



Gateshead **Children** and **Young People's** Partnership

GATESHEAD PROTOCOL on:

**The Common Assessment
Framework, Team Around
the Family and the Role
of the Lead Practitioner**

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INTRODUCTION AND FOREWORD

"I am convinced that the answer lies in doing relatively straightforward things well"

Lord Laming. The Victoria Climbié enquiry

Every child in Gateshead, whatever their circumstances, will have the support they need to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

Effective multi agency working and the Lead Practitioner role are key elements of improving outcomes for children and young people through the provision of integrated support. Team Around the Family is a framework for joint and multi agency working for all children, young people and families with additional needs. The Team Around the Family framework aims to help achieve the following for children and families:

- The child, young person, parents/or carers are fully involved in all decisions regarding the help and support they receive.
- Parents/carers, and where appropriate, children and young people are equal members of the Team Around the Family.
- Joined-up, seamless support is provided to the family, no matter how many practitioners, services, teams and agencies are involved.
- Practitioners from the same and different services work closely together within a clear structure, which places the needs of the child, young person and their family at the heart of all planning and delivery of services.
- Practice is outcome driven and focused on solutions to help the family to become more resilient and self-reliant.
- The support provided reflects the child and family's priorities, their cultural background and their values.

Key to the Team Around the Family approach is the role of the Lead Practitioner. This practitioner is responsible for ensuring a child, young person and family receives coordinated service delivery from all practitioners involved. In broad terms, the role involves acting as a single point of contact for other services or practitioners involved, and ensuring that any response to identified needs either from within their own agency/service or across a number of agencies is rationalised, coordinated and achieves intended outcomes.

All children and young people with additional needs (including complex needs), and particularly those who require integrated support from more than one practitioner, should experience a seamless and effective service. This includes one identified person (the Lead Practitioner) taking overall responsibility for co-ordinating services that achieve agreed outcomes.

This protocol is our underpinning agreement as a partnership around how we will work together using these common processes. It applies to all practitioners working with children and young people.

WHEN SHOULD A CAF BE UNDERTAKEN?

A CAF assessment will be necessary when a child/young person is at risk of not achieving one or more of the five Every Child Matters (ECM) outcomes without additional services. A front line practitioner may have a concern or a parent or young person may have raised a concern.

A CAF is designed for use in those situations when the needs are unclear or broader than the one agency can meet. It is not necessary to do a common assessment for every child: children who are progressing well or have needs that are already identified do not need one.

An agency need not undertake a common assessment if it is already clear about the child's needs and is able to meet them without referring to other services. It is the responsibility of the agency undertaking the CAF to plan with the child/young person and parent/carer to meet the needs identified. In many cases they will be able to meet these needs "in house".

However, in some cases they may need to share the information (with the consent of the child/young person and parent/carer) with another agency in order to explore accessing additional support. The CAF is increasingly becoming expected in support of referrals to a number of services.

In short, a CAF assessment should be undertaken if:

- The needs of the young person or child and their family are broader than one service can address; or
- The needs of the young person or child and their family are unclear.

Once it is clear that multi-agency involvement is needed and this is agreed with the young person or child and their parents/carers then the practitioner who has undertaken the CAF assessment should convene a Team Around the Family meeting and share the CAF assessment with the practitioners who are already involved or have been invited to be involved. The Team Around the Family will agree on who should be the Lead Practitioner to co-ordinate the multi-agency support plan which arises from the CAF.

CAF PROCEDURES

Until the onset of ContactPoint (a national information sharing tool to enable practitioners delivering services to children and young people to identify one another easily and quickly) in 2009, a central database is held within the Change for Children Team at Gateshead Civic Centre to log assessments and act as a tool for practitioners to find out if others are involved.

Practitioners should ensure they always comply with the following Gateshead procedures when undertaking CAF to ensure effective integrated working and the best possible outcomes for young people, children and their families.

Before undertaking a CAF assessment, practitioners should contact the Change for Children team on (0191) 433 3834 or **change4children@gateshead.gov.uk** and ask to check the name and date of birth of the person who is to be assessed against the central database to determine whether or not a CAF assessment has already been carried out.

If a CAF assessment has been completed

If the database shows that a CAF assessment has already been carried out, the practitioner making the enquiry will be given the name and contact details of the practitioner who has already logged the CAF assessment or the name and contact details of the Lead Practitioner if different. They should not continue with the CAF assessment but contact the other practitioner instead and work in partnership with them to provide effective support.

If there is no CAF assessment

If the database shows that no CAF assessment has been logged then the practitioner should continue with the assessment.

The CAF assessment should be undertaken with the young person or child and their parents/carers and should describe identified needs, determine agreed action points and establish an agreed review date. Agreement should be sought from the young person or parents/carers to share the CAF assessment appropriately.

The CAF assessment must then be logged centrally with the Change for Children Team at Gateshead Civic Centre, a copy given to the young person or parent/carer and a copy logged for the practitioners records.

