Early Years and Child Care Inclusion Funding Panel
School Behaviour and Attendance Partnerships
Breaks in Partnership and Saturday Clubs Panel

## Outline of Pathway to Provision for Level 4 Specialist Services

This section outlines the Pathway to Provision for children and young people who require access to specialist services. The needs of children and young people are assessed by completing statutory assessments. A wide range of services are accessed through panels.

It is expected that most referrals to Children's Social Care will be supported by a completed Common Assessment.



## **Panels to access services at Level 4 are:**

Multi-Agency Public Protection Panel
Domestic Violence Multi-Agency Risk Assessment Conferences (MARACs)
Looked After Children Reviews
Section 47 Strategy Meetings
Child Protection Conference
Special Schools Admissions Forum
Within Special Schools Audit of Learner Needs
Early Communication and Autism Partnership Panel (ECAP)

## Appendix A: Step Up and Step Down Processes for Children's Social Care

"Step Up" policies detail how a child or young person supported through the Common Assessment Framework process will continue to receive support as needs escalate to require Children's Social Care intervention. It also explains the role of members of the Team around the Child (TAC) as Children's Social Care takes on the lead role with a child or young person.

"Step Down" policies describe how a Team around the Child (TAC) can be engaged by Children's Social Care, when they are bringing their support to an end.

### A. 'STEP UP' PROCESS: CAF to Children's Social Care

#### When using a CAF to support referral to statutory Social Care Services

The use of the Common Assessment Framework process can help ensure that a request for service from Children's Social Care is relevant and can build up a comprehensive picture of needs rather than a series of partial snapshots. It should be undertaken when additional needs have first been identified (as described in Pathways to Provision thresholds guidance Levels 2 and 3). Working Together to Safeguard Children (2010) states (on page 139) that *"where a common assessment has already been undertaken it should be used to support a referral to children's social care"*.

It is expected that *most* referrals to Children's Social Care Services will be supported by a completed Common Assessment.

#### WHEN TO STEP UP

During the completion of the CAF, when a Team around the Child has been convened or through a discussion at a JAT, evidence may indicate that Children's Social Care involvement may be appropriate.

**If at any point child protection concerns arise then these must be discussed with Children's Social Care without delay.**

Alternatively, this may be determined after advice has been sought from the CAF Team or the relevant manager within the agency of the person carrying out the assessment. It is also advisable to have a telephone consultation with the Local Area Children's Reception and Assessment Service (see contact details on page 26). It is important for the agency conducting the CAF to seek consent for referral to Children's Social Care from the family unless the following criteria apply:

**'There is a concern that a child or young person may have suffered significant harm or may be at risk of significant harm.'**

When this is the case the Interagency (NSCB) Child Protection Procedures for Safeguarding/Child Protection should be followed without delay.

## WHAT HAPPENS NEXT

### There are two possible outcomes of the above activity

1. If the referral is not accepted by the Area Children’s Reception and Assessment Service (within a 24 hour period) the CAF/JAT processes should continue.

If new or accumulating concerns remain, the ‘Step Up’ process may be activated again.

2. If the Referral is accepted by the Area Children’s Reception and Assessment Service, an Initial Contact will be put into the Integrated Children’s System (ICS) system, Framework-i and an Initial Assessment will be completed, the allocated social care worker will seek to engage with relevant professional partners as well as the family concerned.

It is important that CAF/JAT processes continue during this time, with updates sent to the allocated social care worker within the Reception and Assessment Service.

Following the completion of the Initial Assessment it may be determined that:

- a) No further Children’s Social Care involvement is appropriate. This will be conveyed by the allocated social care worker to the initial referrer and potentially other members of the Team around the Child if established. The allocated social care worker may make suggestions as to how the Common Assessment/Team around the Child process could be enhanced by engagement with other services. This decision and action will be recorded in Framework-i. It is expected that the CAF/JAT process will continue thereafter.

If new or accumulating concerns remain the ‘Step Up’ process may be activated again.

