



Multi-agency support and assessment guidance 2024

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1 Statement of purpose

In common with Camden Council's plan for the borough, the Camden Safeguarding Children Partnership (CSCP) aims to ensure that all children in the borough have the best start in life and that no child is left behind.

Our work with children and families is based on the Children's Social Care National Framework to ensure we can achieve the following outcomes:

- children, young people and families stay together and get the help they need
- children and young people are supported by their family network
- children and young people are safe in and outside of their homes
- children in care and care leavers have stable, loving homes.

To help achieve this, all CSCP partners will work together to ensure:

- All children in the borough are safeguarded and their welfare promoted.
- Children and their families get the right help when they need it.
- Services for children and families will be delivered efficiently, focussing on early intervention, reducing the impact of poverty and inequality and utilising poverty-aware practice.
- Services empower families to become resilient and self-supporting and able to find their own solutions to problems by drawing on community-based resources.

This document has been written to meet the statutory duty set out in paragraph 141 of *Working together to safeguard children (2023)* and describes how children's services in Camden will work together to contribute to this vision of resilient families in strong neighbourhoods whilst ensuring the safety and welfare of children in the borough.

2 Working with children and families

2.1 Our guiding principles and practice framework

A key part of the council's strategy is to help children and families to develop resilience so that they are able to harness their own strengths, support systems and resources in order to deal with the challenges they face, hence reducing their dependence on public services over time.

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Our Relational Practice framework is based on respectful, open and trusting relationships that gives families control and helps them build resilience so that they can be active agents of change. Our practice is informed by the principles set out in *Working together to safeguard children (2023)* and are aligned with our own values:

- The child's needs are paramount.
- Our interventions will be child-centred and focussed on the whole family to ensure that where possible, children can be safeguarded within their family.
- We will promote early intervention and preventative work to tackling problems as they emerge and avoid the use of more robust interventions at a later date.
- We will intervene at the lowest possible level needed to meet the child's assessed needs and keep them safe.
- We will work with children and families in a culturally competent, anti-oppressive, anti-racist and non-discriminatory way that is compliant with the Equality Act 2010.
- We will work in partnership with families and will support children and parents to participate in decision-making so that their views and wishes can be taken into consideration wherever possible.

2.2 Multi-agency working to safeguard children

All professionals will work within a multi-agency framework with good information sharing, joint assessment and integrated service delivery, with a designated lead professional co-ordinating the team response and acting as a central point of contact for the family and professionals

- Where families are receiving an Early Help service, professional networks (known as the "Team around the Family") will be responsible for implementing the child's Early Help action plan and the lead professional will be the Family Support Worker.
- Where families are receiving a social work service, professional networks will be responsible for the implementation of the child in need, child protection or care plan and the allocated social worker will be the lead professional.

2.3 Information sharing

Good information sharing is vital in assessing risk, supporting integrated working and improving outcomes for children. No single agency can ever know for sure what is happening in a child's life; it is only when information is shared that the full picture can be seen. All professionals working with children and families will share their knowledge and expertise in order to build as full a picture of the child's needs and circumstances as possible.

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Agencies working with children have a lawful basis under the Children Act 2004 to share information without consent where there are safeguarding concerns. Details of the legal framework are available in the CSCP information sharing statement available at; [Camden-Information-Sharing-Statement.pdf \(cscp.org.uk\)](#)

More information is available in the government's information sharing guidance available at this web link. Professionals can also seek advice from social workers in the MASH team without disclosing the child's name (although the professional must provide their own name) if they are unsure about any aspect of information sharing.

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

2.4 Dealing with complaints

Where families are unhappy with the assessment process or how assessments were carried out can make a complaint under Camden's children's complaints process.

[Complaints - Camden Council](#)

3 Framework of services for children and families

3.1 The safeguarding duty

All agencies working with children and families have a duty to safeguard and promote children's welfare. The statutory guidance *Working together to safeguard children (2023)* defines this as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network⁴ through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

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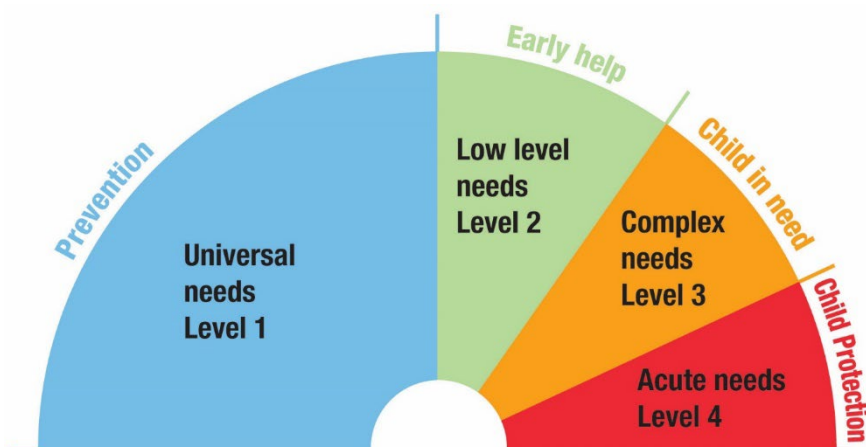
Safeguarding covers a continuum of children's needs, from those experiencing mild developmental delays to those facing complex and deep-rooted problems and developmental impairment, including children who are at risk of harm.