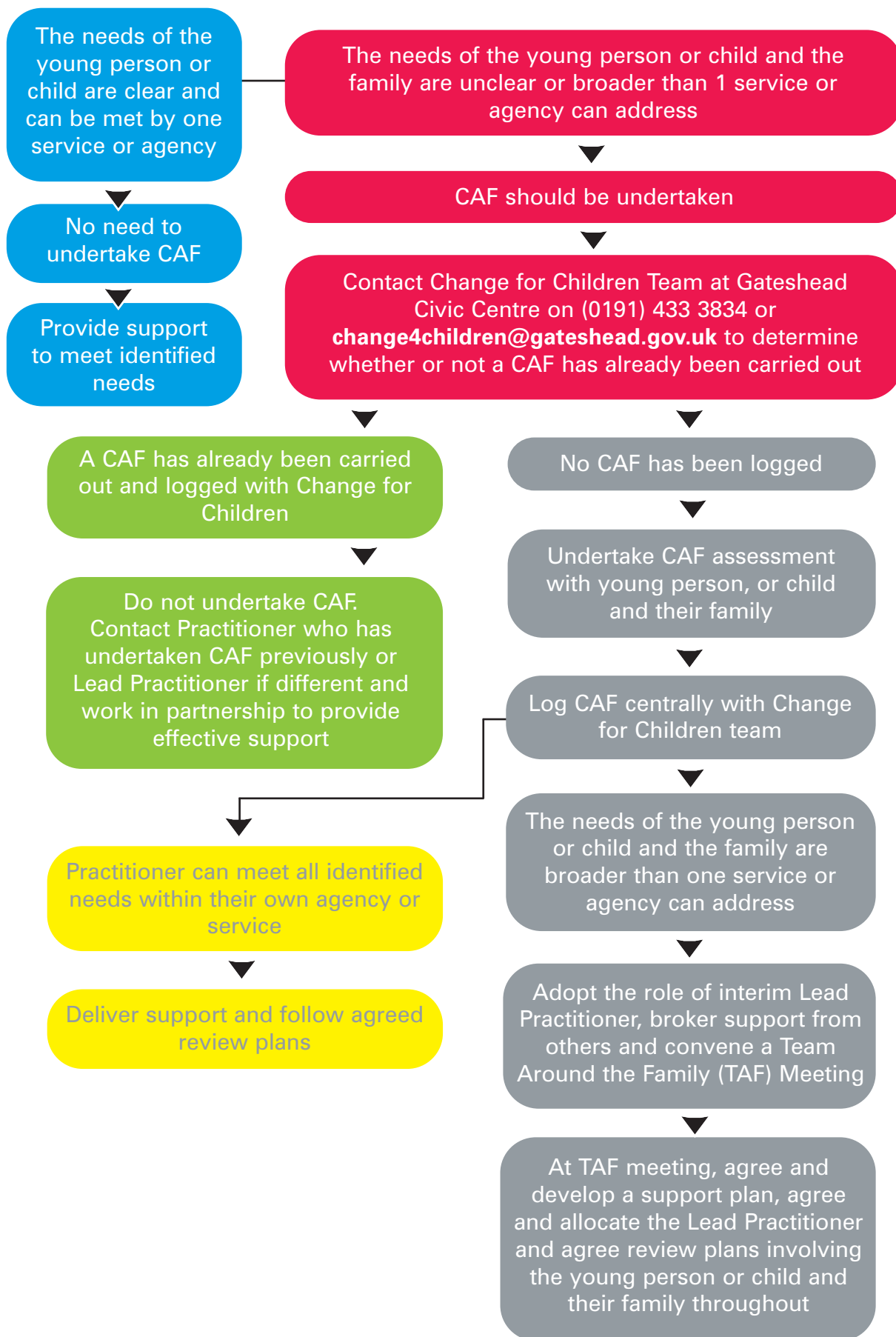
If the needs can be met by the assessing agency

If the assessment has been carried out because the needs were unclear and it becomes apparent that the assessing practitioner can meet identified needs within their own service and without support from others, the practitioner should arrange for this to happen and follow agreed review plans.

If the needs identified are broader than the assessing agency can address

If the needs are broader than one service can address, the practitioner should adopt the interim role of Lead Practitioner, broker support from other services and convene a Team Around the Family meeting. The CAF assessment should be shared with the Team Around the Family in order to prevent the young person or child and their parents/carers from having to retell their story again and again.

CAF Procedure



CAF, TEAM AROUND THE FAMILY AND REVIEW TIMESCALES

These are suggested as a guide:

- It is expected that the initial Team Around the Family meeting should take place within a period of approximately three weeks from the date of the CAF assessment.
- The Team Around the Family should agree review dates and this will vary depending on circumstances but usually, the first review should take place within a period of 4 weeks from the date of the initial Team Around the Family meeting.
- The Team Around the Family should agree subsequent review dates and these will vary depending on circumstances but in most cases, subsequent reviews will take place within approximately 8 weekly intervals unless circumstances suggest otherwise.

Introduction to Team Around the Family

- The Team Around the Family brings together relevant practitioners with the young person, child or family to address unmet needs.
- The Team Around the Family work together to plan co-ordinated support from agencies to address problems in a holistic way through an agreed written support plan which clarifies each team member's responsibilities.
- The young person or child and their parents/carers are equal members of the team.
- The aim is to reduce duplication and support a common service delivery approach.
- The Team Around the Family decides who will be the Lead Practitioner (LP) to co-ordinate support plan.

Effective Team Around the Family work depends primarily on the quality of the CAF assessment and clarity of the holistic support plan. If the activities and roles and responsibilities of the team members are clear and agreed at the outset, the team working with the child/family is far more likely to be able to collaborate and achieve the desired outcomes.

The role of the Lead Practitioner then becomes one of co-ordinating service delivery to the family, calling Team Around the Family meetings where appropriate, acting as the main point of contact with the family and Leading on the review of outcomes.

The other team members have a responsibility to support the Lead Practitioner by following through on the activities they agreed to deliver, keeping the Lead Practitioner informed about progress, providing reports to agreed timescales and attending Team Around the Family meetings where meetings are appropriate.

A Lead Practitioner is accountable to their home agency for their delivery of the Lead Practitioner functions. They are not responsible or accountable for service delivery of other team members, only for monitoring what agreed actions have taken place. The Team around the family share a collective responsibility to deliver co-ordinated support.

Note on Child Protection Concerns

Sometimes during the course of Team Around the Family meetings, safeguarding concerns may be discussed or identified. In these circumstances, practitioners MUST follow the Gateshead Local Safeguarding Children's Board (LSCB) Inter Agency Child Protection Procedures.

UNDERPINNING GUIDELINES TO TEAM AROUND THE FAMILY WORK

- Establish and agreed understanding about confidentiality at the outset.
- Clarify the need for consent to share information and with whom information can be shared.
- Understand that the Team Around the Family meeting is part of a process, not a single event and can be 'virtual' as well as actual.
- Ensure the CAF assessment has been undertaken and contains all relevant information.
- Agency representatives should be clear about what they are able to offer.
- The support plan should arise from the TAF and individual responsibilities should be clear.
- Agree time scales for activities and a review.
- The Lead Practitioner should be identified and agreed by all participants.
- Understand that situations can arise that require a reappraisal of the support plan. In such circumstances the Lead Practitioner needs to be able to call on the team and expect their co-operation in this.

- Establish clear lines of communication to ensure all are kept informed (most importantly the young person or child and their parents/carers).
- Ensure that all involved are relevant to the support plan and have a purpose in the TAF.

Involving families in Team Around the Family Meetings

Young people or children and their parents/carers should always be invited to meetings. Their views are essential to the process.

The Chair should meet with the young person or child and parent/carer before the start of the meeting and explain how the meeting will be run and answer any questions they may have. Translation services should be available if required, cultural sensitivities observed, the venue should be accessible and meetings timed to take account of the other commitments of the family.