- b) Children’s Social Care involvement is appropriate. This will be conveyed by the allocated social care worker to the initial referrer and potentially other members of the Team around the Child (TAC) if established. Children’s Social Care services will then be determined. This may include a decision to complete a Core Assessment or lead to a decision to hold a child protection conference. At this time the original referrer will be informed of the decision. This decision will also be entered onto Framework-i.

Children’s Social Care staff then take up the lead professional role and CAF/JAT processes are therefore suspended, although it is anticipated that members of the Team Around the Child/JAT may be invited to engage in Family Support planning and or Child Protection Conferences/Core Groups as necessary.

As part of any planning process employed, regular review activity will occur, co-ordinated by the allocated social care worker from Children’s Social Care, and may eventually lead to utilisation of ‘Step Down’ process.

### Contact details for Reception and Assessment Service offices

Area	Address	Telephone Number
<b>North</b> Bassetlaw, Mansfield and Newark	Welbeck House Darwin Drive Sherwood Energy Village Ollerton, Newark Nottinghamshire NG22 9FF	01623 520520
<b>South</b> Ashfield, Broxtowe, Gedling and Rushcliffe	Sir John Robinson Way Arnold Nottingham NG5 6DB	0115 8546371 0115 8546181 0115 8546182

### CAF Team contact details:

Telephone: 01623 433181

E-mail: [caf@nottsc.gov.uk](mailto:caf@nottsc.gov.uk)

[www.nottinghamshire.gov.uk/commonassessmentframework](http://www.nottinghamshire.gov.uk/commonassessmentframework)

## B. 'STEP DOWN' PROCESS: Children's Social Care down to CAF

### WHEN TO USE

When it has been determined that statutory Children's Social Care Services are no longer appropriate to a child, young person or family's need but that there is need for ongoing coordinated support from universal/early intervention/targeted services.

This will be recorded in Framework-i as a manager's decision following discussion between the allocated social care worker and their team manager in supervision.

### WHY USE A CAF/JAT AFTER CHILDREN'S SOCIAL CARE INTERVENTION CEASES

Undertaking a 'Step Down' process provides, where appropriate, continuity of support to children, young people and their families to promote long-term positive outcomes and reduce the occurrence of future referrals to statutory services.

### HOW TO STEP DOWN

The social care worker identified as the allocated social care worker on Framework-i, together with the family, agree what up to date and relevant information should be transferred/updated to a Common Assessment and the allocated social care worker completes the assessment. The Integrated Services Team (01623 433291) need to be advised that a CAF has been initiated.

The allocated social care worker then convenes a Multi-Agency Meeting (MAM) and decides who should attend and provides each agency with a copy of the latest episode documentation to enable them to prepare for any service delivery they may be able to offer.

Invitees to the MAM must include:

- parents and other significant carers
- the child and young person if of sufficient age and understanding
- any relevant agency which may be able to provide a service
- any agency which is continuing to provide a specialist service to the child and/or family

The Multi-Agency Meeting is held and it is expected that every agency invited to attend the meeting will do so. If an agency is unable to attend they should submit a short report identifying what needs they are able to meet. A new Lead Professional will be identified at this meeting

This then allows the MAM meeting to produce a CAF Action Plan, agree a new Lead Professional, the date social care provision will cease and the date from which the CAF Action Plan and new Lead Professional arrangements begin.

The allocated social care worker ensures the plan is made part of the closure summary on Framework-i.

If there is no existing appropriate Team around the Child or they require additional support, then a referral to the local JAT should be made by the social worker.

Statutory social work now ceases and intervention ends.

### FURTHER ACTION

Procedures for reviewing the CAF Action Plan now follow the guidance contained within the CAF Handbook but it is not anticipated any Children's Social Care input will be required.