3.2 Tiers of need

Most children's developmental needs can be met solely through universal services such as health and education and the universal [Family Hub](#) offer, but children with additional needs may need further help in order to maintain a good level of development and achieve good outcomes. This may be due to disability, disadvantaged circumstances or quality of parenting.

The figure below illustrates how children's increasing needs require a higher and more complex level of intervention.

- **At tier 1** children have no additional needs and all their health and developmental needs will be met by universal services.
- **At tier 2** children may have additional needs or may be vulnerable and showing early signs of abuse and/or neglect, their needs may not be known or may not be being met. Services provided at this level will be part of an early help service to prevent any further escalation of need.
- **At tier 3** children have a higher or more complex level of need requiring a specialist service in order to achieve or maintain a satisfactory level of health and development or to prevent significant impairment of health and development or who are disabled. Children at this level will meet the statutory threshold for a child in need service.
- **At tier 4** children who are suffering or at risk of suffering significant harm will meet the threshold for compulsory intervention under child protection procedures.



3.3 Identifying children needing help

All professionals and agencies in the children's workforce have a duty to identify children who need services and support to achieve good outcomes, and need to be able to recognise the signs of neglect and abuse as well as the early warning signs of additional needs in order to ensure children get help in a timely way.

Appendix 1 shows Camden's thresholds and eligibility criteria which, together with the London Safeguarding Children thresholds and continuum of need can assist professionals to identify children who may have additional needs or who may be at risk of harm or abuse.

3.4 CAF assessment

Assessment helps to pinpoint a child's specific needs and enables professionals to make informed judgements on the best services and intervention to meet these needs. Early assessment is key to early intervention so assessments should be carried out as soon as a child is identified as having additional needs or when concerns about a child's welfare first arises.

Professionals should use the Common Assessment Framework word template which is the standard assessment tool used across all agencies in the borough and allows information to transfer easily from one agency assessment to the next. [The completed form should be emailed to the Contact Service.](#)

It is based on knowledge of child development and enables professionals to measure an individual child's development against a benchmark so that they can make a judgement on levels of need and the most appropriate action to take.

Where possible, assessment should be carried out with the agreement and co-operation of families but should take place anyway if there are safeguarding concerns.

3.5 Referral

Following assessment, if professionals wish to refer the child and family on for services, they should make a referral to the Children and Families Contact Service using the e-CAF referral record.

- Referrals for **early help or targeted services (tier 2)** will be passed to the First Stop Early Help team.
- Referrals at **levels 3 and 4 (child in need and child protection)** will be passed to the MASH team.
- Parents should be aware that a referral is being made and their agreement should be sought, but a referral can go ahead without agreement if there are safeguarding concerns.
- If it is thought that seeking consent may put the child at further risk of harm, interfere with a criminal investigation or cause undue delay, a referral can be made without informing parents.
- Referrals to the CYPDS should be made directly to the team via the DCT duty social worker following a Functional Needs Assessment. It is recommended that professionals speak to the duty worker in advance of any referral.

If professionals are unsure as to the tier of need or whether to make a child protection referral they can seek advice and guidance from social workers in the Children and Families Contact Service [without disclosing the child's name](#).

It is an expectation that an e-CAF referral is completed **unless there are urgent child protection concerns** in which case a telephone referral will be accepted as long as it is followed up in writing within 48 hours on an e-CAF referral record.

3.6 Resolving professional differences

This guidance aims to provide the framework for the referral and assessment of children based on clear thresholds of need. In the event of any disagreements arising between partner agencies on the application of thresholds or the outcome of referrals, professionals should refer to the CSCP escalation policy for resolving professional differences between agencies available:

[CSCP Escalation Policy 2023.pdf](#)

4 Children's social care services in Camden

Children's social care is delivered by Children's Safeguarding and Family Help (CSFH), part of the Children and Learning Directorate, and covers tiers 2-4 of children's needs, incorporating targeted Early Help services and statutory social work services.

4.1 Early help services

Children who are at tier 2 are likely to require an early help service under Camden's early help offer.

Camden has a statutory duty under *Working together to safeguard children (2023)* to provide an early help service (**the early help offer**) in partnership with local children's services in order to:

- identify those children and families who would benefit from early help
- carry out an assessment of need for early help
- ensure good ongoing communications through regular meetings with families and professionals working with the family
- co-ordinate and/or provide support as part of a plan to improve outcomes
- engage with families and family networks to make sure of family group decision-making to help meet the needs of the child.