Where young people or children and their parents/carers prefer not to attend a TAF meeting, clear lines of communication and feedback should be established.

In some circumstances, it may be useful for practitioners to have a pre TAF meeting to clarify possible support and interventions available ensure that the actual TAF meeting will run smoothly and effectively.

Suggested format for initial Team Around the Family meetings

The chair for the initial Team Around the Family meeting should be the practitioner who has convened the meeting (usually the CAF assessor). All attendees should always avoid professional jargon.

- Welcome all attendees to the meeting
- Explain the purpose of the meeting and whom the meeting is in respect of - for example: "The purpose of this meeting is to put in place a package of support for *name of child/young person* to meet the needs identified in the CAF assessment. The expected outcome of this meeting will be to have established a Team Around the Family and developed a single support plan that will identify individual members of the Team Around the Family and the support they have agreed to provide. A Lead Practitioner will be agreed and appointed and a review date set."
- Explain the confidentiality status of the meeting - for example: explain what information will be recorded and shared and with who, explain limits of confidentiality and ensure service user rights are understood using the guidance above.

- Ask all attendees to introduce themselves and explain their current involvement and/or possible future role.
- Discuss the needs identified in the CAF assessment and possible support available to meet those needs. The views and opinions of the young person or child and parent/carer should be encouraged throughout.
- Identify and confirm members of the Team Around the Family, agree actions, draw up a support plan, agree who should become the Lead Practitioner and set a date for review.
- Summarise the outcomes of the meeting and ensure the young person or child and parent/carer are in agreement with and clear about who is involved, who will do what and what happens next. The young person or family and all members of the team around the family should receive a copy of the agreed support plan and any additional notes.

Suggested Initial Team Around the Family Meeting Agenda

1. Welcome and purpose of meeting
2. Introductions and apologies for absence
3. Outline of needs identified in CAF assessment
4. Agreement on actions and development of support plan
5. Summary of outcomes
6. Date and time of next meeting
7. Suggested format for Team Around the Family review meetings

Team around the Family Review Meeting

The chair for the Team Around the Family review meeting should be the Lead Practitioner who will:

Welcome all attendees to the meeting

Explain the purpose of the meeting and whom the meeting is in respect of - for example: "The purpose of this meeting is to review the package of support for *name of child/young person* as set out in the support plan dated *??/??/??*. The expected outcome of this meeting will be to agree next steps having considered the actions and interventions carried out to date.)

Explain the confidentiality status of meeting - for example: explain what information will be recorded and shared and with who, explain limits of confidentiality and ensure service user rights are understood.

Ask all attendees to introduce themselves and explain their current involvement and/or possible future role.

Discuss the actions and interventions as set out in the support plan and consider the outcomes of these. The views and opinions of the young person or child and parent/carer should be encouraged throughout.

Confirm next steps:

- a) Continued support needed. Team Around the Family continues with the current support package, confirm Lead Practitioner and set new review date;
- b) New issues identified. Revise support plan or draw up a new one, confirm who will be Lead Practitioner and set a new date for review;
- c) Involvement required from statutory services. Lead Practitioner should follow referral procedures to appropriate service(s) and support referral with CAF, support plan and review documentation; and
- d) Needs met. Case closed and outcome recorded in review documentation.
- e) Summarise the outcomes of the meeting and ensure the young person or child and parent/carer are in agreement with and clear about who is involved, who will do what and what happens next. The young person or family and all members of the team around the family should receive a copy of the review form and any additional notes and documentation.

Suggested Team Around the Family Review Meeting agenda

1. Welcome & purpose of meeting
2. Introductions and apologies for absence
3. Consider progress and outcomes from support plan
4. Agreement of next steps
5. Summary of outcomes
6. Date & time of next meeting

INFORMATION SHARING

“Ensuring that children and young people are kept safe and receive the support they need when they need it is vital. Where sharing information is necessary to achieve this objective it is important that practitioners have a clear understanding of when information can be shared.

It is also important for them to understand the circumstances when sharing is inappropriate. The Data Protection Act is not a barrier to sharing information but is in place to ensure that personal information is shared appropriately.”

Confidentiality

Information is confidential if... it is sensitive, not already in the public domain, or given to you in expectation that it would not be shared with others.

Confidential information can be shared if...you have the consent of the person who provided the information or the person to whom the information relates.

Confidential information can be shared without consent if...there is an overriding ‘public interest’ - for example: to prevent significant harm to child or others, to prevent a serious crime or you are ordered to do so by a court.

Consent to share information

Consent must be ‘informed’ - the person giving consent needs to understand why information needs to be shared, who will see their information, the purpose to which it will be put and the implications of sharing that information.

A young person is able to give consent in their own right if they are considered to be ‘of sufficient age and understanding’. This is not automatically defined by a young person’s age; each case needs to be considered on its merits. Further guidance about information sharing can be found at:

www.gatesheadcyptrust.co.uk/processes/info/index.htm

Confidentiality Status for Team Around the Family Meetings

Explain openly and honestly what information will be recorded, why and with which organisations it might be shared.

Seek the agreement of the child/young person if they are 11 years or older and it is judged by the professionals involved the child is competent to understand what the consequences of disclosing or withholding their information. If the child is younger and/or not judged competent as above, consent should be obtained from one parent (usually the one with whom the child is resident/carer or other person with parental responsibility).

Explain that their information will be treated confidentially by the agencies involved in the TAF. Giving consent means that their information will only be shared with their knowledge and consent will be obtained again before sharing information with any other agencies or for any other purposes.

Explain the limits of this confidentiality as there may be occasions when information must be shared with other agencies without consent. There are a number of reasons why information might be shared with other agencies. It might be needed to make sure they receive the right range of services to get the best outcomes for them or their child.

Information must be shared to protect an individual from risk or danger, for example, to share information as part of Child Protection enquiries.

All Personal information in relation to service users, disclosed between professionals during the course of their work is considered confidential. However, such personal information can be shared without the consent of the service user or their parent or carer if, in the judgment of the professional, there is an overriding reason to share.

An overriding reason to share information does not have to reach a severe level of concern, for example a child protection issue. Practitioners should share information if there is a concern for the welfare and/or safety of a child or young person.