[www.nottinghamshire.gov.uk/commonassessmentframework](http://www.nottinghamshire.gov.uk/commonassessmentframework)

## Appendix B: An Overview of the Common Assessment Framework

### What is the Common Assessment Framework (CAF)?

- an assessment process used across all services working with children, young people and families
- a common form for recording this assessment in a structured way
- a holistic assessment that summarises a child or young person's strengths, needs and goals after considering all aspects of his/her development, including health, social development and learning
- designed to be shared between services and used as a starting point for planning coordinated multi-agency action
- a consent-based process—we need the agreement of a parent/carer or of a competent young person/older child before using the CAF.

### Who might have a CAF assessment?

A CAF can be carried out with any child or young person from pre-birth up to age 19 (up to the age of 24 if the young person has a learning difficulty or disability), where:

- a cluster of indicators are identified at Level 2 or one or more indicator at Level 3
- as part of the 'Step Up' or 'Step Down' process for Children's Social Care
- the child or young person's needs are unclear, or not being met by their current service provision

### Which practitioners should use the CAF process?

- any practitioner in the children's workforce should use the CAF process, as well as practitioners who work in services for adults, as many adults accessing those services are also parents/carers and may need a Common Assessment for their child
- the CAF is a tool for early intervention work to support children or young people, so it is most likely to be used by practitioners in universal services or providing early intervention or targeted support
- practitioners considering referrals to Children's Social Care

For further information about using the CAF in Nottinghamshire, please visit [www.nottinghamshire.gov.uk/commonassessmentframework](http://www.nottinghamshire.gov.uk/commonassessmentframework)

A downloadable CAF Handbook is available from this site which includes further information about using the CAF in Nottinghamshire along with a range of resources to support practitioners to use the CAF process effectively.

## Appendix C: An Overview of the Joint Access Teams

The Joint Access Teams are recognised as the key mechanism for early intervention in Nottinghamshire and support the effective implementation of the principles of early intervention as outlined in the following ways:

1. The 0–19 focus enables early intervention to help children or young people as young as possible or at any stage in their lives that issues may arise.
2. The model enables practitioners to consider the needs of the whole family, as it recognises that children and young people are individuals within a wider family unit and supports the active engagement with and participation of children, young people and their families.
3. The JAT model supports practitioners in following the early intervention process.
4. The JATs support professionals in identifying who is most appropriate to work with a family and the role that they should play.
5. The JATs can also generate good local information about where families can access advice about emerging difficulties, which is recognised as contributing to effective early intervention.
6. The JAT model supports the Common Assessment Framework which is also recognised as a key tool for early intervention.

### The Purpose of the Joint Access Team

**Joint Access Teams are the key mechanism for early intervention and provide an opportunity for a single, cross agency conversation about a child or young person with early intervention or targeted needs**

As a result of this conversation there will be:

- Better understanding of the child's or young person's needs
- Advice, information and ideas generated by the team regarding the next steps
- Clarity around the outcomes being sought
- Lead professional identified
- Additional support services identified
- Next steps agreed and recorded
- Date set for progress review
- A link between input, output and outcomes

## Key Principles of Joint Access Teams

The Joint Access Team model is underpinned by the following principles:

- Focus on outcomes for children, young people and families
- A holistic approach
- Enabling the full participation of children, young people and parent/carers in the process
- Building on strengths as well as identifying difficulties
- Agencies need to work together to reduce duplication and unnecessary intrusion into family life
- Social inclusion
- Non-judgemental
- The child or young person's safety is everyone's responsibility
- Mutual respect between agencies and a recognition of the different skills that each agency brings.

JATs work in local areas which geographically serve one or more families of schools. The core membership of each JAT consists of practitioners from the following services in Nottinghamshire: School Nursing or Health Visiting; Youth Support Service; Children's Social Care; Primary Schools; Secondary Schools; Connexions; Police; the Education Welfare Service; the Emotional Health & Well Being District Team; Inclusion Support Services; and local Children's Centres.

For further information about Joint Access Teams in Nottinghamshire, please visit [www.nottinghamshire.gov.uk/jointaccessteams](http://www.nottinghamshire.gov.uk/jointaccessteams)

A downloadable JAT Handbook is available from this site which includes further information about using JATs in Nottinghamshire along with a range of resources to support practitioners to use the JAT process effectively.

