



Wiltshire Local Safeguarding Children Board



# **Wiltshire Children and Young People's Trust**

## **Multi-Agency Thresholds Document:**

Accessing the right level of support for children and young people with additional needs

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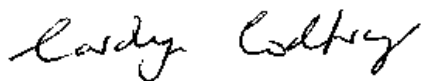
## Foreword

We all want better lives for children and young people. Most children do well, but some have significant disadvantages that currently are only addressed when they become serious. Sometimes their parents know there is a problem but struggle to know how to get help. We want to identify these children and young people earlier and work in a coordinated, integrated way to help them before things reach crisis point.

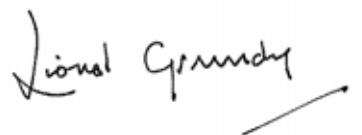
This document is intended to provide an overview of Wiltshire's model of integrated working within children's services, and also to give some guidance about making decisions on service thresholds to everyone who works with children and young people. Working with children and families and identifying their needs is not an exact science and there is no substitute for sound professional judgement, dialogue and good knowledge of local services. This document does not seek to replace professional skills and knowledge but to offer professionals an overview of indicators and guidance on the need for assessment of a particular kind and at a particular level. This document indicates thresholds broadly agreed between organisations represented in Wiltshire's Children and Young People's Trust.

**It cannot be stressed strongly enough that thresholds should not be seen as barriers; thresholds are a guide to professional decision-making to support the over-riding purpose that children, young people and families are able to access the right service to build resilience, improve life chances, and keep children and young people safe.**

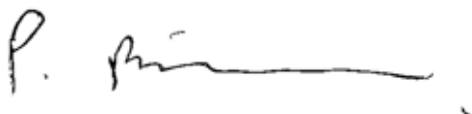
For specific information about children and young people with special educational needs, please refer to the Wiltshire Indicators and Provision Document (July 2011) for information about provision at different levels of the SEN Code of Practice.



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## Accessing support for children with additional needs

In Wiltshire, the model for integrated working takes into account levels of need when determining service provision to support children and young people. The aim of the model is to provide clarity on when children and young people can be supported through universal services and the process for accessing both targeted and specialist services. This includes the use of the Common Assessment Framework (CAF) and when a Lead Professional is required. The overall aim of the model is to:

- Identify additional needs at the earliest stage;
- Ensure that the needs of children and young people are met by the most appropriate services at the right level;
- Reduce the numbers of children and young people requiring specialist services from children's social care through effective earlier intervention.
- Build individual, family and community resilience (in line with Wiltshire's Children and Young People's Trust's overall vision).

The key elements within Wiltshire's model of integrated working are:

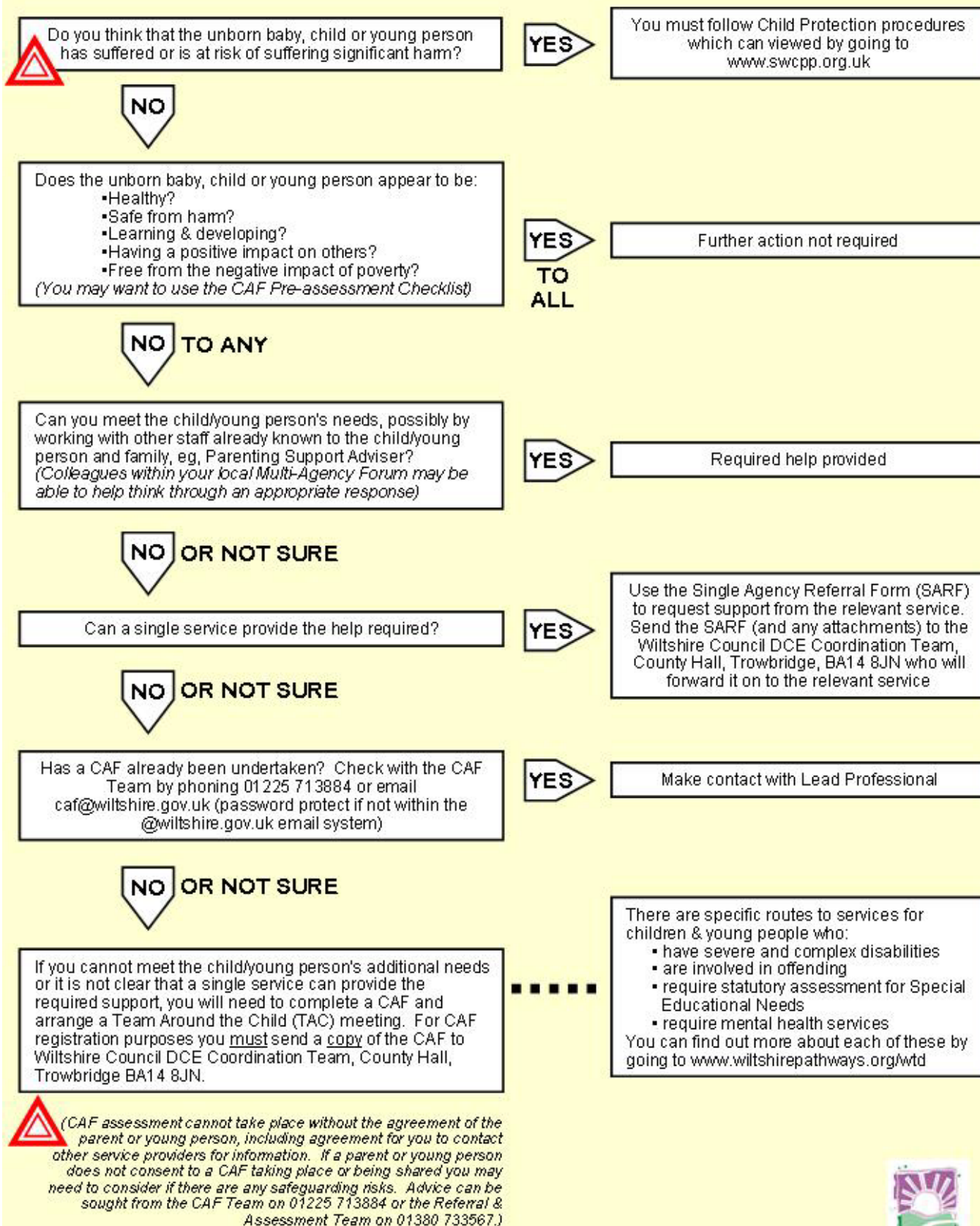
- Early support within universal settings;
- Decision by the local Multi-Agency Forum or by a frontline professional on whether a child or young person's difficulty can be resolved through a single agency or whether a CAF should be completed;
- Completion of CAF and bringing together a Team Around the Child (TAC) to provide support;
- Gateway Panels for when a CAF Completer or Lead Professional requires additional help to ensure there is an effective response to a completed CAF;
- A protocol covering the interface between Social Care and the CAF to ensure that there is effective step-up/step down between targeted and specialist services.
- Risk Management Panels for a small number of very vulnerable young people who are already at Level 3 (Youth Offending Team, specialist Child and Adolescent Mental Health Services and Children's Social Care).

The flowchart in Figure 1 provides an overview of how to ensure that the needs of children and young people are met by the most appropriate services at the right level.

There is a specific CAF pathway for all pregnant young women who are under 18 at the point of conception (see Appendix 1). Further information can be found on the Pathways website at [www.wiltshirepathways.org](http://www.wiltshirepathways.org).

Fig. 1. "What to do" - flowchart

# WHAT TO DO if children & young people need additional help



Find further guidance (plus downloadable SARF and CAF forms) at [www.wiltshirepathways.org](http://www.wiltshirepathways.org)



## **Early support within universal settings**

It is better to identify problems early at the pre-CAF stage and intervene effectively to prevent the difficulty becoming more acute – this is better for individuals, families and society as it avoids personal suffering, reduces social problems and is potentially more cost-effective. Targeted early intervention and support within universal settings does work, for example, the ‘Every Child’ programmes have been shown to enable children to make good progress in reading and speech. All schools should now have access to the Triple P Positive Parenting Programme through Parenting Support Advisors. Children’s Centres also deliver a range of parenting support programmes including the Webster Stratton Programme. Many schools and Children’s Centres also have some access to counselling services or Health and Wellbeing Drop-in sessions where children and young people and parents can receive support.

A range of educational support services, integrated youth services and community health services such as Speech and Language Therapy can also be accessed through the Single Agency Referral Form (SARF) - for use when a single service is required. The Form is included in Appendix 2.

## **Role of the Multi-Agency Forum (MAF)**

In most localities (community areas) across Wiltshire, early years practitioners, primary and secondary schools and partner agencies meet on a regular basis to discuss how best to support individual children and young people who have been identified as requiring additional help.

Although membership of MAFs varies across the County, an effective MAF is likely to have input from the range of educational inclusion support services (ie, Early Years Inclusion Advisers, Educational Psychology, Education Welfare, Behaviour Support and Specialist SEN Service (SSENS), Integrated Youth Services, community health services and the voluntary sector). Children’s Social Care will also endeavour to attend MAF meetings to contribute to discussions about individual children and young people and to support colleagues in working with families who do not meet social care thresholds.