Explain the service users' rights as follows:

Service users have a right to a copy of the information held about them. Usually, during the course of the TAF process, practitioners will share and agree with the young person or parent/carer what information will be held. If later, service users wish to access the information held about them, or as a parent or carer, the information held about their child, they have a right to a copy of the information.

They will need to contact Gateshead Council/NHS/etc in writing and provide proof of identity. They are not entitled see information about other people - this includes members of their family - unless they give their consent. If they have Parental Responsibility they also have the right to see the information kept about a young child in their care.

If they are the parent or carer of an older child, i.e. a child of eleven-twelve years or above and who is able to understand what is happening, permission must be sought from the older child before their information can be disclosed to the parent or carer.

INTRODUCTION TO THE ROLE OF THE LEAD PRACTITIONER

- Acts as a single point of contact that the child or young person and their family can trust, and who is able to support them in making choices and in navigating their way through the system.
- Co-ordinates the actions agreed by the Team Around the Family members to ensure effective delivery which provide a solution-focused package of support and that the family receive the agreed interventions.
- Reduces overlap and inconsistency.
- Co-ordinates the regular review of the support plan agreed by the Team Around the Family.
- Supports the child through key transitions and ensures a careful and planned handover takes place where it is more appropriate for someone else to be the Lead Practitioner
- ALL Team Around the Family members are responsible for updating the Lead Practitioner with developments and progress.

Who can be a Lead Practitioner?

It is possible that any practitioner could take on the Lead Practitioner role, as the skills, competence and knowledge required to carry it out are similar regardless of background or role. The role is defined by the functions and skills.

For most children and young people with additional needs requiring support from a Lead Practitioner, it is anticipated that the person carrying out this role will be drawn from the range of practitioners who are currently delivering early intervention support. This could be any member of the TAF who is a practitioner within the Children & Young People's workforce.

What is important is that where staff take on the role of Lead Practitioner, this does not create a new burden but results in children and young people gaining access to better co-ordinated and targeted support. Whereas in the past several practitioners may have been "Leading" on the same cases the Lead Practitioner role should enable the workload to be streamlined. With one person taking the Lead for each case, duplication can be avoided and families will experience a more coherent and joined-up approach. However, to gain this benefit all agencies must be prepared to collaborate, taking on the Lead role for some cases and participating as Team Around the Family members for other cases.

In some cases the Team Around the Family may include staff from other local authorities, e.g. a child attending a school in Gateshead but resident in a neighbouring local authority.

The development of the Lead Practitioner role is a national requirement and other local authorities are expected to have parallel processes. If a practitioner from another local authority is best placed to take the role of Lead Practitioner, they will need to collaborate effectively with other members of the Team Around the Family.

The negotiation of roles and responsibilities at the outset will be particularly important in these cases and will need to take account of any differences in terminology, systems and structures operating in other authorities. Clarity at the support planning stage should resolve potential difficulties involved in cross-borough work.

The person who takes on the role of Lead Practitioner will vary according to the specific needs of the child. For example, the Lead Practitioner for a child who requires regular physiotherapy, will be very different to the Lead Practitioner required for a child whose primary support needs are to improve the family's parenting skills.

In some instances this role may need to be shared, i.e. in a setting where the a part time Youth Worker may have the best relationship with the child/family but who's working arrangements might make it difficult to manage the day to day practicalities. In this situation it may be that the Lead Practitioner role is shared between the PT Youth Worker and another member of the Team Around the Family.

While all members of the children and young people's workforce could be required to take the role of the Lead Practitioner some will have a greater opportunity or capacity than others. Some staff may only have brief contact with a family, child or young person, e.g. staff in hospital Accident & Emergency.

Lead Practitioner competencies, standards and expectations

The functions and skills required for a Lead Practitioner are part of the Common Core of Skills and Knowledge required of the Children's Workforce. The majority of staff taking on this role will already be using these skills successfully in their existing work. They need to:

- have strong communication skills including diplomacy and sensitivity to the needs of others;
- establish successful and trusting relationships with children, young people and families, and to communicate effectively, without jargon and using translators where necessary;
- empower children, young people and families to work in partnership with other practitioners and to be able to make informed choices about the support they require and receive;

- have the capacity to support children, young people or parents/carers in implementing a range of strategies to enable them to achieve their potential;
- establish effective relationships with colleagues from different backgrounds;
- work with other Team Around the Family members to plan actions appropriate to the assessment of need;
- problem-solve;
- work in partnership with other practitioners to deliver effective interventions and support for children, young people and families;
- convene meetings, reviews and discussions with different practitioners; and
- translate their own knowledge and understanding into effective practice.

Supervision and support for the Lead Practitioner

An appropriate level of supervision and support should be available to all those taking on the Lead Practitioner role regardless of the organisation to which they belong. Different agencies organise support and supervision for their staff in different ways, for example: Health Services may differentiate between management and clinical supervision. The precise means of support and supervision to be provided are not defined in this protocol but is expected that all agencies will provide support for Lead Practitioners in line with the following basic principles:

- Staff should have access to regular, recorded meetings with their line manager.
- These should include the identification of any training and development needs relating to the role.
- Any issues about workload management should be addressed.
- Any issues about intra/inter agency relationships in a multi-agency context where advice or manager intervention is required should be addressed.
- There should also be an opportunity for casework discussion to review progress and support problem-solving.
- Staff should also be clear how they can access support, if necessary, between scheduled meetings.

Support and supervision for Lead Practitioners should be focused on core competencies, the co-ordinating role of the Lead Practitioner and aspects of service delivery relating to the service's own area of expertise. It is not the role of practitioners or managers to problem solve outside their own area of expertise: Lead Practitioners will need support to manage their boundaries and to be clear about where other

members of the Team Around the Family have expertise and are responsible for the delivery of agreed support activities.

Once practice is embedded, support and supervision for Lead Practitioners should be part of the normal line management of staff but in the initial stages some additional support networks may be beneficial.

Throughout the period of implementation, the Change for Children Team offer a mentoring service whereby practitioners can receive support when undertaking their first CAF assessments, convening TAF meetings and taking on the role of the Lead Practitioner.

Practitioners should contact change4children@gateshead.gov.uk for more information or to arrange support.

Process of allocating the Lead Practitioner

When a CAF is undertaken with a child and family the initial Lead Practitioner is the practitioner who has undertaken the assessment. When it becomes clear that in order to support a child effectively a Team Around the Family will need to work together, they will then need to decide between them who will be leading. This may or may not be the initial Lead Practitioner who undertook the CAF assessment.