Camden's Early Help service provides an offer of preventative and early intervention services delivered by a number of teams from across the children's trust partnership as part of the universal offer of services for children; full details of Camden's early help offer can be found at:

<https://www.camden.gov.uk/early-help-for-children-and-families>

These services deliver a variety of community-based multi-agency interventions designed to support child development and school readiness, strengthen parenting skills and improve outcomes and life chances for children at the earliest opportunity as problems emerge.

Providing Early Help services as early as possible in the child's development and when problems are emerging can be a more effective way of reducing the long-term effects of harm than dealing with more deep-rooted problems at a later date. Early Help services can reduce the impact of Adverse Childhood Experiences (ACEs) at the early stages of a child's development and this will have a positive effect on future outcomes.

Camden aims to identify any child who is vulnerable to poor outcomes in order to assess them for an early help service, and following children are likely be assessed:

- children with disabilities
- children with special educational needs
- young carers
- children who experienced bereavement
- children showing signs of engaging in anti-social or criminal behaviour, including gang activity, county lines, knife crime and association with organised crime
- children who frequently go missing from home or care
- children at risk of modern slavery, trafficking or exploitation
- children at risk of radicalisation
- children viewing problematic or inappropriate online content or developing inappropriate relationships online
- children growing up in difficult family circumstances with the presence of issues such as substance misuse, adult mental health difficulties or domestic abuse
- children who misuse drugs or alcohol themselves
- children who are suffering from chronic mental or physical ill health
- children returning home from care
- privately fostered children
- children who have a parent in custody
- children missing education or who are persistently absent from school or not in full-time education
- children who have experienced multiple suspensions and who are at risk of being permanently excluded.

4.2 Targeted Early Help teams

Children and families facing more complex issues will be referred to Camden's First Stop Early Help team which is part of the Children and Families Contact Service and provides support for agencies around carrying out CAF assessments and making appropriate early help referrals. This is to ensure that there is a streamlined response to requests for help and children and families get matched to the appropriate Early Help Service and get the right help at the right time.

The team will ensure that:

- the most appropriate early help service for the family is identified and referrals are passed on in a timely manner
- there is support for lead professionals and the team around the child when delivering early help services
- there is a framework for step-down provision from statutory social work services
- information is available on early help provision in Camden

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- Camden's early help service is monitored and reviewed regularly to ensure that it meets the needs of children and families in the borough.

Where families are referred to a Targeted Early Help service an allocated Family Support Worker will carry out an Early Help assessment to identify their needs and to inform their Early Help action plan which will be implemented by the Team around the Family.

Complex cases which require a multi-agency response will be referred to the weekly multi-agency Early Help panel, where panel members will be able to offer advice about the most suitable Early Help services and interventions for the child and family. First Step Early Help will also complete short-term pieces of work directly with families to prevent escalation of needs using a strengths based approach.

The table below sets out the structure of Early Help Services:

Name of service	Description
Integrated Early Years Service	Works with families of preschool children from pregnancy to age 5 years via children's centres. Universal and targeted services are offered including health visiting
First Stop Family Help	Links families with children aged 0-19 to appropriate support and will establish and co-ordinate professional networks and support families to engage with their networks when the threshold for Early Help is met and there is no targeted longer-term family support need identified.
Families in Focus	Whole family work with families with children aged 4-16 years old. Specialism in parenting work with families where there is a clear need identified. Time limited evidenced based parenting interventions available alongside CSSW (Targeted Early Help). Targeted Early Help for families with children who are vulnerable to poor outcomes and need additional support to overcome difficulties and prevent escalation of need that cannot be supported through universal, community or voluntary services. Interventions average from 6-18 months depending on level of need with a focus on clear and sustainable exit strategies.
Transformation Team	Works with families of children aged 0-19 where there are complex and enduring needs requiring an integrated, multi-disciplinary response. This team works with families who have a history of both statutory and voluntary help and have multiple needs under the Supporting Families criteria. Transformation team does not work alongside CSSW as targeted work.

Integrated Youth Support Services	Whole family work with children/young people of secondary school age 11- 19 years old. Specialism in working with adolescents whose needs cannot be met via universal services. Support provided is tailored to the varying needs of the young person and family. Teams support Youth Justice cases, substance misuse, education, training and employment, gang involvement, serious youth violence and youth work. IYSS supports both universal and targeted work.
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4.3 Statutory intervention and social work services

Children who are at tiers 3 and 4 are likely to meet these thresholds.