The MAF is well-placed to help support decision-making on whether referral to a single service is needed or whether the difficulty is multi-faceted and is likely to require support from two or more additional services (actively working with the child/family at the same time). Many professionals within schools, local authority services and community health services will feel able to make this decision without discussion with other professionals. However, where a decision is less clear-cut, discussion at a MAF may be useful.

To help make this decision, MAFs may wish to make use of the national pre-CAF checklist or other local tools that can help identify vulnerable children and young people.

**All children and young people discussed at a MAF should be anonymised, unless it is clear that parents and the young person have given permission for their details to be shared with a range of professionals.**

If it is agreed that a referral should be made to a single service, then the Single Agency Referral Form (SARF) should be used. If a decision is made that a child or family is likely to need a range of support services, then the MAF should agree who will complete the CAF assessment. Further help on deciding whether a SARF or CAF should be completed can be provided by the CAF Team. If you have concerns about a child or young person suffering or

being at risk of suffering significant harm, please follow Child Protection procedures which can be viewed at [www.swcpp.org.uk](http://www.swcpp.org.uk).

### **Completion of CAF and bringing together a Team Around the Child**

A CAF should be completed when a child/young person's needs are not well understood or the help of two or more services is needed. It is also expected that a CAF will be completed for the majority of children and young people at risk of, or about to be, permanently excluded. There is evidence that these are some of our most vulnerable children and young people. Within early years, a CAF is always required as part of the evidence for decision-making in relation to 2 year old funding for nursery care for disadvantaged children.

**A CAF assessment cannot take place without the involvement and consent of the parent (or young person, if appropriate) and there must be agreement for sharing information with relevant agencies that can provide support. A copy of all completed CAFs needs to be sent to the Wiltshire Council DCE Coordination Team at County Hall, Trowbridge, BA14 8JN for registration. The Coordination Team should also be informed when a CAF is closed, following intervention and a successful outcome or referral to Level 3.**

The person who completes the CAF should then arrange a Team Around the Child meeting (TAC). The CAF Coordinators may be able to provide advice on who to involve and to help arrange this meeting if the CAF completer has any difficulty with this task. The CAF Team can be contacted on 01225 713884. The initial TAC meeting should be held as soon as possible after completion of the CAF and preferably within 15 working days of completion of the CAF. The CAF completer acts as the Lead Professional until the TAC meeting at which point the role may be re-allocated.

Parents/carers and the child/young person should be invited to attend the TAC meeting. The focus of the initial meeting should be on developing an intervention plan with/for the family, including agreement on what the family wishes to change and how progress will be measured. The initial TAC meeting should also clarify who is best placed to act as the Lead Professional. TAC meetings should be held regularly (every 6 – 8 weeks) to ensure the intervention plan is meeting the identified needs. When an intervention plan has been in place for six months, the TAC members and parent/young person will need to agree if the identified needs have been addressed, whether the plan needs to be amended or if a referral should be made to the Gateway Panel or advice sought from the Social Care Referral and Assessment Team.

A parent has the right to refuse support. It is important to record in your own agency that a CAF was offered and the parent or young person refused to consent to the process. The practitioner should continue to monitor the child's progress, and if the concerns are not addressed should contact the CAF Team for advice.

Where there have been three CAF enquiries to the CAF Register about a child who has no recorded CAF, the CAF Co-ordinator will seek advice from a Duty Manager in the Social Care Referral and Assessment Team to decide whether statutory intervention is necessary.

### **Role of the Gateway Panels**

The main purpose of the Gateway panels is to discuss children and young people where:

- A CAF has been completed, but the CAF Completer/Lead Professional is finding it difficult to identify appropriate agencies to help, or those identified agencies are unwilling or unable to provide support or
- TAC meetings have been held, but there are still unmet or escalating needs and the Lead Professional and agencies involved want additional support and advice to ensure that the child or young person's needs are met. This may include input from another service.

**The CAF completer or lead professional will therefore need to identify children and young people to be discussed at Gateway Panels and contact the CAF Team.**

The Gateway Panels will operate on the basis of the four hubs across Wiltshire – North, South, East and West. The Panels will meet on a fortnightly basis and will be attended by Managers from local authority children's services, community health services, the voluntary sector and the police. Representatives from schools are welcome to attend Gateway Panels. It is helpful if the person who initiated the CAF attends or sends a representative (although it may be possible to hold a telephone conference call). A senior manager will be nominated to chair each Gateway Panel (this is likely to be on a rotating basis and the Chair could be from any agency involved).

The administration of the Gateway Panels will be undertaken by the CAF Coordinators. The person sending in the CAF will receive an email acknowledgement (referring to the child or young person by their initials) and information on the date the child or young person's needs will be discussed.

All Gateway Panels will operate to an agreed protocol and will record the outcomes of discussions on a standard decision-sheet. This will be signed off by the Chair of the Gateway Panel, with a copy sent to the CAF completer/Lead Professional. A copy of the completed decision-sheet will also be held on the CAF Register alongside the completed CAF assessment.

### **Interface between CAF and Children's Social Care**

The Common Assessment Framework (CAF) is a national tool to support early identification of a child's/family's needs that cannot be met within universal services (Level 1) and to ensure that there is a co-ordinated response where several targeted services (Level 2) are involved in providing support. Effective use of the CAF and improved integrated working by targeted services should ensure that Children's Social Care (Levels 3 and 4) are able to focus resources on those children and families with the highest levels of need.

Wiltshire has produced a protocol (see Appendix 3) covering how the Referral and Assessment Team within Children's Social Care needs to work closely with the CAF Team to ensure that support is provided at the most appropriate level and that children and families do not slip through the net between targeted services (level 2) and Children's Social Care (levels 3 and 4). CAF Co-ordinators will liaise regularly with the Referral and Assessment Team to promote a better understanding of each other's roles and to enable this protocol to become embedded.

There is now a single Referral and Assessment Team based at Browfort in Devizes. The team can be contacted on 01380 733567 or by email on [referrals@wiltshire.gov.uk](mailto:referrals@wiltshire.gov.uk). It is always helpful to contact a Duty Social Worker to discuss your concerns before making a referral to Children's Social Care. This will allow for a speedier response and enable the Referral and Assessment Team to gather all information required or to assist the referrer in obtaining support if the matter does not meet the threshold for social care.



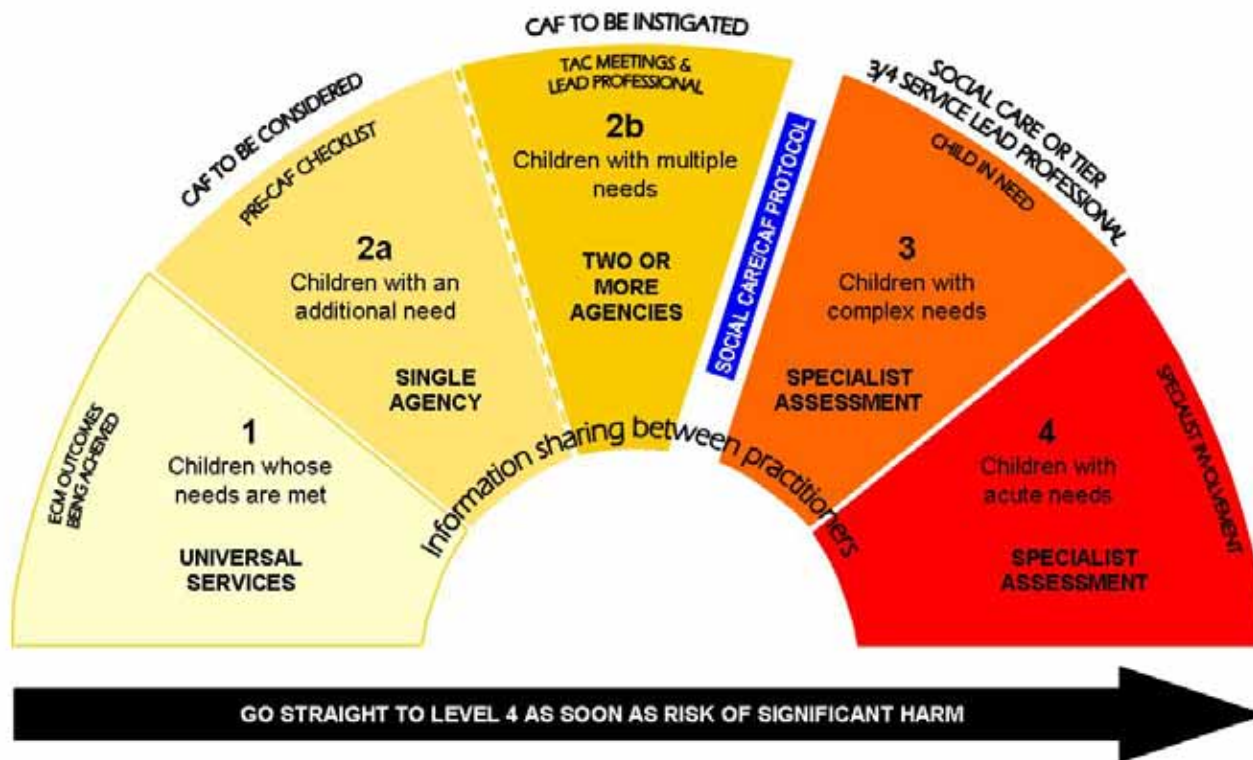
## **Risk Management Panels**

These Panels will focus on how we can more effectively manage high risk and vulnerability/safeguarding for a ‘critical few’ young people in Wiltshire. The Risk Management Panels will take a multi-agency approach to manage the risks presented by a small number of vulnerable adolescents at risk of significant harm to themselves through severe self-harm, offending, sexual exploitation, substance misuse, mental health difficulties, lack of family support, chaotic living arrangements and absconding. Young people will only be referred to the Risk Management Panel when they have already been allocated to a Level 3 service through Youth Offending, the Substance Misuse and Harm Reduction Service (Motiv8), specialist Child and Adolescent Mental Health Services or Children’s Social Care. Some young people may be immediately allocated a Level 3 service without being subject to CAF and Team Around the Child. For further information about the process of referring young people to the Risk Management Panel, please contact the Head of Service – Integrated Youth within Wiltshire Council ([mal.munday@wiltshire.gov.uk](mailto:mal.munday@wiltshire.gov.uk)).

