



The Cambridgeshire Revised Model of Staged Intervention

Dear Partners,

I am delighted to introduce the revised Model of Staged Intervention to you, also known as the MOSI. The revisions reflect the feedback from extensive consultation with professionals who work in agencies across the Children's Trust Network. It aims to support the wider ongoing discussions regarding the role and purpose of children's services and to provide a common understanding and language for discussing children's needs and the roles and responsibilities of different services in meeting them. The paramount responsibility of every professional working with children and families is to safeguard children through early identification of needs and by making sure that action is taken so that needs are met. Guidance is provided to practitioners in understanding the types of need requiring a specialist assessment and service, and those requiring a targeted service.

The use of the Common Assessment framework to support information sharing and assessment of needs at every level is clarified.

For the majority of children and young people, their basic needs can be met by their family, supported through a range of universal services including education, early years and health services. Children and young people with a disability, or complex needs may need access to specialist services to support them and may need to access Children's Social Care.

For the children and young people whose needs cannot be met in full by universal services but do not meet the thresholds for Children's Social Care or other specialist services, agencies including the 14 Multi-Disciplinary Locality Teams within the County play a role in targeted support and interventions to keep children and young people with additional needs safe and to promote their well-being.

Working with children and families and identifying their needs is not an exact science and the 'needs indicators' are a guide and are by no means exhaustive. There is no substitute for professional judgement and discussion with others, and the role of the revised MOSI is to assist practitioners and managers in determining levels of need and to consider the appropriate responses to address needs.

I hope that as practitioners you find this helpful in working together and to meet the needs of children and families and managers useful when planning and redesigning services.

A handwritten signature in black ink that reads "David Brown". The signature is written in a cursive, flowing style.

Cllr David Brown

Cambridgeshire County Council

Cabinet Member for Children and Young People's Services

Introduction

The Model of Staged Intervention (MOSI) exists to provide a framework for developing a common understanding of children's needs, a shared understanding of the roles and responsibilities of services and to aid practitioners in understanding the thresholds of different services.

The overriding aim of staged intervention is to ensure that children's needs are met at the earliest opportunity and where a child's needs are such that they require a more urgent response, this is provided in a timely and swift manner by high quality services.

All practitioners working with, and on behalf of, children and families need to take responsibility for ensuring everything possible is done to prevent the unnecessary escalation of issues or problems by seeking early intervention. This document aims to provide guidance about thresholds to help ensure that the right response is given, by the right services, at the right time. Some guiding principles are that:

- The child's needs come first
- The child's welfare and safety is everyone's responsibility
- A shared responsibility for achieving better outcomes for children and young people, which prevents escalation of need (early intervention and prevention)
- All agencies and services must work together, understand and appreciate each other's roles and responsibilities
- In assessing needs, the views of the child, young person, parents and carers must be sought and considered
- No-one will be discriminated against on the grounds of age, ethnicity, religious belief, faith, culture, class, sexual orientation, gender or disability
- A further principle that supports the MOSI is that a child's needs are often best met within universal services and within their home and community. It is therefore essential when designing and developing new services that the focus is on supporting universal services such as schools and health services, whilst at the same time building capacity in families.

Universal and Four Levels of Need

To decide which services are offered to support a child or young person, one should begin by identifying the level of need. "Universal" is not included as a separate level, but is acknowledged throughout the document. Children in levels 2-4 also need and use universal services. The levels of children and young people's needs have been defined as:

- **Level 1: Children and Young People with Emerging Needs** – that can be met within the universal services such as schools, Health and the voluntary and community sector.;
- **Level 2: Children and Young People with Additional Needs** – who require a more targeted approach from additional services on top of universal provision to meet their needs.
- **Level 3: Children and Young People with Complex Needs** – who require professional intervention from more than one agency.

- **Level 4: Children and Young People with Severe Needs/Protection** – whose needs are complex and enduring and cross many domains.

The Common Assessment Framework (CAF) is the universal and holistic early assessment tool for children and young people within Levels 2 and 3, and some children and young people in Level 1. More information about the use of the CAF, including Operational Guidance for practitioners can be found at:

<http://www.cambridgeshire.gov.uk/childrenyoungpeople/childrentrust/caf/caffurtherinfo.htm>

Assessment is an on-going process, not a single event. Children and young people can move between these levels of need (both through increasing and/or reducing their needs and vulnerability) according to their particular circumstances, therefore it is essential that those working with children, young people and their families can be flexible and able to respond to these changing needs. The aim of early identification, referral and service provision (i.e. through use of Staged Intervention) is to ensure that children and young people are prevented from moving to higher levels of need and, wherever possible, their levels of need also reduce.

Repeated assessments are not necessary to move children from one level to another. Children and young people's needs often change over time and may cross different levels, i.e. high in some areas and low in others. Practitioners must take into account the **cumulative** impact of all of these factors.

Children's stories can follow them as they progress through service provision. There will be some children, for example those with complex needs, who should be enabled to move quickly and effortlessly to the required service response without necessarily going up through each level.