## When to consider a referral to the Joint Access Teams

A referral to the JAT can be undertaken for any child or young person from pre-birth up to age 19 (up to the age of 24 if the young person has a learning difficulty or disability), where:

- a cluster of indicators are identified at Level 2 or one or more indicator at Level 3
- as part of the 'Step Up' or 'Step Down' process for Children's Social Care
- the child or young person's needs are unclear, or not being met by their current service provision

## Appendix D: Joint Access Teams and the CAF Process

Referrals to a Joint Access Team will use at least the front two pages of the Common Assessment Framework document together with a consent section for parents, children or young people to complete prior to discussion at the JAT meeting. At the point where the need to complete the full Common Assessment is agreed and consent is obtained from the child, young person and/or parent/carer, the CAF would need to be logged with the Integrated Services Team on 01623 433291.

**Where a CAF has been completed, the Joint Access Team can offer support in the following situations:**

1. A practitioner is unsure if a CAF assessment is needed	JAT can provide advice on whether to use CAF or an alternative approach
2. A practitioner has completed a CAF but is unsure which support services to involve	JAT can make recommendations on which services to invite to a multi-agency meeting
3. A multi-agency group has met, but was unable to agree a Lead Professional	JAT can agree which service has a practitioner able to act as Lead Professional. This practitioner will then contact the family to offer to become Lead Professional
4. A multi-agency group has been meeting regularly to support a child, but has not been able to make progress	JAT uses combined expertise to identify alternative approaches or alternative services to involve

## Appendix E: Glossary for the Outline of the Pathway to Provision

### Level Two

#### Children's Centre Allocations Panel

*Reviews all requests for service (using CAF form) with consent from families. Allocates work accordingly if single agency intervention is required. Agrees team around the child. Link to local JAT where appropriate.*

**Contact: Telephone 0800 781 2168 for individual centres details.**

### Level Two and Three

#### Springboard

*Springboard is the meeting where school staff and external agencies have an opportunity to reflect on current school practice, consult around issues, plan the work for the coming year and agree who will take the lead in supporting the school with identified pieces of work.*

**Contact: Held and usually chaired by each individual school.**

#### Family of Schools Additional Family Needs (AFN) Meeting

*Meeting where representatives from the Family of Schools make decisions on how Family resources are allocated to each school are made. Each individual school will then determine the practical arrangements for the use of resources within schools.*

#### Disabled Pupils Access Panel

*Children and young people must have a physical disability or complex medical need. The panel co-ordinates the admission and transition of pupils with complex physical or medical needs into mainstream schools and settings. The panel considers applications for the Specialist Equipment Loan Scheme.*

**Contact: Casework Meetings Chair: Helen Dengel; E-mail: [helen.dengal@nottsc.gov.uk](mailto:helen.dengal@nottsc.gov.uk)**

#### Disabled Children's Access to Childcare (DCATCH)

*Brokers support to develop individual package and funding to meet additional costs.*

**Contact: Project Lead: Helen Crowder; E-mail: [helen.crowder@nottsc.gov.uk](mailto:helen.crowder@nottsc.gov.uk); Lead Officer: Jo Willis; E-mail: [jo.willis@nottsc.gov.uk](mailto:jo.willis@nottsc.gov.uk)**

### Level Three

#### Youth Inclusion Support Panel

**Contact: Jenny Spencer on [jenny.spencer@nottsc.gov.uk](mailto:jenny.spencer@nottsc.gov.uk)**

#### Joint Solution Forum

**Chaired by placements and EDT**

#### Anti-Social Behaviour Multi-Agency

Risk Assessment Conferences (MARACs)

**Contact: Ashfield: Sally Wigginton on [s.wigginton@ashfield-dc.gov.uk](mailto:s.wigginton@ashfield-dc.gov.uk); Mansfield: Meryl Cunliffe on [mcunliffe@mansfield.gov.uk](mailto:mcunliffe@mansfield.gov.uk); Newark/Sherwood: Lynn Pallett on [lynn.pallett@newark-sherwooddc.gov.uk](mailto:lynn.pallett@newark-sherwooddc.gov.uk); Bassetlaw: Gerald Connor on [gerald.connor@bassetlaw.gov.uk](mailto:gerald.connor@bassetlaw.gov.uk)**