## Overview of levels of need

Wiltshire’s Children’s Trust has agreed a framework for helping professionals to identify which level of need a child/family is likely to meet.

**Fig. 2. Thresholds of Need (the “Windscreen” diagram)**



**Level 1** These are children and young people who make overall good progress in all areas of their development. These children are likely to have a protective environment where their needs are recognised and well met. These children require **no additional support beyond that which is universally available**. A common assessment is not needed for these children.

**Level 2a** A child or young person would fall within this band if they can be defined as **needing some additional support from a single service without which they would be at risk of not meeting their full potential**. The support they need may relate to their health, educational, or social development. If ignored these issues may develop into more worrying concerns for the child or young person under level 2 or 3.

**Level 2b** Children and young people who fall into this band would be defined as **having needs that are complex in range, depth, and significance**. It is likely that if these needs are not met their health, social development, or educational attainment may be significantly impaired and they may have poor long term outcomes. Children in this band may be very vulnerable or living in considerable adversity. A child in this band will need the support of more than one professional. A CAF will be completed and the **lead professional** will ensure that support and services for a particular child are coordinated and provided in an integrated, effective way (through putting in place a Team Around the Child – TAC).

**Level 3** A child or young person who falls into this band is defined as **requiring specialist help**. It is likely that for these children their needs and care are at present very significantly compromised. Only a small proportion of children will fall within this band. These children will be those who are highly vulnerable or living in the greatest level of adversity. Children at

this level will require specialist assessment and support from statutory services, for example social care, CAMHS, Youth Offending Service, SEN.

**Level 4** represents children and young people with acute needs – this will require a specialist or statutory integrated response. This is also the level at which child protection intervention is necessary and in many cases a joint social worker and police investigation is required (Section 47 Children Act 1989) followed by multi-agency protection planning.

It is inevitable that children will move from one level of need to another. As the children and family's needs increase additional services may be required and in some instances delivered within a legal framework. The transition from one level of service to another should happen seamlessly to ensure that information is shared appropriately – this applies equally to children and families moving 'downwards' from Level 3 or 4 to Level 2 support. It is crucial that the 'baton' is never dropped between different levels of service.

### **Descriptor Tables**

The descriptors that follow are designed to assist professional judgement in working out at which level a child/young person's needs should be met. They are not a checklist to be used mechanically. In some cases, the interpretation and significance of the descriptor clearly depends on the age of the child/young person.

For children and young people with special educational needs, the Wiltshire Indicators and Provision Document (July 2011) provides more detailed information about appropriate levels of support in accordance with the SEN Code of Practice.

*Note: The tables are an illustrative rather than comprehensive list of indicators.*

**Fig. 3. Development of Child or Young Person 1 - Health**

<b>Fig. 3. Development of Child or Young Person 1 - Health</b>				
Level 1 – Requires universal services only		Children & Young People who need additional help		
		Level 2 (a and b)	Level 3	Level 4
<b>General health</b>	<ul style="list-style-type: none"> <li>Physically well</li> <li>Adequate diet/hygiene/clothing</li> <li>Developmental checks/immunisations up to date</li> <li>Regular dental/optical care</li> <li>Health appointments are kept</li> </ul>	<ul style="list-style-type: none"> <li>Concerns re diet/hygiene/clothing</li> <li>Defaulting on immunisation/checks</li> <li>Starting to default on health appointments</li> <li>Not registered with GP/dentist</li> <li>Overweight/underweight</li> <li>Encopresis/enuresis</li> <li>Low level substance misuse</li> <li>A&amp;E attendance giving cause for concern</li> <li>Failure to access adequate health care</li> <li>Pregnancy in young person</li> </ul>	<ul style="list-style-type: none"> <li>Significant failure to thrive</li> <li>Chronic health problems with a severe impact on everyday functioning</li> <li>Persistent excessive alcohol consumption, smoking or other substance misuse</li> <li>Serious mental health issues, including significant self-harm and suicide attempts</li> <li>Multiple A&amp;E attendances causing concern</li> </ul>	<ul style="list-style-type: none"> <li>Class A/serious drug misuse</li> <li>Acute mental health issues</li> <li>Suspected non-accidental injury/abuse/neglect</li> <li>Non-organic failure to thrive</li> </ul>
<b>Health – physical development</b>	<ul style="list-style-type: none"> <li>Developmental milestones met in relation to fine and gross motor skills and vision and hearing</li> <li>Age appropriate involvement in physical activity</li> </ul>	<ul style="list-style-type: none"> <li>Slow in reaching developmental milestones</li> </ul>	<ul style="list-style-type: none"> <li>Serious developmental delay</li> <li>Significant physical disability</li> </ul>	
<b>Speech, language &amp; communication</b>	<p>Age appropriate development in relation to:</p> <ul style="list-style-type: none"> <li>Willingness to communicate</li> <li>Verbal and non verbal comprehension Language structure and vocabulary and articulation</li> <li>Fluency of speech and confidence</li> </ul>	<ul style="list-style-type: none"> <li>Reluctant communicator</li> <li>Not understanding age appropriate instructions</li> <li>Confused by non verbal communication</li> <li>Difficulty listening for an appropriate length of time</li> <li>Immature structure of expressive language</li> <li>Speech sounds immature</li> </ul>	<ul style="list-style-type: none"> <li>Severe disorder and impairment in understanding spoken language</li> <li>Communication difficulties have a severe impact on everyday life</li> <li>Requires alternative or augmented means of communication</li> </ul>	

**Fig. 4. Development of Child or Young Person 2 – Behaviour etc**

Fig. 4. Development of Child or Young Person 2 – Behaviour etc				
Level 1 – Requires universal services only		Children & Young People who need additional help		
		Level 2 (a and b)	Level 3	Level 4
Emotional/Social development	<ul style="list-style-type: none"> <li>Feelings and actions demonstrate appropriate responses</li> <li>Good quality early attachments</li> <li>Able to adapt to change</li> <li>Able to demonstrate empathy</li> <li>Involved in leisure and other social activity</li> </ul>	<ul style="list-style-type: none"> <li>Finds it difficult to cope with anger or frustration</li> <li>Difficulties in relationships with peer group and/or with adults</li> <li>Overfriendly or withdrawn with strangers</li> <li>Finds coping with change difficult even with support</li> <li>Difficulties expressing empathy</li> </ul>	<ul style="list-style-type: none"> <li>Suffers from periods of depression</li> <li>Relates to strangers indiscriminately without regard for safety or social norms</li> <li>Disordered attachments that have a severe impact</li> <li>Reaction to change triggers prolonged inability to cope</li> <li>Phobias &amp; other psychological difficulties</li> </ul>	<ul style="list-style-type: none"> <li>Life-threatening psychiatric emergencies which may require use of the Mental Health Act</li> </ul>
Behavioural development	<ul style="list-style-type: none"> <li>Appropriate self-control</li> <li>Appropriate social behaviour</li> <li>Appropriate sexual development and activity</li> </ul>	<ul style="list-style-type: none"> <li>Disruptive/challenging behaviour, including in school or early years setting</li> <li>Concerns about sexual development and behaviour</li> </ul>	<ul style="list-style-type: none"> <li>Extreme disruptive/challenging behaviour at school, in neighbourhood and at home</li> <li>Sexual development and behaviour which may be indicative of abuse</li> </ul>	<ul style="list-style-type: none"> <li>Regularly involved in antisocial/criminal activities/violent behaviour</li> <li>Sexual exploitation</li> <li>Regularly puts self or others in danger through reckless activity</li> </ul>
Identity, self-esteem/ image	<ul style="list-style-type: none"> <li>Positive sense of self and abilities</li> <li>Demonstrates feelings of belonging and acceptance</li> <li>An ability to express needs</li> </ul>	<ul style="list-style-type: none"> <li>Shows lack of self esteem</li> <li>Vulnerable to bullying, discrimination or harassment</li> <li>Limited insight into how appearance &amp; behaviour are perceived</li> </ul>	<ul style="list-style-type: none"> <li>Seriously affected by persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability</li> <li>Subject to severe bullying</li> </ul>	
Family & social relationships	<ul style="list-style-type: none"> <li>Aware of personal and family history</li> <li>Stable and affectionate relationships with caregivers</li> <li>Good relationships with siblings</li> <li>Positive relationships with peers</li> <li>Age-appropriate friendships</li> </ul>	<ul style="list-style-type: none"> <li>Limited support from family and friends</li> <li>Lacks positive role models</li> <li>Serious conflicts with peers/siblings</li> <li>Difficulties sustaining relationship</li> </ul>	<ul style="list-style-type: none"> <li>Significant family breakdown</li> <li>Child or young person is main carer of family member or of own child</li> </ul>	<ul style="list-style-type: none"> <li>Subject to physical, emotional or sexual abuse or neglect</li> </ul>