The division between the levels should not be conceived of as 'hard and fast'. It will be essential to maintain some flexibility around the boundaries, to ensure that the needs of children and young people are properly assessed and appropriate services arranged. These descriptors allow for services to be clear on what should be provided at each level. This concept is not new e.g. the SEN Code of Practice. The aim here is to provide a multi-agency framework, which responds to the needs of a child and family in an integrated way.

The age of the child/young person and protective factors that may enhance resilience are important contributory factors when assessing need. Of central importance in understanding where a child's needs might lie on this continuum, is an understanding, respect for and appreciation of the views of parents and carers, whose cooperation and engagement in the first instance is vital to most early support and intervention.

Limitations of the Matrix

It is intended that the matrix should be used as a tool to enable children, young people, families and agencies to communicate their concerns: using a common format, language and understanding of the levels of needs, concern or risk for all children and young people across Cambridgeshire. It is also intended as a tool to enable practitioners to complete a needs 'map' to assess children, young people and their families, and articulate their needs and strengths and the risks and protective factors that may exist.

The Model of Staged Intervention, and the descriptors included within the matrix, is not intended to be prescriptive, exhaustive or definitive. The needs of children and young people and their families need to be considered on a case by case basis and responses based on assessment and judgement and relevant statutory guidance.

The “Assessment” column does not include every agency or assessment that may be involved with a child of family.

Practitioners should use their professional judgement, experience and training and not take literally the example indicators contained within the document. The presence of single or multiple combinations of factors, the age and resilience of the child and protective factors will all need to be taken into account, as will the availability of resources, local policies and priorities. In particular, practitioners need to take into account the cumulative effect of factors across all domains and levels within the descriptors.

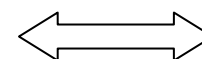
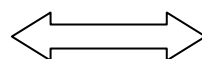
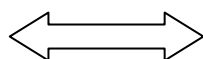
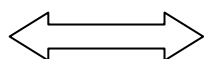
The matrix is not intended to replace sound professional judgement or assessment of the child or young person’s circumstances by the agency representatives concerned: this degree of professional judgement is of paramount importance in identifying the appropriate response.

The MOSI does not guarantee service provision by particular agencies at each level. There may be restricting factors such as:

- Specific service criteria related to the agency’s specialist area of work
- Previous interventions
- Geographical location
- Age limits
- Time limited provision, e.g. only available during school term.

CAMBRIDGESHIRE MODEL OF STAGED INTERVENTION MAY 2011

		Level 1	Level 2	Level 3	Level 4
Need Descriptor		Emerging Needs	Additional Needs	Complex Needs	Severe Needs / Protection
Service Response		Universal Services	Targeted & Specialist Services Single or multiple additional agencies - working as a team around the child		Specialist Services Statutory Interventions
Assessment		'In-house' assessments Screening tools Optional use of CAF	CAF	CAF & possible additional specialist assessments	Specialist Assessment (usually informed by earlier CAF)
Need for consent		Consent required	Consent required (Can sometimes act without consent -statutory Intervention for school attendance)	Consent required (Can sometimes act without consent -statutory Intervention for school attendance)	Can sometimes act without consent (statutory Intervention for child protection)
Role of Family	Universal	Good capacity to meet universal needs Family have no need for additional (non-universal) services	The family is meeting the universal needs of the child or young person and supported to meet additional need Family engaging and working with services	The family is meeting the universal needs of the child or young person and supported to meet complex needs Family engaging and working with services	The family is able to meet all needs with considerable support possibly due to level of child's disability or mental health needs of adults or children and/or Family reluctant or refusing to engage or find it difficult to engage or work with services
Role of Services within the Children's Trust		Meeting emerging needs Identifying children at risk of developing additional needs Early intervention to prevent needs escalating	Meeting additional needs Returning CYP to only having universal needs Supporting families to meet universal and additional needs Intervention to prevent needs escalating	Meeting complex needs Supporting families to meet complex and universal needs Preventing children and young people entering care	Intervention to protect vulnerable children Meeting complex and severe needs Potentially Meeting all needs (universal and complex) by 'looking after' children



Safeguarding Emergency

Use of Common Assessment Framework (CAF)
 Where needs are unclear - To identify nature and level of need
 Where needs are greater than can be met by initiating agency alone – to identify the right team around the child and support integrated action from services