As a local authority, Camden has a statutory duty under the Children Act 1989 to provide services for children in order to safeguard and promote their welfare and to carry out an assessment to decide on services and interventions where the following thresholds are met:

- **A child in need** assessment under section 17 of the Act will be carried out for children whom it is thought are unlikely to meet a reasonable standard of health and development, or whose health and development would be significantly impaired, unless provided with services, or children who have a disability.
- **A child protection enquiry** under section 47 of the Act will be carried out where there is reasonable cause to believe that a child is suffering or at risk of suffering significant harm. This is defined as ill-treatment or impairment of health and development arising from neglect or abuse, including the impact of seeing or hearing another individual's ill-treatment.
- Children may become **looked after children** and Camden will provide them with accommodation under section 20 of the Act with their parent's consent under any of the following circumstances:
 - No-one has parental responsibility for the child;
 - The child is lost or abandoned;
 - The parent/carer is prevented from providing suitable care and accommodation;
 - The child is suffering or likely to suffer significant harm which is attributable to the care they are receiving or they are beyond parental control.
- Children may be looked after by Camden without parental consent where the court grants the council a **Care Order** under section 31 because the court believes:

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- The child is suffering or likely to suffer significant harm **and**:
- The harm is attributable to the quality of parental care which is not of a reasonable standard or the child is out of parental control.

A child and family assessment will be carried out by a qualified social worker allocated to work with the family and who will work with the family and the professional network to implement the child's plan.

4.4 Definition of significant harm

Significant harm is defined as the threshold at which children's social services has a duty to intervene in family life in order to protect a child. Harm is further defined as ill treatment or impairment of health and development in a child and can be due to physical, sexual or emotional harm and abuse or neglect or the impact on the child's health and development of witnessing the ill treatment of others, for example as a result of domestic abuse.

When making decisions on whether the threshold has been reached, social workers will consider the severity, frequency and duration of the harm and the extent to which it is pre-meditated as this will be positively linked to the level of adversity the child is likely to suffer as a consequence.

4.5 Services for children with special needs and disabilities

Camden's **Children and Young People with Disabilities Service** (CYPDS) provides services for disabled children.

To qualify as a child in need due to disability, the child must score at least 2 moderate or 1 severe or profound needs on the functional needs assessment matrix as identified by a health professional (see appendix 3 for further details).

The CYPDS provides the following services appropriate to the child's level of need:

- A short breaks service core local offer of support a **core local offer** of support based on self-assessment for children with low levels of need.
- A short breaks service **enhanced offer** of support based on social work assessment for children requiring significant support due to the complexity of the disability.
- A child in need service (as described at section 4.3) for children with complex social care needs and/or where there are concerns around parenting. will receive a full **statutory social work service** as.

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From 14, the **CPYDS** will focus on preparing young people for adulthood and moving on to independence. The criteria for receiving this service is that the young person is:

- between the age of 14 and 24 **and**
- already known to the CYPDS service and eligible under s17 of the Children Act 1989 and normally subject to an enhanced short breaks package of support
- likely to meet the eligibility for ongoing services post 18 as outlined in the Care Act 2014 (see appendix 2).

Young people will also receive a service if they move into the borough and meet the criteria or if they have acquired a permanent or substantial disability.

Services will be provided up to the age of 25 to support the young person's transition to adulthood and independence but where on-going support will be needed on a long term basis the CYPDS will transfer the case to the relevant adult social service to ensure the young person continues to receive the support they need.

Where disability affects a child's learning, Camden's **Special Education Needs (SEN) service** will provide support at the following levels:

- Where a child requires less than 20 hours a week of support with their learning, this will be provided by the school under the **SEN local offer** for which funding from Camden has been delegated.
- Where a child requires more than 20 hours a week of support with their learning, they will be referred to the SEN service where their needs will be assessed and a package of support made available through the **Education, Health and Care planning** framework.

4.6 Escalation and step-down provision

Children's needs and the level of risk they experience often changes over time and consequently there are protocols in place between Early Help and social work services for children to move between the services as required by their changing circumstances and to ensure their needs are met by the most appropriate service.

- Cases may move from Early Help Services to social works services (**escalation or stepping up**) for a higher level of intervention because no progress is being made in achieving better outcomes for the child or the child and/or family's circumstances have changed leading to increased risk and/or concerns.

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- Cases may move from social work services to an Early Help service where the case has been closed by social workers but it is thought the family continue to need support from Early Help services in order to maintain good outcomes and avoid future escalation.

5 Specialist assessments and processes

As well as Early Help and child and family assessments, CSFH also carry out the following specialist assessments and processes to establish and meet the needs of children in specific circumstances:

5.1 Children with disabilities

When assessing the needs of a child with disabilities, the child and family assessment will also incorporate the following:

- an assessment of the child's needs under the Children Act 1989 (a child in need assessment)
- an assessment of the child's needs under the Chronically Sick and Disabled Persons Act 1970 to establish what services and assistance should be provided to meet the child's physical needs arising from their disability;
- an assessment of the support needs of the child's parents or carers due to their caring role under the Children and Families Act 2014
- care and needs assessments are also considered within the whole -family Early Help assessment.