<p>Self care skills &amp; independence</p>	<ul style="list-style-type: none"> <li>• Growing level of competencies in practical and emotional skills</li> <li>• Good level of personal hygiene</li> <li>• Gaining confidence and skills to undertake activities away from family</li> </ul>	<ul style="list-style-type: none"> <li>• Friendships &amp; relationships inappropriate for age</li> <li>• Not always adequate self-care, e.g. poor hygiene</li> <li>• Slow to develop age-appropriate self-care skills</li> <li>• Failing to develop confidence and skills for independence</li> <li>• Lacking opportunities to manage risk</li> </ul>	<ul style="list-style-type: none"> <li>• Young person living independently and not coping</li> <li>• Persistent and severe poor self-care for age, including hygiene.</li> </ul>	<ul style="list-style-type: none"> <li>• Neglects self care because of alternative priorities e.g. substance misuse</li> <li>• Neglect of own child</li> </ul>
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**Fig. 5. Development of Child or Young Person 3 - Learning**

<b>Fig. 5. Development of Child or Young Person 3 - Learning</b>				
Level 1 – Requires universal services only		Children & Young People who need additional help		
		Level 2 (a and b)	Level 3	Level 4
Understanding, reasoning & problem solving	<ul style="list-style-type: none"> <li>• Milestones for cognitive development are met</li> <li>• Demonstrates a range of skills and interests</li> </ul>	<ul style="list-style-type: none"> <li>• Milestones for cognitive development are not met</li> <li>• Has an assessed moderate learning difficulty</li> </ul>	<ul style="list-style-type: none"> <li>• Severe and profound and multiple learning disability</li> <li>• Serious developmental delay</li> </ul>	
Participation in education or work	<ul style="list-style-type: none"> <li>• Access to educational provision appropriate to age and ability</li> <li>• Access to employment (including work based learning) appropriate to age and ability</li> <li>• Regularly attends education or training, or in full-time work</li> </ul>	<ul style="list-style-type: none"> <li>• Poor school/early years' attendance/punctuality</li> <li>• Behaviour likely to lead to risk of exclusion</li> <li>• Has no school placement and meets hard to place criteria</li> <li>• Gaps in schooling/learning due to pregnancy</li> <li>• Multiple changes of school/early years setting</li> <li>• No access to early education</li> <li>• No access to employment (including work based learning)</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple changes of school without notification</li> <li>• Not in education, employment or training and displaying serious employability/engagement deficits and high support needs</li> </ul>	
Progress & achievement in	<ul style="list-style-type: none"> <li>• Acquiring a range of skills and interests</li> <li>• No concerns about achievement or cognitive development</li> <li>• Access to books/toys, play</li> </ul>	<ul style="list-style-type: none"> <li>• Requires adapted curriculum and timetable</li> <li>• Identified learning needs – on Early Years or School Action/School Action+</li> <li>• Clearly under-performing in opinion of teacher, parent or practitioner</li> <li>• Limited access to resources for learning at home (e.g. books/toys)</li> </ul>		
Aspirations	<ul style="list-style-type: none"> <li>• Well motivated and self-confident</li> </ul>	<ul style="list-style-type: none"> <li>• Not always engaged in learning – poor concentration, low motivation and interest</li> </ul>		

**Fig. 6. Parents and Carers**

<b>Fig. 6. Parents and Carers</b>				
Level 1 – Requires universal services only		Children & Young People who need additional help		
		Level 2 (a and b)	Level 3	Level 4
<b>Basic care &amp; ensuring safety &amp; protection</b>	<ul style="list-style-type: none"> <li>• Provide for child’s physical needs, including appropriate clothing, medical and dental care</li> <li>• Protect from danger or significant physical or emotional harm (including risk of sexual harm), in the home and elsewhere</li> </ul>	<ul style="list-style-type: none"> <li>• Parent requires advice on parenting issues</li> <li>• Parent is struggling to provide adequate care</li> <li>• Professionals beginning to have concerns about child’s physical needs being met</li> <li>• Clothing is regularly unwashed</li> <li>• Exposure to household hazards or risks</li> <li>• Parental stresses starting to affect ability to ensure child’s safety</li> </ul>	<ul style="list-style-type: none"> <li>• Neglect/scapegoating suspected</li> <li>• Young child regularly left alone or unsupervised</li> <li>• Parents/carers unable to protect from danger or significant physical or emotional harm (including risk of sexual harm), in the home and elsewhere</li> <li>• Parent’s mental health problems or substance misuse significantly affect care of child</li> </ul>	<ul style="list-style-type: none"> <li>• Parents unable to provide ‘good enough’ parenting that is adequate and safe</li> <li>• Parents unable to care for previous children</li> <li>• Continual instability and violence in the home</li> <li>• Child not protected from sexual exploitation</li> <li>• Parents involved in serious person-related crime</li> </ul>
<b>Emotional warmth &amp; stability</b>	<ul style="list-style-type: none"> <li>• Show warm regard, praise and encouragement</li> <li>• Ensure that secure attachments are not disrupted</li> <li>• Provide consistency of emotional warmth</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistent responses to child by parents</li> <li>• Difficult parent/child relationship</li> <li>• Key relationships with family members/significant others not always kept up</li> <li>• Has a number of different carers</li> <li>• Starting to demonstrate difficulties with attachments</li> <li>• Frequent changes of home base or educational placement</li> </ul>	<ul style="list-style-type: none"> <li>• Child/parent relationship at risk of breakdown</li> <li>• Has unplanned multiple carers</li> <li>• Privately fostered</li> </ul>	<ul style="list-style-type: none"> <li>• Parents inconsistent, highly critical or apathetic towards child</li> <li>• Parent has rejected, or is threatening to reject, the child</li> <li>• Has no carer, abandoned child or unaccompanied minor</li> <li>• Missing child/child persistently running away</li> </ul>
<b>Guidance boundaries &amp; stimulation</b>	<ul style="list-style-type: none"> <li>• Provide guidance so that child can develop an internal model of values and conscience</li> <li>• Facilitates cognitive development through interaction and play</li> <li>• Enable child to experience success</li> </ul>	<ul style="list-style-type: none"> <li>• Parent offers inconsistent boundaries</li> <li>• Behaviour problems not recognised and addressed by parents</li> <li>• Spends considerable time alone e.g. watching television</li> <li>• Not receiving positive stimulation – lack of new experiences or activities</li> <li>• Parents do not value education</li> <li>• Home not conducive to play/education</li> </ul>	<ul style="list-style-type: none"> <li>• Parent offers a negative role model e.g. by behaving in an antisocial way</li> <li>• Erratic or inadequate guidance provided</li> <li>• No constructive leisure time or guided play</li> </ul>	<ul style="list-style-type: none"> <li>• No effective boundaries set by parents</li> <li>• Beyond parental control</li> </ul>



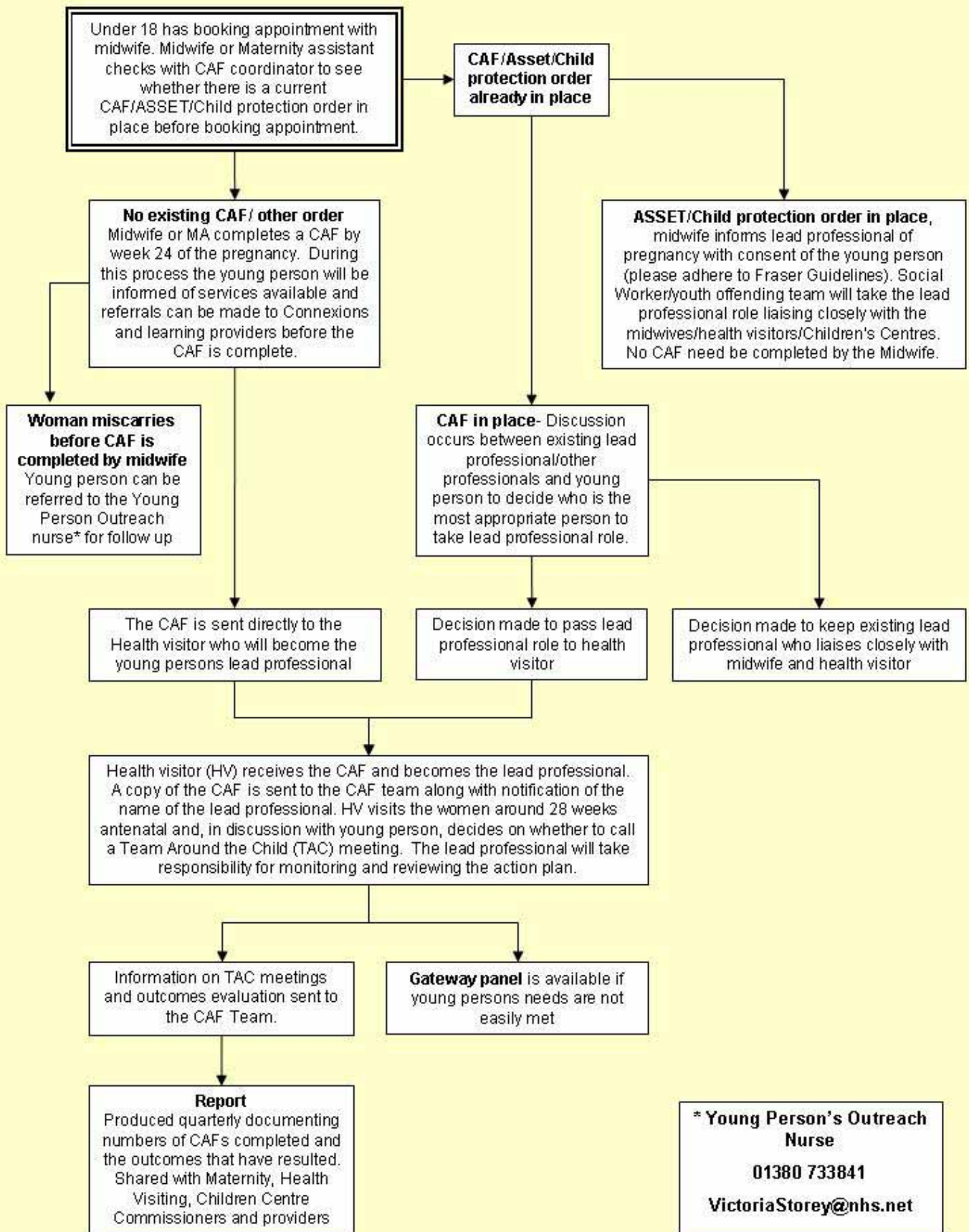
**Fig. 7. Family & Environmental Factors**