The views of the child and family should be taken into account. Young people, children and families are best supported by well integrated provision and need to be fully engaged in the support planning, including the allocation of the Lead Practitioner.

It is important to note that the role of Lead Practitioner is allocated for a time limited intervention linked to the support plan and can change over time as the needs of the child or young person change. The role of the Lead Practitioner should be reconsidered at every review bearing in mind that continuity is an important factor in effective support.

Some factors to consider include:

- What are the predominant needs of the child or family?
- What are the views and opinions of the child, young person or family?
- Which agency has primary responsibility for addressing the child or family's needs, including any statutory responsibility?
- Does anyone have a previous or potential ongoing relationship with the child or young person?

- Does anyone have an ongoing responsibility to carry out an advocacy role for the child or young person?
- Who has the skills and knowledge to provide a Leadership and coordinating role in relation to other practitioners involved with the child, young person or family?
- Who has capacity to take on the role?

Using a flexible system like this means that the Lead Practitioner will usually be the practitioner who is most relevant to the child or young person's support plan and who has the skills to carry out this role.

However, with some families the issue of establishing an effective working relationship will need to be the primary consideration in allocating a Lead Practitioner, since the work is likely to flounder unless the family have trust in and are willing to collaborate with the practitioner. Usually it will be very clear from the interventions set out on the support plan who is best placed to lead.

All agencies working with children have a duty to ensure the five outcomes of Every Child Matters are achieved. Managers will need to consider how they develop their services and organise their structures to ensure there is increasing capacity for supporting integrated, multi-agency working. For example, services may need to consider how they can provide appropriate administrative support when staff are asked to take on a Lead Practitioner role.

Universal services also have a duty to ensure the increasing personalisation of services and the specific roles of individuals may need to be re-organised to deliver this.

Parents/Carers acting as Lead Practitioner

A principle of effective interagency working is to empower young people, children and their parents/carers to play an active part in the Team Around the Family and this should be actively encouraged.

The extent to which parents/carers take on a co-ordination role would need to be individually determined but there should always be a nominated Lead Practitioner from the children and young people's workforce to act as the first point of contact and provide support around practicalities such as access to internal resources, knowledge and access to additional services and an independent presence in the event of safety concerns.

LINES OF ACCOUNTABILITY AND CONFLICT RESOLUTION

The successful delivery of a Lead Practitioner role is dependent on having a broad, cross-agency management framework in place.

It is not practical to expect individual practitioners to be able to resolve difficult issues or draw together Practitioners from other agencies without an effective management, supervisory, conflict resolution and accountability structure around them.

This could place undue pressure on those individuals and could also result in continuing fragmentation and inability to deliver coordinated action for children, young people and families.

In Gateshead the line of accountability runs from the Lead Practitioner, (supported by the collective responsibility of the team around the family, through line management in their home agency, through co-ordinated arrangements agreed by the Improve Wellbeing Board (IWB), which includes the Director of Children's Services on behalf of the local authority and the senior Leads for partner agencies.

The IWB oversees the implementation of the CAF, Team Around the Family and Lead Practitioner programme, including the development of ideas for policy, practice and training.

The process for escalation/resolution to overcome difficult issues and to ensure that Lead Practitioner support is put in place quickly is based on the line management structure of services:

- Resolution should first be attempted between the relevant practitioners
- In the event of this failing the immediate line managers should be involved
- Thereafter the issue should be taken through the line management structure of each agency and ultimately to the senior managers in the IWB.

All members of the team around the family share a collective responsibility for the delivery of co-ordinated support.

FAMILY COMPLAINTS PROCEDURES

Families should be in a position to inform someone when it is felt the Lead Practitioner or other members of the Team Around the Family are not fulfilling their required roles and to be clear about the process to resolve these issues.

Families should first discuss the issue with the Lead Practitioner who can, where appropriate, speak to another team member to resolve the concern. Where the concern is about the Lead Practitioner families can speak to the Lead Practitioner's line manager. Thereafter they should follow the standard complaint procedure for the agency involved. The Lead Practitioner should always advise families of the complaints procedure for their agency.

Family work/multiple Lead Practitioners (when more than one sibling requires CAF)
The following points are guidelines only. Practitioners will need to apply them proportionately to individual cases.

If the needs of the children are broadly similar:

- Where there are broadly similar issues affecting all children and young people, it may be appropriate to complete a single family assessment with an appropriate single family support plan that addresses the collective needs.
- In such cases it may reduce stress/frustration for the family for a single Lead Practitioner to be allocated for the whole family and the TAF will need to consider if there is anyone within the TAF who has capacity to deliver the Lead Practitioner functions for the whole family.
- There may be occasions where only one person has a viable working relationship with a family and no other agencies have been able to engage them. In this situation, organisations that do not normally undertake family work will need to be prepared to respond with flexibility to ensure they create the capacity for individuals to take on this broader role.
- Where one practitioner is Lead Practitioner for the whole family, the rest of the TAF will need to consider particularly carefully how they will support that practitioner.
- If a single CAF assessment is undertaken, the names and dates of birth of all those being assessed should be recorded on the CAF assessment.

If the needs of the children are significantly different:

- It is likely that a Lead Practitioner will need to be nominated for each child/young person resulting in more than one Lead Practitioner working with the same family.
- Consider how can agencies work together to streamline service delivery to the family as much as possible e.g. providing a shared log/calendar to help family and practitioners keep track of the range of work and timescales for this.

- Scheduling reviews around the individual children to take place on the same day/s in order to minimise the time family needs to dedicate to this.
 - Processes for Lead Practitioner communication need to be established so that children and families are not being asked for duplicate sets of information.
 - For more complex cases it may be helpful for one of the Lead Practitioners involved with the family to act as overall family Lead Practitioner to co-ordinate a Family Support Plan.
-

HANDOVER AND EXIT ARRANGEMENTS

What happens when a new Lead Practitioner is required?

This may occur at normal transition points (for example: moving from primary school to secondary school) or because staff leave, change roles or enter a period of long-term absence or because the main needs of the child have significantly changed.

It is extremely important that an effective 'handover' takes place when a new Lead Practitioner is required. This is sometimes referred to as 'handing over the baton': people should not hand over until they are clear that this can be done safely and effectively.

All actions must be recorded on the CAF review form and logged. There needs to be a clear communication strategy for the transition, particularly with regards to consultation with the family and briefing the new Lead and the rest of the team.