5.2 Young carers

When carrying out any assessment of an adult under the Care Act 2014, Adult Social Care will also carry out a young assessment under the Children and Families Act 2014 of any child who provides care to that adult as part of a "whole family" assessment.

The assessment will look at the impact of caring on the child's welfare and establish whether or not the caring role is excessive and/or inappropriate and whether they should be referred for support from CSFH under the Early Help offer or the Children Act 1989.

5.3 Pre-birth assessments

Specialist pre-birth assessments will be carried out in cases where:

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- there are concerns about the welfare of an unborn child because the mother's lifestyle during pregnancy or because there are concerns about whether parents will be able to care for the child adequately once born **and**:
- there are no other children living with the parent.

Assessment will begin once the pregnancy has been confirmed at 13 weeks but may begin sooner if there has been historical CSFH involvement with the family. If the parent is already caring for children, a child and family assessment will be carried out but will specifically look at the risks to the unborn child and the likely impact the child's birth will have on the family.

5.4 Looked after children returning home

Children who have been looked after by Camden but are returning home will become a child in need and will continue to have an allocated social worker. Prior to return, social workers will carry out a specialist risk assessment to establish whether it is safe for a child to return home and whether reunification with their family is sustainable over time.

As part of this assessment, social workers will repeat the child and family assessment to support the return by identifying how the child's needs will be met within the family and how parents will be supported in their caring role.

5.5 Children at risk of exploitation

Camden has specialist child protection procedures in place for dealing with cases where children are thought to be at risk of extra-familial harm taking place within the community. This includes child sexual exploitation (CSE) or child criminal exploitation (CCE) and those who are being exploited along the county lines model. A CSE or CCE risk assessment based on the main vulnerability factors and indicators of CSE or CCE is available to help professionals identify children who may be at risk of either type of exploitation.

Children may be referred either because of concerns held by professionals or because the child has been arrested for a criminal offence and child exploitation is suspected. On referral, CSFH will hold a specialist child exploitation response meeting to assess the level of risk and inform the CSE or CCE plan that will keep the child safe and reduce the risks associated with child exploitation.

Information from individual cases is fed into the Multi-agency Child Exploitation group (MACE) to inform the borough-wide strategy on child exploitation.

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For more information please see the CSCP guidance *Extra-familial harm and child exploitation*. [CSCP-extra-familial-harm-and-child-exploitation-guidance.pdf](#)

5.6 Children at risk of Female Genital Mutilation (FGM)

CSFH follows the London Safeguarding Children procedures for FGM and all FGM cases will be dealt with under child protection procedures. A specialist FGM risk assessment based on the key vulnerabilities and indicators of FGM is available to professionals to help them identify children at risk of FGM and guidance on the mandatory reporting requirement for teachers and health workers under the Serious Crime Act 2015 is available on the CSCP website. For details please see the mandatory reporting guidance. [CSCP-mandatory-reporting-guide.pdf](#)

5.7 Children at risk of radicalisation

Camden's multi-agency *Prevent* strategy ensures a robust response to concerns around the radicalisation of young people. Where professionals have concerns that a young person they work with may be at risk of radicalisation and extremism, they can refer the young person to Camden's multi-agency Channel panel who will assess the level of risk to the young person and provide support that diverts them from extremism and reduces any risk. For further details please see the CSCP guidance on *Safeguarding children at risk from radicalisation and extremism*.

[CSCP-guidance-on-radicalisation-and-extremism-2022.pdf](#)

5.8 Trafficked children and modern slavery victims

CSFH has a system in place to deal with children who may have been trafficked that is compliant with Camden's duties under the Modern Slavery Act 2015.

Where there are concerns that a child may have been trafficked, CSFH, as a First Responder agency under the National Referral Mechanism, will refer the child to the Human Trafficking Centre and share information so that the Centre can carry out a trafficking assessment. CSFH will also carry out a child and family assessment in order to meet the assessed needs of the child.

5.9 Children in hospital

Children who need to stay in a hospital for more than 3 months will be assessed under section 85 of the Children Act 1989 to ensure that they are safeguarded and their needs met during their stay. Hospitals should refer cases to CSFH who will appoint a social worker to visit the child to carry out an assessment

5.10 Unaccompanied asylum seeking children (UASC)

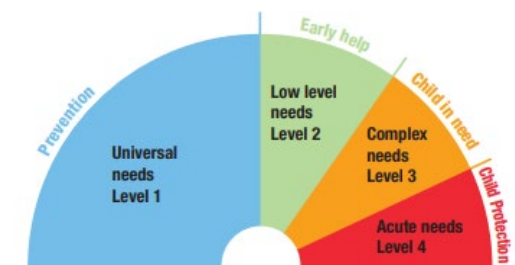
UASC presenting in Camden will be accommodated under section 20 of the Children Act 1989 and will have a specialist assessment looking at their needs, the impact of their experiences in their country of origin and their experiences of travelling to the UK as well as any evidence that they have been trafficked into the UK.