<b>Fig. 7. Family &amp; Environmental Factors</b>				
Level 1 – Requires universal services only		Children & Young People who need additional help		
		Level 2 (a and b)	Level 3	Level 4
<b>Family history, functioning &amp; wellbeing</b>	<ul style="list-style-type: none"> <li>Family relationships provide positive sense of wellbeing for all family members</li> <li>Few significant changes in family</li> </ul>	<ul style="list-style-type: none"> <li>Parents have frequent conflicts or difficulties that impact on the child</li> <li>Risk of domestic violence</li> <li>Has experienced loss of significant adult, e.g. through bereavement or separation</li> <li>Parental physical/mental health problems</li> <li>Low level substance misuse</li> <li>Sibling with significant problem (health, disability, behaviour)</li> <li>Acrimonious divorce/separation</li> </ul>	<ul style="list-style-type: none"> <li>Incidents of serious domestic violence</li> <li>Family functioning significantly affected by problems of physical or mental health or substance misuse</li> <li>Parent has received custodial sentence</li> <li>Child has caring responsibilities that significantly affect education/development</li> </ul>	<ul style="list-style-type: none"> <li>Persistent domestic violence</li> <li>‘Adults who present a risk to children’ living in the family</li> <li>Relationships between siblings severely affect child’s development</li> <li>Severe mental or physical health problems or substance misuse such that vital parenting roles are not undertaken</li> </ul>
<b>Wider family</b>	<ul style="list-style-type: none"> <li>Sense of larger familial network</li> <li>Support for child and parents from family and friends</li> </ul>	<ul style="list-style-type: none"> <li>Pressures from wider family</li> <li>Family receives limited support from friends</li> </ul>	<ul style="list-style-type: none"> <li>Destructive involvement from extended family and/or ‘friends’</li> </ul>	<ul style="list-style-type: none"> <li>Physical accommodation places child in danger</li> <li>Extreme poverty/debt impacting on ability to care for child</li> <li>Lack of adequate food, warmth or essential clothing</li> </ul>
<b>Housing, employment &amp; finances</b>	<ul style="list-style-type: none"> <li>Accommodation has basic amenities</li> <li>Sufficient income to meet the family’s essential needs, used appropriately</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate/poor/overcrowded housing</li> <li>Family seeking asylum or refugees</li> <li>Periods of unemployment of the wage earning parent(s)</li> <li>Low income</li> <li>Parents find it difficult to obtain employment due to poor basic skills</li> </ul>	<ul style="list-style-type: none"> <li>Overcrowded or poor quality housing likely to impair health or development</li> <li>Homeless family in temporary housing</li> <li>Chronic unemployment that has severely affected the parents</li> <li>Serious debts/poverty impact on ability to have basic needs met</li> <li>Living independently as teenage parent</li> <li>Vulnerable homeless young person</li> </ul>	

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Social &amp; community elements</p>	<ul style="list-style-type: none"> <li>• Good health, education, social and community services in the neighbourhood</li> <li>• Positive peer groups</li> </ul>	<ul style="list-style-type: none"> <li>• Disadvantaged neighbourhood</li> <li>• Experiencing harassment/discrimination</li> <li>• Socially or physically isolated</li> <li>• Lack of a support network</li> <li>• Poor access to available services</li> <li>• Community not conducive to play or education</li> <li>• Lack of play facilities outside the home</li> <li>• Child's peers involved in antisocial behaviour in the neighbourhood</li> </ul>	<ul style="list-style-type: none"> <li>• Family chronically socially excluded</li> <li>• No supportive network</li> <li>• Involved with peers in antisocial behaviour</li> <li>• Social isolation resulting from teenage parenthood</li> </ul>	
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# Appendix 1: CAF Pathway for expectant young mothers

## A CAF Pathway Model for all expectant Young Mothers under 18 at the point of conception in Wiltshire



## Appendix 2: Single Agency Referral Form (SARF)

### SINGLE AGENCY REFERRAL FORM (SARF) GUIDANCE NOTES

#### 1. WHEN THE FORM SHOULD BE USED

1.1 The SARF should be used to access a single service. The services that can be accessed through the SARF are:

- Behaviour Support
- Educational Psychology (EPS)
- Education Welfare
- Ethnic Minority Achievement Service (EMAS)
- Sensory Service (visual and hearing impairment)
- Specialist SEN Service (SSENS) – bringing together Learning Support, Physical Impairment, SEN ICT and Primary SOCIT
- Traveller Education Service
- Speech and Language Therapy
- Integrated Youth Service, focusing on young people aged 10 – 17, including:
  - accommodation and housing support
  - employment, training and education
  - prevention and reduction of offending and anti-social behaviour
  - substance misuse (including concerns about problematic parental substance misuse).

Note: The Integrated Youth Service comprises Connexions staff, Youth Offending, the Youth Development Service, Motiv8 (substance misuse), and Youth Inclusion Support Project.

1.2 The SARF should **not** be used if:

- A child or young person has a mental health difficulty. Healthy Minds provide a single point of access for routine referrals to all Child and Adolescent Mental Health Services (psychiatric emergencies should always be discussed with the relevant Clinical Team Manager for specialist CAMHS). The integrated threshold criteria and referral forms for Healthy Minds and specialist CAMHS are attached at Appendix 4.
- A child/young person's needs are not well understood (use Common Assessment Framework - CAF)
- The help of two or more services is needed (also use CAF)

The SARF should not be used for the Early Intervention Team and the wider Early Years Childcare Team. Young children with difficulties will be picked up by the Early Intervention Team in regular discussions with early years settings and other professionals.

**If there are child protection concerns, the Local Safeguarding Children's Board procedures should be followed immediately.**

#### 2. COMPLETING THE FORM

2.1 A SARF should focus on one child.

2.2 It is important to clarify that completion of the SARF cannot offer a guarantee that services will be delivered.

2.3 Information sources should be clear and comments attributed and clearly explained, for example, the comment “Mum said...”

2.4 Confidential information, e.g. health information, should only be recorded on the SARF with the explicit consent of the child/young person and /or parent – see section 3.

### **3. CONSENT**

3.1 When completing a SARF, the completing worker is responsible for ensuring that they have the permission of individuals on whom personal information is provided for that information to be shared (except in circumstances where a child or young person may be placed at risk of further harm if consent is sought).

3.2 Consent must be ‘informed’ – this means that the person giving consent needs to understand why information needs to be shared, who will see their information, and the implications.

3.3 Consent can be ‘explicit’ or ‘implicit’. Obtaining explicit consent is good practice and it can be expressed either orally or in writing, although written consent is preferable since that reduces the scope for subsequent dispute. Probably the easiest way to do this is via a signature on the SARF.

For more information on Information Sharing go to <http://www.wiltshirepathways.org/whattodo.asp> and click on the link entitled “Knowing what information I can share”.

### **4. WHAT TO INCLUDE IN DIFFERENT SECTIONS OF THE FORM**

Explanations for some of the fields are detailed below.

**Parent / Carer info** - full names are needed here and details about siblings

**SEN Status** – refers to whether the child/young person has special educational needs at School Action, School Action Plus or has a Statement.

**School attendance** – this field should contain details (if known) of the child/young person’s attendance at school either as a percentage or a description. For children with attendance issues, please attach school action to date, including letters, meetings.

**Level of attainment** – this field should be used to describe approximately what academic levels the child/young person is reaching in terms of thresholds and grades. You should describe:

- National Curriculum levels/P levels in English and Maths.
- Reading and spelling age (name of test and date used).
- Progress with unaided writing.