**Children Out of Schools Group (COOSs)**

*Tracks/secures education provision for children out of school.*

**Assessment and Statementing Panel**

**Contact: Chair: SEN Strategic Services Representative**

**Inclusive Technology Panel**

*Provides children and young people with special educational needs and disabilities with appropriate inclusive technology to enable them to access the curriculum.*

**Contact: Chair: Linda Lyn-Cook, E-mail: [linda.lyn-cook@nottsc.gov.uk](mailto:linda.lyn-cook@nottsc.gov.uk) or Christine Buck, E-mail: [christine.buck@nottsc.gov.uk](mailto:christine.buck@nottsc.gov.uk)**

**Communications Aids Panel**

*Funds the allocation of communication equipment for children and young people with special educational needs and disabilities to enable them to access the curriculum.*

**Contact: Chair: Liz Mangle, E-mail: [liz.mangle@nottsc.gov.uk](mailto:liz.mangle@nottsc.gov.uk)**

**Enhanced Resource (Autism) Panel**

*Allocates resources to children and young people who have a complete communication difficulty as a primary area of need and are at risk of permanent exclusion.*

**Contact: Chair: Jeremy Beckett, E-mail: [jeremy.beckett@nottsc.gov.uk](mailto:jeremy.beckett@nottsc.gov.uk)**

**Specialist Resource Panel**

*Approves appropriate residential/education provision for children and young people; to discuss and approve funding arrangements between social care, health and SEN.*

**Contact: Chair: Norman Chessman, E-mail: [norman.chessman@nottsc.gov.uk](mailto:norman.chessman@nottsc.gov.uk)**

**Complex Medical Needs Panel**

*Authorises the allocation of support to enable the provision of appropriate invasive medical care for children/young people in mainstream schools.*

**Contact: Chair: Liz Mangle, E-mail: [liz.mangle@nottsc.gov.uk](mailto:liz.mangle@nottsc.gov.uk)**

**High Level Needs Panel**

*Allocate funding to support children/young people who have exceptionally complex and enduring special educational needs/disabilities educated within mainstream schools.*

**Contact: Chair: Chris Harrison, E-mail: [chris.c.harrison@nottsc.gov.uk](mailto:chris.c.harrison@nottsc.gov.uk)**

**Multi-Agency Post 16 Transition Funding Panels**

*Considers needs of young people seeking residential provision The panel is comprised of representatives from the Local Authority and Connexions.*

**Early Years and Child Care Specialist Equipment Scheme**

*Allocates specialist equipment to private, voluntary and independent providers who make referrals which must be supported by a report from an Occupational Therapist.*

**Contact: Chair: Helen Dengel, E-mail: [helen.dengel@nottsc.gov.uk](mailto:helen.dengel@nottsc.gov.uk); Lead Officer: Helen Crowder, E-mail: [helen.crowder@nottsc.gov.uk](mailto:helen.crowder@nottsc.gov.uk)**

**Early Years and Child Care Inclusion Funding Panel**

*Provides advice, support and funding for private, voluntary and independent settings delivering; childcare for disabled children whose parents are in employment or training, and all disabled three and four-year-olds accessing their free entitlement.*

**Contact: Independent Chair: Hilary Ruddock, Telephone: 0115 9677684; Lead Officer: Helen Crowder, E-mail: [helen.crowder@nottsc.gov.uk](mailto:helen.crowder@nottsc.gov.uk)**

### **School Behaviour and Attendance Partnerships**

*Secures the placement of children at risk of exclusion from school or excluded into suitable education provision. Includes managed moves/alternate provision on or off school sites supporting schools with strategies to re-engage children and young people with education. The readmission of children back to mainstream when they are 'school ready'.*