Thresholds criteria for children’s services in Camden

One of the key aims of children’s services in Camden is to ensure that children with additional needs get the right service right from the start. To help professionals identify children with additional needs and inform decisions on referral, Camden promotes the use of the London Safeguarding Children Partnership thresholds and continuum of need matrix available at: [Threshold \(londonsafeguardingchildrenprocedures.co.uk\)](http://Threshold.londonsafeguardingchildrenprocedures.co.uk)

At each tier of need, the matrix provides a set of indicators based on the assessment framework dimensions, children’s vulnerabilities such as disability and children’s circumstances, such as those children living with domestic abuse. The tiers of need are also used by the Children and Families Contact Service to establish whether a case has reached the threshold for a service and to inform decisions on the most appropriate service for the child and family. All requests and referrals for **early help services (tier 2)** and **statutory social work services (child in need and child protection at tiers 3 & 4)** should be made to the Children and Families Contact Service via the CAF system or call **020 7974 3317** to get advice from a social worker.



	Tier of need	Description of children at this tier	Resp
Universal	Tier 1: Universal: These are children with no additional needs; all their health and developmental needs will be met by universal services. Children will consistently be receiving child focussed care from their parents.	Children living in stable, loving homes who are in good health and whose development is appropriate to their age.	All children should receive universal services such as health care and education, as well as early years and Integrated Youth Support Services. Professionals working with families should check if children are in receipt of universal services and take appropriate action where this is not the case or consider when to step up to early help intervention.
Early help	Tier 2: Early Help: These are children with additional needs who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. These children may be subject to adult focussed care giving. This is the threshold for a multi-agency early help assessment to begin. Children will require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children’s centres. These will be provided within universal or targeted provision and do not include services from statutory social work services.	<ul style="list-style-type: none"> • Children with mild disabilities or health issues • Children with special educational needs • Children who are missing from education or persistently absent from school • Young carers • Children showing signs of engaging in anti-social or criminal behaviour or who are vulnerable to extra-familial harm • Children growing up in difficult family circumstances where there are low levels of substance misuse, adult mental health difficulties or domestic violence • Families affected by parental ill health, parental custody, homelessness, poverty, immigration or other problems • Children showing early signs of developmental delay • Families affected by social isolation, discrimination or harassment • Children who show early signs of being radicalised by people outside of their immediate family. 	<p>Professionals should talk to the family about carrying out an Early Help assessment in order to identify appropriate services that could improve outcomes for the child. Where more than one agency is involved, a lead professional should be identified and the Team Around the Family should meet to devise an action plan that meets the child’s additional needs. Where concerns escalate and the thresholds have been met for a child in need service, a step-up referral should be made to CSFH.</p> <p>Where there are concerns that a child may be being radicalised, professionals should discuss the matter with Camden’s Prevent Education manager or the Police Prevent Engagement Officer for advice on a possible referral to the Channel Panel.</p>

	Tier of need	Description of children at this tier	Responses
Child in need	<p>Tier 3: Children with complex multiple needs: These are children who require specialist services in order to achieve or maintain a satisfactory level of health and development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from specialist services. In some cases children's needs may be secondary to adults needs. This is the threshold for an assessment led by children's social care under section 17 although the assessments and service required may come from a range of provision outside CSFH.</p>	<ul style="list-style-type: none"> • Children with lifelong disabilities • Children whose growth and development is being impaired by the quality of care received • Children exhibiting high levels of behavioural difficulties or who are out of parental control • Children at risk of extra-familial harm, eg sexual/criminal exploitation. • Pregnant women whose lifestyle may be affecting the development of the unborn child • Parents experiencing difficulties in parenting capacity due to substance misuse, physical disability, learning difficulties, domestic abuse or family violence or mental health issues • Children with high levels of emotional difficulties who may need a service from CAMHS • Children who show more advanced signs of being radicalised and where parents or siblings may be involved in radicalisation. 	<p>Professionals should talk to the family about making a CAF referral to CSFH for a child in need service. CSFH will carry out a child and family assessment and convene a child in need meeting to develop the child's CIN plan. The allocated social worker will be the child's lead professional.</p> <p>Where there are concerns that a child may be being radicalised, professionals should discuss the matter with Camden's Prevent Education manager or the Police Prevent Engagement Officer for advice on a possible referral to the Channel Panel.</p>
Child protection	<p>Tier 4: Children in acute need: These children are suffering or likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents. This tier also includes Tier 4 health services which are very specialised services in residential, day patient or out-patient settings for children and adolescents with severe and/or complex health problems. This is likely to mean that they may be referred to CSFH under sections 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.</p>	<ul style="list-style-type: none"> • Children requiring accommodation because there is no-one who is able to care for them • Children whom it is suspected are being physically, emotionally or sexually abused or neglected or living with high levels of domestic abuse or family violence • Children experiencing extra-familial harm including sexual and/or criminal exploitation • Children who may be at risk due to trafficking or modern slavery, forced marriage or FGM • Unborn babies where a pre-birth assessment has shown them to be at serious risk of significant harm. 	<p>Professionals must make a referral to CSFH. If the matter is urgent, professionals can make a child protection referral to the MASH by telephone and follow up with a written referral within 48 hours. CSFH will carry out a child and family assessment and take appropriate action needed to safeguard the child under statutory child protection procedures. The allocated social worker will be the lead professional for the child.</p> <p>Where there are high levels of concern around radicalisation, the Police must be informed.</p>