**Child Protection Plan** – this is only relevant if the child/young person has social care involvement

**Disability** – Please describe type and level of disability.

**‘Looked after’** refers to whether the child is being looked after by a Local Authority

**Ethnicity** – it is advised to use the CAF form ethnic groupings– as listed in the table following:

Where you would use a starred grouping (\*) please specify

White British	Caribbean	Indian	White & Black Caribbean	Chinese
White Irish	African	Pakistani	White & Black African	Any other ethnic group*
Any other White background*	Any other Black background*	Bangladeshi	White & Asian	Not given
Gypsy/Roma	Traveller of Irish Heritage	Any other Asian background *	Any other mixed background*	

**Reason for referral** – Please put as much information in here as possible, including:

- Any concerns about child’s general health, including physical development and hearing and vision
- Any issues relating to concerns about the child’s emotional and social development, eg, risking/actual self harm, coping with stress, motivation, confidence, relationships with peers
- Any issues affecting the parents/carers ability to protect or care for the child, eg, family and social relationships, difficulties faced by parents, homelessness

**For some services there is specific information you should include in the reason for referral or specific information that should be attached to the referral.**

For a referral to the Speech and Language Therapy Service, please state whether the child has a formal diagnosis of Autistic Spectrum Disorder, special needs or learning disabilities, a medical diagnosis or a hearing impairment. If the child has had a recent hearing test, please give date and result. Please also describe:

- School’s main cause for concern and the level of concern (mild to significant)
- Attention and listening skills
- Understanding spoken language, eg, following instructions
- Expressive language, eg, putting words together in sentences, telling stories
- Speech sounds, eg, immature speech
- Stammer
- Voice problems
- Social communication skills and ability to relate to others
- Child’s preferred means of communication (if not speech, then signing/makaton, picture/symbols, pointing, leading, etc) and whether they are a willing communicator
- Their first language
- Whether child is able to link sounds to letters (age appropriate question)
- Whether child is reading and writing at age appropriate level
- Impact of the above on the child’s behaviour

With a referral to Speech and Language Therapy, please enclose copies of relevant reports/IEPs. It is essential to enclose WIPD information from any of the 4 SEN areas relevant to the referral (Cognition and Learning, Speech and Language, Social and Communication, and Behavioural, Emotional and Social). A referral cannot be processed without this information. It is most important to include:

- The ‘Quickchecker’
- Steps 4, 5 and 6 for a child at School Action (for each relevant SEN area)
- Steps 9,10 and 11 for a child at School Action Plus (for each relevant SEN area)

For a referral to the Integrated Youth Services please complete the checklist on the final page of the Single Agency Referral Form (see appendix 2)

**Please ensure the following information is provided within the SARF or sent as an attachment for Education Support Services:**

<b>Educational Psychology</b>	<ul style="list-style-type: none"> <li>▪ Reviewed provision map/IEPs</li> <li>▪ Reading and spelling age and the tests used</li> <li>▪ Any diagnostic information the school has gathered, eg, the class teacher's Assessment Pack, WESforD</li> </ul>
<b>Specialist SEN Service (SSENS)</b>  Former Learning Support, Physical Impairment, SEN ICT, Primary SOCIT	<ul style="list-style-type: none"> <li>▪ Reviewed provision map/IEPs</li> <li>▪ Reading and spelling age and the tests used</li> <li>▪ Any diagnostic information the school has gathered, eg, the class teacher's Assessment Pack, WESforD</li> <li>▪ Sample of unaided writing (if relevant)</li> <li>▪ Any relevant medical reports or assessments</li> </ul>
<b>Ethnic Minority Achievement Service (EMAS)</b>	<ul style="list-style-type: none"> <li>▪ Any overseas paperwork, eg, school reports, assessments</li> </ul>
<b>Traveller Education Service (TES)</b>	<p>Note: As Gypsies, Romas, Travellers and Showmen can be highly mobile, schools can contact the TES immediately on 01225 757901 to discuss needs.</p>
<b>Sensory Service</b>	<ul style="list-style-type: none"> <li>▪ Details of medical contacts</li> <li>▪ Any supporting information from medical professional</li> </ul>
<b>Primary Behaviour Support (including Primary Tuition Service)</b>	<ul style="list-style-type: none"> <li>▪ Reviewed provision map/IEPs</li> <li>▪ Behaviour ABCs or similar</li> <li>▪ For Primary Tuition Service, PEX notification and Consultant's letter</li> </ul>
<b>Education Welfare Service</b>	<ul style="list-style-type: none"> <li>▪ Up to date accurate registration certificate</li> <li>▪ Information about school action taken</li> <li>▪ Information on any medical needs (attach any evidence from Medical Practitioner)</li> <li>▪ Evidence of minimum of two School Attendance Meetings where clear targets have been set</li> <li>▪ How pupil travels to school</li> <li>▪ Record of Fixed Term Exclusions</li> <li>▪ Allegations of bullying</li> <li>▪ Absence for religious observance</li> <li>▪ <u>For children missing from education</u> – please note date the child last attended school and give details of attempts made to trace the pupil, the date of most recent letter sent to parent regarding the pupil's absence, and details of any known circumstances which might have a bearing on the pupil being missing (eg, bullying or family issues).. For children missing from education, there will obviously not be parental consent.</li> </ul> <p>Please use Fast Track Procedure/Issue Fixed Penalty Notice Referral Form where appropriate (instead of SARF)</p>

**PERSONAL INFORMATION – PLEASE KEEP SECURE  
WILTSHIRE SINGLE AGENCY REFERRAL FORM (SARF)**

Please refer to guidance prior to completion - you only need fill out those sections that are applicable.  
Please complete in **black ink**.

<b>Referral to:</b> (Name of Service)		<b>Date:</b>
<b>Referrer's Name:</b>		
<b>Referrer's Role</b>		
<b>Referrer's Agency:</b>		
<b>Email:</b>		
<b>Address &amp;</b>		
<b>Tel No:</b>		
<b>Signature of Referrer:</b>		<b>Date:</b>

Child/Young Person's Details					
Surname:		First Name:		AKA / previous names:	
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth / Year Group	Contact Tel. No:
Current address					
Name(s) of parents/carers or other household members				Parents/carers' address (if different from above):	
Who has Parental Responsibility:				GP Surgery:	
				Tel No:	
Child/Young Person's ethnicity (including Traveller status):					

School/Educational Setting	
School (or early years setting) attended:	
Levels of attainment:	
School attendance record:	
SEN Status:	



## PERSONAL INFORMATION – PLEASE KEEP SECURE

Does the child have a Child Protection Plan?		Is the child Looked After?	
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Does the child have a disability? If so, please describe.

Reason for Referral:

**Why is the referral being made?** Please refer to guidance notes on relevant information to include.

**What does the parent, carer or child/young person expect to happen as result of this referral?**

**What support or strategies prior to referral have been implemented?**

**What actions have you taken to date?** Please refer to guidance notes on supporting information required for each service.

## PERSONAL INFORMATION – PLEASE KEEP SECURE

Other services the child/young person has previously been referred to or is currently in contact with (if known):

Service/Name of professional	Contact Details	Date Referred	Outcome

### Consent for information sharing to support this referral

- ◆ We/I understand the information that is recorded on this form and that it will be shared and used for the purpose of providing services to the child/young person
- ◆ We/I give consent to the involvement of the identified Service to liaise with other professionals and to carry out assessment and intervention as appropriate
- ◆ We/I are/am aware of this referral

**Parent /Carer Name:**

*(If appropriate)*

**Signature of Parent/Carer:**

**Date:**

**Child/Young Person Name:**

*(If appropriate)*

**Signature of Child/Young Person:**

**Date:**

***Please send this form plus relevant additional / requested documents to the Wiltshire Council DCE Coordination Team, County Hall, Trowbridge, Wiltshire BA14 8JN.***

## PERSONAL INFORMATION – PLEASE KEEP SECURE

*Please complete if referring to Integrated Youth Services. Tick all that apply.*

<b>LIVING AND FAMILY ARRANGEMENTS</b>		<b>STATUTORY EDUCATION</b>	
Not living with mother		Not in mainstream education	
Not living with father		Regularly truanting / absent	
Members of family involved in Crime / ASB		Statement of Special Educational Needs	
Significant bereavement / loss		Bullied at school	
Poor relationship with parents		Bullying at school	
Parents feeling loss of control		Not on school roll	
Inadequate / crowded housing		Currently excluded	
		History of exclusions	
<b>NEIGHBOURHOOD AND FRIENDS</b>		<b>SUBSTANCE USE</b>	
Lack of appropriate facilities		Known to drink alcohol	
Known pro-criminal peers		Known to smoke tobacco	
Isolated location		Known to take drugs / misuse substances	
Non constructive spare time		Sees substance use as a positive part of life	
Few age-appropriate friends			
<b>PHYSICAL AND MENTAL HEALTH</b>		<b>PERCEPTION OF SELF AND OTHERS</b>	
Has a condition that effects everyday life		Does not trust others	
Physically immature for age		Discriminatory towards others	
Emotionally immature for age		Victim of discrimination	
Self harms		Low self esteem	
Suicide attempts		Does not believe s/he commits anti-social acts	
<b>THINKING, BEHAVIOUR AND ATTITUDES</b>		<b>MOTIVATION / POSITIVES</b>	
Acts impulsively		Understands problems in life	
Gets easily bored		Can think problems through	
Easily led by others		Has some pro-social friends	
Denies part in anti-social behaviour		Supportive family / adults	
Lacks an understanding of consequences of actions		Good use of spare time	
<b>CHILD'S VULNERABILITY</b>		<b>RISK OF HARM BY CHILD</b>	
Due to the behaviour of other people		Has caused actual serious harm to somebody	
Due to circumstances / offence		Has said they would cause serious harm to somebody	
Due to their own behaviour (including self harm)		Concerns expressed by others about serious harm issues	

## Appendix 3: Protocol for managing the interface between CAF and Children's Social Care

### Introduction

The Common Assessment Framework (CAF) is a national tool to support early identification of a child's/family's needs that cannot be met within universal services (Level 1) and to ensure that there is a co-ordinated response where several targeted services (Level 2) are involved in providing support. Effective use of the CAF and improved integrated working by targeted services should ensure that Children's Social Care (Levels 3 and 4) are able to focus resources on those children and families with the highest levels of need.