Under no circumstances should a Lead Practitioner withdraw from a case without an effective handover where there are still needs to be addressed.

What happens when a CAF episode of work is completed?

Where needs have been effectively addressed and the young person or child and their parents/carers are being effectively supported in universal services, the Lead Practitioner should record and log this with the final review documentation.

What happens to the role of Lead Practitioner if another intervention is required in the future?

The Team Around the Family will need to determine whether the same Lead Practitioner is appropriate to co-ordinate services to meet the new needs of the child/family. If not, the Team Around the Family should agree a new Lead Practitioner from the current Team Around the Family. The new Lead Practitioner should contact

the agency of the most recent Lead Practitioner (if not represented in the Team Around the Family), as well as consult the family, in order to update the CAF and draw up a new support plan.

Handover to new Local Authority area

When a child/young person moves to another area, the Lead Practitioner should contact the CAF Co-ordinator in the new authority and log with them that a CAF has been undertaken.

Unless the case requires no further intervention, the Lead Practitioner should be passing responsibility to a Lead Practitioner in the new area, just as they would if there was a change in circumstances within their own LA. The CAF Co-ordinator in the new area should be able to help with this.

LINKS TO SPECIALIST AND/OR STATUTORY ASSESSMENTS

What happens where children, young people and their families may require more specialist assessments?

The Lead Practitioner continues to support them while more specialist assessments are carried out. The information from the CAF assessment can feed into more specialist assessments.

What happens to the Lead Practitioner when a statutory threshold is crossed?

The responsibility for service delivery and monitoring now legally falls to the keyworker in the statutory service, for example: Social worker for Safeguarding. The statutory service practitioner becomes a member of the existing Team Around the Family and takes on the role of the Lead Practitioner for the period of their statutory involvement.

Following effective intervention, children may no longer need a statutory intervention but may remain in need of multi-agency support. In this instance the statutory practitioner works with the Team Around the Family to produce a new support plan and passes the role of the Lead Practitioner over to another member of the Team Around the Family following the guidelines outlined previously. The statutory practitioner can then withdraw and the Team Around the Family carry on with delivery of the support plan.

Reviewing and evaluating CAF, Team Around the Family and Lead Practitioner implementation, protocol and practice

The Lead Practitioner protocol will be reviewed in line with other ECM initiatives, including CAF, eCAF, ContactPoint etc, in order to learn from the practice of practitioners who have undertaken the role and from their managers. This will inform changes to multi-agency practice and workforce reshaping. The review of the CAF, Team Around the Family and Lead Practitioner implementation will include feedback from practitioners, managers and families; review of outcomes from Team Around the Family interventions and information from Lead Practitioner workshops.

Training to support the development of CAF, Team Around the Family and Lead Practitioner

CAF processes and the role of the Lead Practitioner are part of the development of practice required by the Every Child Matters:Change for Children agenda. The functions and skills required of a Lead Practitioner are part of the core competencies required for the entire Children's Workforce. Managers therefore have a responsibility to ensure their staff have reached the core competencies required.

We are committed to providing the highest quality training and networking opportunities to enable services and agencies to work together towards common goals to improve the lives of children, young people and families and a comprehensive training strategy has been established to meet the needs of all children and young people's services managers, practitioners and support staff. A working together training directory outlining all of the programmes available to support integrated working is available to download from **www.gatesheadcyptrust.co.uk** or contact the Change for Children Team on **0191 433 3834** or **change4children@gateshead.gov.uk** for more information.

FURTHER INFORMATION

www.gatesheadcyptrust.co.uk

THE website for Gateshead Children and Young People's Partnership - put it in your favourites!

This is where to find local information and documentation for all of the following:

- Change for Children
- Common Assessment Framework and Lead Practitioner - info, training and downloads
- Children's Centres
- Solution Finder service directory
- Information sharing guidance
- Children and Young People's Plan
- Area Based Working
- Family Support Review
- Local Safeguarding Children Board - info, training and child protection procedures

www.solutionfinder.org.uk

Log onto this site for a searchable directory of services and solutions for children, young people and families in Gateshead.

Contactpoint

Coming soon! A national system to enable practitioners working with children and young people to identify and contact each other easily and quickly.

For more information log onto:

www.everychildmatters.gov.uk/deliveringservices/contactpoint

Information Sharing

For detailed guidance on information sharing see:

Information Sharing: A Practitioners Guide;

Information Sharing: Further Guidance on Legal Issues

Information Sharing: Case examples

All available at:

www.ecm.gov.uk/informationsharing

Download your copy of the Gateshead information sharing keep it and use it guide at **www.gatesheadcyptrust.co.uk/docs/localinformationsharingguide.pdf**

GLOSSARY OF TERMS

ABAs

Acceptable behaviour agreements are written agreements between unruly neighbours, typically teenagers, and the police and other public agencies banning antisocial behaviour. The contracts are not legally binding but if breached they can lead to tougher sanctions which are. The contracts are used as more moderate alternatives to the tougher antisocial behaviour orders.

Accommodated

Children who are looked-after by their Local Authority, but are not subject to Care Orders.

Acute Paediatrics

Hospital care of sick children provided by NHS Trusts.

Acute Services

Medical and surgical treatment provided mainly in hospitals. Acute Trusts are management units in charge of hospitals providing these services.

ADD

Attention Deficit Disorder is a developmental problem people experience, which usually begins at an early age and can be severe. People with ADD find it extremely difficult concentrating, are overactive and impulsive. People who are also hyperactive may be diagnosed with ADHD, Attention Deficit Hyperactive Disorder.

Allocated Case

A case that has been made the responsibility of a named social worker or other key worker until the case is closed, transferred or managed in another way so that the named worker is no longer responsible for it.

Annual Review

The review of a statement of special educational needs which an LEA must make within 12 months of making the statement or, as the case may be, of the previous review.

ASBO

An anti-social behaviour order is a community-based order akin to an injunction. It can be applied for by the police or local authority against an individual who acts in an anti-social manner - that is, a manner which causes harassment, alarm or distress to one or more people in a different household to the defendant (Home Office Guide to Anti-Social Behaviour Orders and Acceptable Behaviour Contracts)

ASD

Autistic spectrum disorder is a relatively new-term which recognises that there are a number of sub-groups within the spectrum of autism.