Appendix 2: Eligibility under the Care Act 2014

The Care and Support (Eligibility) Regulations 2014 sets out the needs which meet the eligibility criteria for adults who need care and support.

- (1) An adult's needs meet the eligibility criteria if:
 - (a) the adult's needs arise from or are related to a physical or mental impairment or illness;
 - (b) as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified in paragraph (2); and
 - (c) as a consequence there is, or is likely to be, a significant impact on the adult's well-being.

- (2) The specified outcomes are:
 - (a) managing and maintaining nutrition
 - (b) maintaining personal hygiene;
 - (c) managing toilet needs;
 - (d) being appropriately clothed;
 - (e) being able to make use of the adult's home safely;
 - (f) maintaining a habitable home environment;
 - (g) developing and maintaining family or other personal relationships;
 - (h) accessing and engaging in work, training, education or volunteering;
 - (i) making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and
 - (j) carrying out any caring responsibilities the adult has for a child.

- (3) For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult—
 - (a) is unable to achieve it without assistance;
 - (b) is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
 - (c) is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or
 - (d) is able to achieve it without assistance but takes significantly longer than would normally be expected.

Appendix 3: Children with special needs - functional needs assessment matrix

FUNCTION	0 – NO PROBLEMS	1 - MILD	2 - MODERATE	3 - SEVERE	4 - PROFOUND	N – NOT TESTED
INTELLECTUAL LEARNING (1)	No Problems	<ul style="list-style-type: none"> Usually functionally independent (allowing for age) Identified Specific Learning Disability (likely to have continuing educational implications). 	<ul style="list-style-type: none"> Psychometric / Developmental assessment reveals Moderate Learning Difficulty 	<ul style="list-style-type: none"> Psychometric / Developmental assessment reveals Severe Learning Difficulty 	<ul style="list-style-type: none"> Psychometric / Developmental assessment reveals Profound Learning Difficulty 	Not Tested
GROSS MOTOR (E.G. MOBILITY) (2)	No Problems	<ul style="list-style-type: none"> Generally walks and functional independently, but some limitations e.g. Slow walking, poor balance, asymmetry. Motor organisational difficulties Mild motor impairment. 	<ul style="list-style-type: none"> Difficulty in changing positions. Moderately delayed level of mobility Walks with aids or assistance, may use wheelchair May require postural management for function 	<ul style="list-style-type: none"> Requires assistance to move in and out of position. Markedly abnormal patterns of movement. High level of postural management required. Unlikely to be independently mobile. 	<ul style="list-style-type: none"> Unable to walk / uses wheelchair exclusively. 	Not Tested
FINE MOTOR (E.G. MANIPULATION) (3)	No Problems	<ul style="list-style-type: none"> Possible tremor, unsteadiness, awkward release. Delay in acquisition of skills Some difficulties in play, writing, drawing or dressing. 	<ul style="list-style-type: none"> Restricted movements of one or both hands when reading / stretching / feeding / writing / dressing i.e. affects daily life. Poor manipulative skills. 	<ul style="list-style-type: none"> Requires aids / assistance for fine motor function. 	<ul style="list-style-type: none"> No bilateral grasp and release. Unable to feed self or write, might use a switch system. 	Not Tested
VISION (4)	No Problems	<ul style="list-style-type: none"> VQ < 6/18 in better eye. Problem e.g. amblyopia in one eye. Minor visual field loss. 	<ul style="list-style-type: none"> VA 6/24 – 6/36 in better eye (visual difficulty affecting mobility). Reads print with aids. Defect in at least half visual field. 	<ul style="list-style-type: none"> Partially sighted i.e. VA 6/36 – 6/60 in better eye. 	<ul style="list-style-type: none"> (Registered) blind, i.e. Visual Activity (VA) less than 6/60 in better eye (unable to see hand movements). 	Not Tested
HEARING (5)	No Problems	<ul style="list-style-type: none"> One ear normal (<30 dB), profound loss in other (>70 dB). Bilateral hearing loss of 30 – 40 dB. 	<ul style="list-style-type: none"> Bilateral hearing loss with 41-70 dB loss in better ear and / or failed free-field testing on 2+ occasions over a six month period. 	<ul style="list-style-type: none"> Hearing loss of 71 – 90 dB in better ear 	<ul style="list-style-type: none"> Profound bilateral hearing loss (>90 dB in better ear) whether aided or implanted. 	Not Tested
SPEECH & LANGUAGE / COMMUNICATION (6)	No Problems	<ul style="list-style-type: none"> Child may show isolated pockets of specific speech and / or language difficulty or a mild delay in acquisition of language skills that may occur in association with a more general developmental delay. 	<ul style="list-style-type: none"> Child may show an uneven profile of development across verbal / non-verbal skills, demonstrating areas of strength as well as areas of difficulty. Alternatively the child may present with the moderate delay in acquisition of language skills in 	<ul style="list-style-type: none"> Communication difficulties present as the primary factor in preventing the development of appropriate social interaction and access to learning. Child shows absence of spontaneous development of skills in the 	<ul style="list-style-type: none"> Child presents with complex communication needs, typically in association with autism or a range of disabilities (hearing, visual, learning, physical), chronic of degenerative medical conditions. Alternative / argumentative systems used 	Not Tested