### **Level Three and Four**

#### **Breaks in Partnership and Saturday Clubs Panel**

*Disabled children and young people are referred to the monthly panel by their family or a professional and where appropriate are offered short break provision in an appropriate setting.*

**Contact: Chair: Sarah Blackhurst, E-mail: [sarah.blackhurst@nottsc.gov.uk](mailto:sarah.blackhurst@nottsc.gov.uk)**

### **Level Four**

#### **Multi-Agency Public Protection Panel**

*Provides a statutory framework in England and Wales for the assessment and management of the risk of serious harm posed by specified sexual and violent offenders, including offenders (including young people) who are considered to pose a risk, or potential risk, of serious harm to children. A number of agencies including Children's and Adult's Social Care Services, health, housing, Youth Offending Teams and Jobcentre Plus are required to be part of the process.*

#### **Multi-Agency Risk Assessment Conference (MARAC) Domestic Violence**

*The highest risk cases of domestic abuse are discussed. The main aim is to reduce the risk of serious harm or homicide for a victim and to increase the safety, health and wellbeing of victims—adults and any children.*

**Contact Officer: Rachel Adams, E-mail: [rachel.adams@nottsc.gov.uk](mailto:rachel.adams@nottsc.gov.uk)**

### **Section 47 Strategy Meetings**

*Where there is concern that a child is suffering or likely to suffer significant harm, a discussion or meeting should be held with the child's social worker, the Police and any other involved professionals. The discussion/meeting will consider if any urgent action needs to be taken, share known information and decide what action needs to be taken to ensure the child's needs are met.*

### **Child Protection Conference**

*Brings together family members, the child where appropriate and those practitioners most involved with the child and family, following section 47 enquiries. The concerns that have led to the conference will be discussed along with relevant information that has been gathered about the family. The information gathered will be analysed to make judgements about whether the child/young person is felt to be suffering significant harm or likely to suffer significant harm and what action needs to be taken. A decision will be made about whether the child should be made subject to a Child Protection Plan.*

### **Special Schools Admissions Forum**

*Decides upon the placement for pupils with special educational needs within a special school where the choice of school is not obvious (either because of capacity issues within schools or because of the particular needs of the child or young person.*

**Contact: Chair: Chris Harrison, E-mail: [chris.c.harrison@nottsc.gov.uk](mailto:chris.c.harrison@nottsc.gov.uk)**

**Within Special Schools Audit of Learner Needs**

*Process whereby the moderation of Special School assessment of pupils' needs is undertaken. The assessment of individual pupils will contribute information considered when allocating funding to schools.*

**Contact: Chair: Andy Smith, E-mail: [andrew.smith@nottsc.gov.uk](mailto:andrew.smith@nottsc.gov.uk)**

**Early Communication and Autism Partnership Panel (ECAP)**

*A multi-agency consultancy panel meets monthly to decide on who should be offered support, the type and frequency. Only available for children with the most complex communication and social interaction needs/Autistic Spectrum Disorder (ASD). Referrals accepted up to the child's fourth birthday with support continuing until the end of the Early Years Foundation Stage.*

**Contact: Chair: Phil Christie, NORSACA, Telephone: 0115 8761720**

**Looked After Children Reviews**

*For all children and young people who are looked after by the Local Authority. The meetings involve the child/young person, their parent/carer and professionals involved with the family to look at what the care plan is. The meetings are held within 28 days of the child/young person becoming looked after, then at regular intervals for as long as the child/young person is looked after.*

**Contact: Independent Reviewing Officer**

For further information contact:

**Nottinghamshire County Council  
Children and Young People's Services  
County Hall  
West Bridgford  
Nottingham  
NG2 7QP**

**Telephone: 08449 80 80 80**

**Email: [pathwaytoprovision@nottsc.gov.uk](mailto:pathwaytoprovision@nottsc.gov.uk)  
[www.nottinghamshire.gov.uk/pathwaytoprovision](http://www.nottinghamshire.gov.uk/pathwaytoprovision)**