This Protocol refers to how the Referral and Assessment Team within Children's Social Care need to work closely with the CAF Team to ensure that support is provided at the most appropriate level and that children and families do not slip through the net between targeted services (level 2) and Children's Social Care (levels 3 and 4). CAF Co-ordinators will spend a day a week with the Referral and Assessment Team to promote a better understanding of each other's roles and to enable this protocol to become embedded.

### 1. Point of Referral

- 1.1 Where contact/referrals come into the Referral and Assessment Team (R&A Team) or direct to Children with Disability Teams (CWD Teams) and the referral does not meet social care thresholds (ie, it is not Child Protection - which includes serious self-harm - a situation of imminent family breakdown or a child in need), then the R&A or CWD team will:
  - Recommend to the referrer that they obtain consent from the parent to complete a CAF.
  - Offer support, through the CAF Team, on completing the CAF along with ensuring the referrer has details of the CAF Co-ordinator.
  - Inform the CAF Co-ordinator of this decision and record the contact/referral appropriately on Carefirst.
  - Confirm that a CAF is required in writing to the referrer; the referrer's manager and send copy of this to the CAF Co-ordinator for their records.
- 1.2 If the contact with the R&A / CWD Team is made by the parent or young person and it is assessed by the duty Social Worker that another service might meet the specific identified need, the duty Social Worker will explain the benefits of a CAF and agree with the family who amongst services already involved could initiate the CAF. The duty Social Worker will follow up this service and this will be recorded on Carefirst as a Contact/Referral
- 1.3 Where the referrer has not undertaken the Integrated Working Training (access through the Pathways website), they should be advised to consult with the designated manager or practitioner within their agency about how to progress the CAF. They should also be advised to contact the CAF Co-ordinator for support.
- 1.4 If the duty Social Worker is in any doubt about this course of action then the Duty Manager should be consulted.
- 1.5 The referrer needs to be advised to inform the child / young person and family that they have consulted with Children and Families R&A / CWD team and that a CAF has been recommended.

- 1.6 A standard letter should be sent to the referrer confirming the above and advising that if at any stage in the process of completing the CAF any child protection concerns arise they should refer to the R&A / CWD Team. A copy of the standard letter should also be sent to the CAF Co-ordinator so that the process can be tracked and supported.
- 1.7 If a CAF has been completed and a referral needs to be made to R&A / CWD Team, the CAF form will inform the Initial Assessment.

## **2. After Completion of an Initial Assessment**

- 2.1 Where an Initial Assessment has been completed and additional needs are identified, but a decision has been made not to offer a service from Social Care on the basis that the presenting needs do not meet the threshold, the Social Worker should:
- Contact the service with whom the family has the most contact (with the consent of the family) and ask that service to offer the family the opportunity to participate in a Team Around the Child meeting (TAC). If the family accept, then the receiving service should contact the CAF Team to co-ordinate a TAC meeting, so that the child/young person needs can be addressed in an integrated way.
  - Record the action on Carefirst.
- 2.1 At the TAC meeting, a Lead Professional from the agencies contributing to the action plan will be agreed.
- 2.3 The Lead Professional will update the delivery plan and review using the CAF paperwork.
- 2.4 Where necessary the CAF Co-ordinator will attend to support the family and/or professional.

## **3. At the Conclusion of a Child in Need Plan**

- 3.1 Where a Child in Need plan (CIN) comes to an end but additional needs remain which could be met by targeted services, the Social Worker will:
- Convene a CIN Review Meeting inviting the relevant targeted services in order to ensure continuing support for the family. The Social Worker should arrange the meeting in consultation with the CAF Co-ordinator who will attend.
  - Summarise the outstanding issues and desired outcomes using the CAF Delivery Plan and Review, which can then be given to the newly appointed Lead Professional.
  - Share Initial/Core Assessments, with agreement from the family, with the services invited to the CIN Review Meeting. If the family do not agree to share the complete Initial/Core Assessment, the Social Worker should agree with the family the relevant content to share with the targeted services that will continue to support the family.
- 3.2 The Lead Professional will be a practitioner from the services now contributing to the Action Plan, ie, not the convening Social Worker because there is no need for further statutory involvement.
- 3.3 It should be noted that the family will need to agree to work with targeted support services on offer, as there is no compulsion by Court Order or legal requirement.

(Updated July 2011)

## Appendix 4: Threshold criteria and referrals to Healthy Minds and Specialist CAMHS

# Referral criteria for Wiltshire CAMHS community services

## Summary

This document provides an overview of the referral criteria for the child and adolescent mental service that will be screened through the single point of access in Wiltshire.

These include:

- **Healthy Minds**
- **Specialist CAMHS Community Service**
- **Outreach Service for Children and Adolescents (OSCA)**
- **CAMHS Learning Disability Service**

## Referral criteria for: **Healthy Minds**

**These teams will offer an intervention to any child that has an identified emotional, mental health or behavioural concern and:**

- there is evidence that first line early interventions (ie parenting program) have been put in place
- and there is not the experience/relevant expertise or skills to pick this up by those services who currently know the child
- and it is not appropriate to signpost on the case to other local services
- and the team considers it can make a positive impact with a short term intervention

**Consultation will be provided by Healthy Minds to:**

- Help support cases that do not meet the criteria within universal services
- Advise referrers on the most appropriate service for the child/young person

# Referral criteria for: **Specialist CAMHS**

## **The core business of Specialist CAMHS is:**

The specialist assessment and treatment of serious mental health disturbances and associated risks in young people under the age of 18 years.

## **Access**

Access to this service will require completion of a comprehensive CAMHS referral form to Healthy Minds.

Emergency referrals will need to be immediately routed through to this Specialist CAMHS team via a phone consultation in the first instance.

## **Emergency criteria**

To be discussed with the Duty Clinician for the Specialist CAMHS team and assessment arranged as is clinically indicated and as a maximum within 24 hours.

- Presentation of symptoms of severe depression with suicidal ideation
- Presentation of severe psychotic symptoms
- Presentation of anorexia with severe physical signs (e.g. BMI below 15)
- Significant risk of harm to self or others

## **Urgent criteria**

To be discussed with the Duty Clinician for the Specialist CAMHS team and assessment arranged as is clinically indicated and as a maximum within 7 days.

- Severe symptoms of depression with or without suicidal ideation
- Symptoms of anorexia with a BMI of 18 or below and /or low physical observations
- Severe unexplained deterioration in emotional state and behaviour at home and school not thought to be due to drugs, alcohol or physical illness.
- Assessment following deliberate self harm and presentation at accident and emergency services

The referrer needs to identify the level of urgency of the case. If in doubt the referrer should contact the Specialist CAMHS Duty Clinician.

## **Standard criteria**

There will be an emphasis on the need for assessment to ascertain presence or not of severe mental ill health and Specialist CAMHS contribution to management of complex cases. Factors to consider include: severity, complexity, enduring difficulties over time, difficulties in one or more domain, impairment of function at home, school or socially.

### **Attention Deficit Hyperactivity Disorder & Autistic Spectrum Disorder**

- For initial assessment and diagnosis, follow the local multi-agency protocol
- Complex ADHD cases with co-morbidity should be referred to Specialist CAMHS

### **Eating Disorders**

- Anorexia – At least 10-15% deficit from ideal weight
- Bulimia – Engaging in binge and purge behaviour
- Eating Disorders Not Otherwise Specified (EDNOS)

### **Psychotic Illness**

- Positive symptoms – Paranoia, delusional beliefs, abnormal perceptions (hallucinations on all sensory modalities)
- Negative, symptoms – deterioration in self care and daily personal, social and family functioning
- Disinhibited behaviour, overactivity, risk taking, with pressure of speech and agitation
- Severe depression with psychomotor retardation, social withdrawal, suicidal ideation

### **Anxiety Disorders**

- Anxiety panic attacks
- Separation anxiety
- Phobias including phobic anxiety related to school

### **Depression**

- Physical symptoms – poor sleep/appetite/ libido
- Cognitive symptoms – negative thoughts about self/others/world
- Suicidal ideation – level of intent, current thought, etc
- Co-morbidity – depression often occurs concurrently with other presenting mental health problems

### **Post Traumatic Stress Disorder**

- Symptoms occurring more than 3 months after a recognised traumatic event
- Intrusion and avoidance of thoughts and memories about the trauma
- Hyper-vigilance, hyper-arousal and emotional numbing

### **Obsessive Compulsive Disorder & Tourettes**

- Obsessions and/or compulsions with functional impairment
- Tourettes Syndrome with complex motor and vocal tics, particularly with co-morbidity with OCD and rage