			association with globally delayed learning skills and other areas of development.	key area of form, content and/or use.	as primary means of communication.	
FUNCTION	0 – NO PROBLEMS	1 - MILD	2 - MODERATE	3 - SEVERE	4 - PROFOUND	N – NOT TESTED
BEHAVIOURAL PROBLEMS (7)	No Problems	<ul style="list-style-type: none"> • Sometimes aggressive or difficult to manage / control (2+ times a week). • Sometimes tearful / depressed / anxious (unrelated to immediate circumstances). • Restless / distractible – often does not settle to age-appropriate activity. • Problems probably outside norms for age and social group. 	<ul style="list-style-type: none"> • Frequent aggressive or difficult to manage / control (once a day). • Frequent tearful / depressed / anxious (once a day). • Rarely settles to age-appropriate activity. • Problems causing considerable difficulties to family or group. 	<ul style="list-style-type: none"> • Persistently aggressive or difficult to manage / control (several times a day). • Depressed / anxious sufficient to be considered at risk of self harm or to be disrupting daily routines i.e. attendance at school. • Never settles to age-appropriate activity. • Unable to function in a group 	<ul style="list-style-type: none"> • Aggressive behaviour causing significant injury to others requiring constant adult supervision. • Severe persistent self-harm behaviours (overdose, head banging, cutting) or assessed as suicide risk by appropriate child mental health professional. 	Not Tested
SOCIAL / ENVIRONMENTAL (8)	N/A	N/A	THE community trust has no plans to use this category at this time	N/A	N/A	N/A
SELF HELP (9)	No Problems	<ul style="list-style-type: none"> • Some delay in independent function in relation to age norm. • Organisational difficulties requiring supervision. 	<ul style="list-style-type: none"> • Requires facilitation or assistance with ADL (Activities of Daily living), e.g. self-feeding regimes. 	<ul style="list-style-type: none"> • Requires constant assistance with ADL. 	<ul style="list-style-type: none"> • Totally dependant on others for ADL. 	Not Tested
PHYSICAL HEALTH (10)	No Problems	<ul style="list-style-type: none"> • Well controlled symptoms. 	<ul style="list-style-type: none"> • Partially controlled symptoms. 	<ul style="list-style-type: none"> • Has a serious deteriorating illness. • Poor control of symptoms. • Oxygen dependant. 	<ul style="list-style-type: none"> • Palliative care required. • Requires mechanical ventilation. 	Not Tested
EATING DRINKING and SWALLOWING (11)	No Problems	<ul style="list-style-type: none"> • Copes well with wide variety of textures but occasional problems in chewing or controlling food and drink, particularly liquid, in the mouth. • Infrequent episodes of choking: minimal risk of aspiration. • Rejection or intolerance of some textures e.g. spits out or gags on lumps. • Manages without NG or gastrostomy. 	<ul style="list-style-type: none"> • Some ability to cope with limited textures e.g. soft foods and thickened drink, but some loss of control of food and drink in the mouth. • Periodic episodes of choking: some risk of aspiration. • Wary and intolerant of the introduction of new textures e.g. averts head, pushes spoon away. • Needs intermittent NG or gastrostomy feeding. 	<ul style="list-style-type: none"> • Inability to cope with any texture; extremely limited oral movement with poor control of food and drink in the mouth. • Adverse reaction often observed when food or drink presented e.g. cries, extends. • Needs long term NG or gastrostomy feeding. 	<ul style="list-style-type: none"> • Inability to cope with any texture; extremely limited oral movement with no control of food and drink in the mouth. • Frequent choking on all intake; significant risk of aspiration. • No oral feeding ability. 	Not Tested