Asperger's Syndrome

See ASD (Autistic Spectrum Disorder)

CAF - Common Assessment Framework

Process of using CAF assessment tool to promote information sharing and joint planning between agencies around the needs of individual children and young people. Assessment promotes holistic understanding of strengths and needs of individual child or young person.

Care Order

A court order, provided under Paragraph VI of the Children Act 1989, that directs that a child be placed in the care of a specific Local Authority, and gives shared parental responsibility to that council. It is granted when a court decides that a

child is suffering or might suffer significant physical or emotional harm or educational problems as a result of receiving poor care at home. A Care Order stops when an Adoption Order is made or lapses when a young person reaches 18.

(Initial) Child Protection Conference (ICPC)

This is a formal, inter-agency meeting (with a social worker, health visitor, nursery worker, teacher, GP and police officer, etc). It follows an enquiry under section 47 of the Children Act, to decide whether a child is at continuing risk of significant harm and in need of a formal Child Protection Plan.

(Formal) Child Protection Plan

A Formal Child Protection Plan will detail what needs to change in order to achieve the planned outcomes agreed at the Initial Child Protection Conference (ICPC) to safeguard and promote the welfare of the child. Tasks will be given to family and specific members of the ICPC. Progress will be monitored and evaluated by the key worker, the core group and the Review Child Protection Conference.

(Children subject to) Child Protection Plan

An Initial Child Protection Conference will decide whether or not a child should be subject to a formal child protection plan where there is concern that the child has suffered ill treatment or impairment of health or development as a result of physical, emotional or sexual abuse, or neglect and professional judgment is that further ill treatment or impairment are likely, or professional judgment substantiated by the findings of enquiries in this individual case or by research evidence is that the child is

likely to suffer ill treatment or the impairment of health or development as a result of physical, emotional or sexual abuse, or neglect.

If the child is at continuing risk of harm then he/she will require inter-agency help and intervention delivered through a formal child protection plan.

(Review) Child Protection Conference

The first Review Child Protection Conference is held within three months of a child becoming subject to a Child Protection Plan and thereafter every six months. The purpose of the Review Child Protection Conference is to receive reports from everyone who has been involved with the child and their family, review the criteria of abuse the child is suffering or likely to suffer, and decide if the child remains at continued risk of significant harm at the time or at any point in the future, and whether the Formal Child Protection Plan should remain in place. The Review Child Protection Conference should also ensure that the Formal Child Protection Plan is effective and make any changes required to safeguard the children and promote their welfare.

Children Act 1989

This act gives every child the right to protection from abuse and exploitation and the right to have inquiries made to safeguard their welfare. Its central tenet is that children are best looked after within their family, with both parents playing a full role and without having to resort to legal proceedings. Children should always be consulted about what will happen to them and their family should, where possible, continue to be part of their lives. The Children Act came into force in England and Wales in 1991.

Children in Public Care

Children who are subject to a Care Order, or who are accommodated by the Local Authority.

Children-In-Need

Under section 17 of The Children Act 1989, these are children who are disabled, or because of their vulnerability (due to abuse, neglect, domestic violence, homelessness, etc) are unlikely to reach or maintain a satisfactory level of health and development. The term also covers children whose health and development will be significantly impaired without the provision of support services.

Commissioning

The process by which the needs of the local population are identified, priorities set, then appropriate services are purchased and evaluated.

Connexions

Connexions offer a universal information, advice and guidance service to young people aged between 11 and 19, or up to age 25 with additional needs, and will operate as part of integrated youth support arrangements within Local Authorities from April 2008.

Personal Advisers deliver services in a range of education and community settings and hold statutory responsibilities for managing the transition of those young people with learning difficulties and disabilities. Reducing the number of young people not in education, employment or training (NEET), referral of young people to targeted support and providing qualified careers guidance remain key service priorities.

CWD

Children with disabilities.

Dyslexia

Those with dyslexia have a marked and persistent difficulty in learning to read, write and spell, despite progress in other areas. They may have poor reading comprehension, handwriting and punctuation. They may also have difficulties in concentration and organisation and in remembering sequences of words. They may mispronounce common words or reverse letters and sounds in words.

Dyspraxia

Those with dyspraxia are affected by an impairment or immaturity of the organisation of movement, often appearing clumsy. Gross and fine motor skills are hard to learn and difficult to retain and generalise. They may have poor balance and co-ordination and may be hesitant in many actions (running, skipping, hopping, holding a pencil, doing jigsaws, etc). Their articulation may also be immature and their language late to develop. They may also have poor awareness of body position and poor social skills.

Education Supervision Order

An order that LEAs, under section 36 of the Children Act 1989, can apply for to put a child of statutory school age, who is not being properly educated under the supervision of the LEA, with the intention of ensuring that he or she receives efficient full-time education suited to his or her age, aptitude, ability and any special educational needs, and that sufficient support, advice and guidance are provided to the parents.

Emergency Protection Order

A court order granted under Section 44 of the Children Act 1989 on the grounds that a child will suffer significant harm unless they are removed to council accommodation or moved from where they are currently living.

EOTAS

Education Other Than At School is a team to provide, monitor and manage the education of pupils who are unable to attend school.

EP

Educational Psychologists help gather information for teachers and parents when students have academic or behavioural problems. They assist by evaluating students' thinking abilities and assessing individual strengths and weaknesses. Together, the parents, teachers, and educational psychologist formulate plans to help students learn more effectively.

EWO

Education Welfare Officer is a person employed by an LEA to help parents and LEAs meet their respective statutory obligations in relation to school attendance. Education Welfare Officers also carry out related functions such as negotiating alternative educational provision for excluded pupils.

EWS

The role of Education Welfare Service is to ensure that children and young persons of school age receive the opportunity for appropriate education in relation to their age and abilities and attend school.

FIP

Family Intervention Project is a service which works intensively with families who have complex issues and needs, including anti-social behaviour.

Framework for the Assessment of Children in Need and their families

A framework that has been developed which provides a systematic way of analysing, understanding and recording

what is happening to children and young people within their families and the wider context of the community in which they live. Effective collaborative work between staff from different disciplines and agencies assessing children in need and their families requires a common language to understand the needs of children, shared values about what is in their best interests and a joint commitment to improving outcomes for children. The Framework underpins this approach.

Health Assessment

An assessment of a child/young person's health status and needs by a qualified medical or nursing practitioner.

Health Visitors

Specialist nurses working with parents, young children, families and communities to promote health. Usually based at GP surgery.