### **Deliberate Self Harm**

- If accompanied by significant suicidal ideation
- If presenting with a pattern of emotional dysregulation, interpersonal difficulty and maladaptive coping strategies

### **Attachment Disorders**

- If presenting with a persistent pattern of abnormal functioning in interpersonal relationships

### **Specialist CAMHS will also see individuals with the following presentations if there is evidence of co-morbidity with a serious mental health condition**

- Drug and alcohol problems
- Conduct disorder
- Children with learning disabilities
- Obesity
- Enuresis/Encopresis
- Chronic fatigue /somatisation syndrome

# Referral criteria for: Outreach Service for Children and Adolescents (OSCA)

## Overview

The primary role of OSCA is to work intensively with children and young people experiencing a complex range of behavioural, emotional and mental health needs to prevent escalation of at risk behaviours, and to work towards recovery. **The key objectives are to:**

- Support children/young people in stable placements, either at home or in care
- Reduce the numbers of children requiring to be accommodated by the local authority
- Reduce the need for out of county placements

OSCA will deliver a number of therapeutic interventions ranging from high intensity DBT, family work, CBT, solution focused therapy, parenting support, engagement work etc., to the following groups of children:

### Specialist CAMHS: children and young people with a clear mental health diagnosis

OSCA will offer care to children and young people who have already met specialist CAMHS criteria, (i.e. have been diagnosed with a serious mental health disorder) where:

- The child/ young person is at risk of placement breakdown and failed to engage with or disengaged from specialist CAMHS services
- Where the intensity of an intervention required to support a child in placement is greater than the resources available within specialist CAMHS, and there is a history of the child and young person failing to engage with these services

### Where a mental health diagnosis is less clear

OSCA will care coordinate complex cases that meets at least one of the following criteria:

- The child/ young person is looked after, adopted or under a child protection plan
- The young person is significantly involved in the criminal justice system/ or has major substance misuse issues
- The young person is statemented, and educated within specialist educational provision

### And where:

- Significant emotional, behavioural, or mental health concerns that have been identified through the CAF, YOT Asset assessment, school statement, or DOH Framework for Assessment

### And where a minimum of two of the following criteria apply:

- The child or young person is at risk of placement breakdown (either home or a care placement)
- The child and young person's needs cannot be met by the range of professionals currently involved with the case
- A standard primary mental health intervention is **CLEARLY** not sufficient to meet the child's needs
- A range of other primary mental health interventions have already been tried and have proved unsuccessful/ or there is a history of failure to engage

## Inappropriate referrals

Referrals for the following presentations are not usually appropriate for OSCA where there is a primary diagnosis of:

- Significant learning disabilities and an absence of mental illness
- Primary social/housing needs
- Uncontainable risks/risk management in the community

## Consultation and support to frontline professionals

OSCA will provide named workers to support the following agencies:

- Looked after children's services
- Youth offending and substance misuse services
- Special schools for children with emotional difficulties

OSCA will provide support, advice and consultation to frontline children services to ensure that children and young people are:

- Appropriately supported at the right level of care
- Ensure timely access into additional services when required

## How to access OSCA

### Direct through consultation (LAC and other specialist teams)

- Specialist teams including looked after teams, YOT and substance misuse will be able to access services delivered by OSCA directly through consultation

### Healthy Minds

- Referrals through the Comprehensive CAMHS Referral form and via the single referral point
- Expectation that all cases have had a prior assessment, either a CAF, Asset, Substance Misuse, Initial or Core Assessment, or Looked after Children's Plan

### Specialist CAMHS access to OSCA

- Cases will be negotiated directly between team managers/clinical team leaders. Specialist CAMHS will need to provide a clear rationale for OSCA involvement



# Referral criteria for: CAMHS Learning Disability Service

## Access into the CAMHS Learning Disability Service

Access to the service is via the single point of entry or existing cases transferred across from specialist CAMHS or OSCA.

### Referral criteria

We will offer a service to children and young people who fulfil the following criteria:

- Have an identified emotional, mental health or behavioural difficulty
- Have a diagnosed learning disability or significant impairment of intellectual & social/adaptive functioning, using C-GAS or other outcome measures
- Assessment indicates that other services involved with the child are unable to meet their current need if there are not the skills or competence available

Children with Learning Disabilities (LD) often present mental health differently from that of children without LD. Therefore, in addition to the criteria for mental health listed this service will also address:

- Challenging behaviours of sufficient severity to destabilize placements, including physical and verbal aggression & self injurious behaviours
- Severe disturbances in eating, self-care, toileting, relationships
- The capacity of families and schools to contain and manage such behaviours

## Strengthening the care pathway

The CAMHS Learning Disability Team will offer the following types of support to other agencies:

- telephone consultation
- supervision and joint working
- delivering joint assessments
- group supervision
- single and multi-agency training

Our aim is to ensure that children are supported at the correct point of the pathway by the most appropriate resource available.

## How do I refer?

Complete a Comprehensive CAMHS Referral (CCR) or a Brief CAMHS Referral (BCR) if accompanied by a CAF



Notes for use: If you are completing form electronically, text boxes will expand to fit your text.  
Where check boxes appear, insert an 'X' in those that apply.

<b>Wiltshire Comprehensive CAMHS Referral (CCR)</b>	<b>Telephone Consultation</b> You may wish to telephone Healthy Minds for a consultation before making a referral.
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For emergency or urgent referrals you will need to contact the Duty Clinician for your local Specialist CAMHS Team:  Melksham            01225 909050 Salisbury            01722 336262 ext 2779 Marlborough        01672 684111
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<b>Healthy Minds (North)</b> 357 Hungerdown Lane Chippenham Wiltshire SN14 0U Y  Tel: 01248 444321 Fax: 01248 446959	<b>Healthy Minds (East)</b> Wiltshire Council Broudfort Bath Road Devizes SN10 2AT  Tel: 01800 735777 Fax: 01800 735771	<b>Healthy Minds (South)</b> Riverside Children's Resource Centre 29 Churchfields Road Salisbury Wiltshire SP2 7HH  Tel: 01722 333552 Fax: 01722 422052	<b>Healthy Minds (West)</b> Lowbourn House Lowbourn Melksham Wiltshire SN12 7DX  Tel: 01225 709777 Fax: 01225 79048
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Name of child/young person:
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Please indicate if you desire a specific service:

<input type="checkbox"/> Healthy Minds	<input type="checkbox"/> Specialist CAMHS	<input type="checkbox"/> Outreach Service for Children and Adolescents (OSCA)	<input type="checkbox"/> CAMHS Learning Disabilities Service
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Completing this form does not guarantee a service

<b>To be completed by office personnel</b>
Person screening case:
Decision made:
Date:
Comments:

**Section 1: Child/young person and family details**

**I(a) About the child/young person**

Given name		Current educational setting name and address <i>(if not referrer)</i>	
Family name			
Also known as			
Date of Birth			
Age		Telephone or contact details	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Ethnicity		Current General Practitioner name and address <i>(if not referrer)</i>	
First language			
Home address <i>(including postcode)</i>			
Postcode		Telephone or contact details	
Telephone or contact details		NHS no:	
		Child/young person aware of the referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Child/young person consent for this referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**I(b) About the parents/carers**

Name	Relationship	Contact details	Parental Responsibility?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

**Section 2: Identify needs and concerns (please refer to CAMHS criteria)**

**2(a) The referrer**

Why are you making this referral?
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**2(b) Child/young person**

What do you want to happen as result of this referral?

**2(c) Parents/carers**

What do you want to happen as result of this referral?

**Section 3: Other agencies involved**

**3(a) Please tick if working with/have worked with child/young person/family**

<input type="checkbox"/> Nursery/Pre School	<input type="checkbox"/> CAMHS/Healthy Minds	<input type="checkbox"/> Connexions PA	<input type="checkbox"/> Health Visitor
<input type="checkbox"/> School Nurse/ LD Nurse	<input type="checkbox"/> Youth Offending Team	<input type="checkbox"/> Education Psychologist	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Inclusion/Learning Support	<input type="checkbox"/> Educational Welfare Officer	<input type="checkbox"/> Behaviour Support Services	
<input type="checkbox"/> Other <i>please state</i>			

**3(b) For each agency currently working with the child/young person/family please provide the following details. Use 2<sup>nd</sup> sheet if necessary.**

Start Date	Agency	Name and Role	Tel Contact Nos

#### Section 4: Referrer's details

Name	
Job title	
Agency	
Address	
Postcode	
Contact details	
Signature	
Date of referral	

4 (a) Has this form been copied to parents/carers?

Yes <input type="checkbox"/> No <input type="checkbox"/>
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4 (b) Has this form been copied to the young person?

Yes <input type="checkbox"/> No <input type="checkbox"/>
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#### Section 5: Consent **IMPORTANT: Please complete**

We would like your consent to contact any one of the agencies listed on the front sheet and refer on as appropriate. We may also want to contact other agencies that know you, such as your school or GP, to help us provide a better service to you.

We will ensure that your personal information is kept confidential, unless there are specific concerns that require us to share your details. You will be told of this.

5(a) I agree to information being shared between agencies to help me/my child:

Name of child/young person	
Signature	
Date	
Signature parent/carer	
Date	

5(b) If no consent please state why:

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