HI

Hearing Impaired children with a range from those with a mild hearing loss to those who are profoundly deaf. They cover the whole ability range. For educational purposes, pupils are regarded as having a hearing impairment if they require hearing aids, adaptations to their environment and/or particular teaching strategies in order to access the concepts and language of the curriculum. A number of pupils with a hearing impairment also have an additional disability or learning difficulty. Hearing loss may be because of conductive or sensory-neural problems and can be measured on a decibel scale. Four categories are generally used: mild, moderate, severe and profound. Some, with a significant loss, communicate through sign instead of, or as well as, speech.

IEP

The Individual Education Plan is set up for pupils who have Special Educational Needs, detailing objectives, targets, provision and review.

Interim Care Order

This may be made by the court to protect a child while waiting for a final hearing. It gives time to gather more details about the child's welfare before making a decision whether to grant further Care Orders.

LAC

Looked-After Children is a term which refers to a child or children who are either In care (subject to a Care Order) or accommodated by a Local Authority. Children become Looked-After if, for example, their birth parents are temporarily unable to care for them, or they have been neglected or abused. Social Services, and voluntary agencies, arrange alternative care arrangements with the children's birth family or in a foster family or a residential children's home.

LDD

Learning Difficulties and Disabilities is a term describing people who have barriers to learning and who therefore may find activities that involve thinking and understanding difficult. They may need help and support with their everyday lives and education. Some people with a learning disability may also have an additional impairment such as sensory impairment or a physical disability.

Lead Practitioner

When more than one practitioner (beyond universal services) is working with a child or young person (team around the family), a Lead Practitioner is nominated to co-ordinate their work, act as a single point of contact and reduce duplication. The Lead Practitioner could be any of the people working with the child or young person.

LSCB

Local Safeguarding Children Board

MAPPA

Multi-agency Public Protection Arrangements - a system of information sharing and risk management for dangerous and sexually motivated offenders, convicted of serious crime. If a person has this marker they are managed in MAPPA. (Ex-MAPPA marker shows that the person has been managed by MAPPA). Non MAPPA is as above but for offenders who are not convicted

Non MAPPA

See MAPPA

MARAC

Multi Agency Risk Assessment Committee for very high/high risk Domestic Violence cases - information sharing and planning meeting to discuss risk management process for these cases. Agencies who attend include Safer Families, Police, Probation, Housing and Health

Pathway Plan

Under the Children (Leaving Care) Act 2000, all Looked-After children should have a Pathway Plan set up by their 16th birthday. The plan should set out the support that the young person will receive in transition to independent life, and should cover the period up to the age of 18 or when they are living independently.

Permanent Exclusion

A permanent exclusion is for very serious offences or breaches of the school behaviour policy when a wide-range of strategies have been tried and failed. It means that the pupil will not be accepted back in the school and will have to continue his or her education elsewhere. A permanent exclusion is not expected to be used for a first offence. The parent or carer has a right of appeal and should be notified of their rights in writing

PMHW

Primary Mental Health Worker

Police Protection

Police have power to take a child “into Police protection” if there is a risk of significant harm. The parents and the Local Authority must be notified as-soon-as-possible. The order may last up to 72 hours.

Portage

A planned approach to home-based pre-school education for children with developmental delay, disabilities or any other special educational needs. Portage began in Portage, Wisconsin, USA, and there is now an extensive Portage network in the UK, which is overseen by the National Portage Association.

PRU

Pupil Referral Unit is an education facility for pupils who have very specific needs and are unable to attend school. Usually either part-time or temporary placements, often following several exclusions from school, but also to include children with mental health problems.

School Action

When a school gives extra or different help for a child because that child has special educational needs. The extra or different help could be a different way of teaching certain things, some help from an extra adult, perhaps in a small group, or the use of particular equipment like a computer or a desk with a sloping top.

School Action Plus

If a child does not make enough progress within Schools Action, the teacher or the Special Educational Needs Co-ordinator (SENCO) will talk to the parents about asking for advice from other people outside the school. They might want to ask for help from, for example, a specialist teacher, an educational psychologist, a speech and language therapist or other health professionals.

Section 17

Under Section 17 of the Children Act 1989, Local Authorities have a duty to safeguard and promote the welfare of children in need in their area.

Section 47

Under Section 47 of the Children Act 1989, Local Authorities must make inquiries about children suspected of being at-risk, so they can decide whether they need to take further action to protect and promote the child’s welfare.

SENCO

Special Educational Needs Coordinator is a teacher who has responsibility for the day-to-day management of special educational needs in a school. This is a statutory position - all schools must have a named person to co-ordinate special educational needs by whatever name they are called. A SENCO often has practical and professional experience of teaching children with special educational needs.

Social Work

The provision of personal help to resolve a range of social and economic difficulties. The term was first adopted by social theorists in the early 1900s and began to be used more widely in the 1970s following the establishment of social services departments and the British Association of Social Workers.

Social Worker

Social Workers have a wide role in supporting people who are considered "at-risk." In the case of children who are looked-after, the child's Social Worker manages their care. This includes visiting the placement at set intervals and ensuring that the child is cared for safely. Plans for health, education and contact are also carried out. In cases of child protection, Social Workers are involved in initial investigations and Lead core assessments of registered children.

Supporting People

New regime for funding the running costs of housing for vulnerable people, such as rough sleepers, older people and those with special needs. The money will be paid directly by Local Authorities to housing associations and other supported housing agencies. It replaced the former system under which supported housing was funded by a combination of housing benefit and grant from the housing corporation.

Team Around the Family

Team Around the Family. When a child or young person and their family has more than one practitioner working with them, those practitioners work as a team around the family to ensure that support is co-ordinated, meets all their needs and information is shared. The Team Around the Family should include universal services.

Transition Plan

A plan which should form part of the first annual review after the child's 14th birthday, and any subsequent annual review. The purpose of the plan is to draw together information from a range of individuals within and beyond the school, in order to plan coherently for the young person's transition to adult life.

YOT

The Youth Offending Team First was first introduced in 1999, Youth Offending Teams bring together staff from Social Services, the Police, Probation, Education and Health Authorities to work together to keep young people aged 10 to 17 out of custody. The teams are monitored and coordinated nationally by the Youth Justice Board, and are accountable to councils' Chief Executives.



Gateshead **Children** and **Young People's** Partnership

Agreed by the Gateshead Children and Young People's Partnership.

For more information of further copies of this document,
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