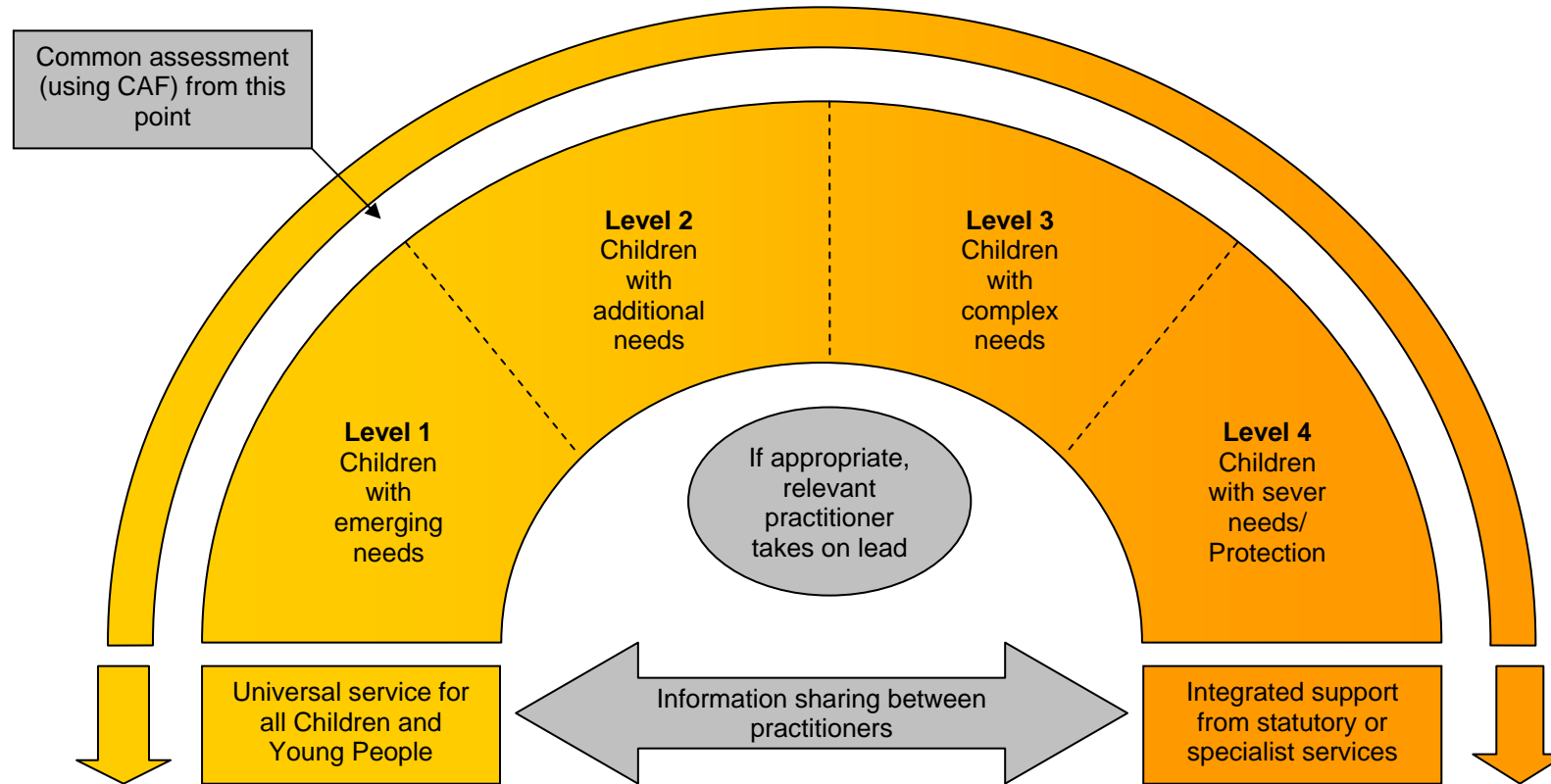
Level 1: Emerging Needs		
<p>These are children and young people, including children and young people with disabilities, with some emerging needs that can be met within the universal services such as school, Health and voluntary and community sector.</p>		
Child's Developmental Needs	Parenting Capacity	Assessment
<p>Health, e.g.</p> <ul style="list-style-type: none"> Starting to default on health appointments, including immunisations/checks Frequent minor health problems e.g. head lice/nappy rash Minor concerns re diet Some delay in reaching developmental milestones Mild speech, language and communication delay (almost age appropriate) <p>Emotional & Behavioural development e.g.</p> <ul style="list-style-type: none"> Has some difficulty sustaining relationships (within family, school & community settings) May experience difficulties in settling into early years setting, childcare or school Some disturbance of behaviour or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, birth of a sibling) Sporadic or isolated antisocial acts Risk taking behaviour e.g. more than minimal alcohol consumption if under the age of 15, use of illegal drugs, unsupervised alcohol consumption Significant change in behaviour/demeanour Some low level criminal and/or anti-social behaviour <p>Social presentation e.g.</p> <ul style="list-style-type: none"> Over friendly, withdrawn and/or isolated Low level hygiene problems Sometimes clothes are not washed <p>Self-care skills e.g.</p> <ul style="list-style-type: none"> Slow to develop age appropriate self-care skills Overprotected/unable to develop independence <p>Identity e.g.</p> <ul style="list-style-type: none"> May experience bullying around "difference" Easily led/intimidated or bullied <p>Learning e.g.</p> <ul style="list-style-type: none"> Reduced access to books/toys/play Not always engaged in learning, e.g. poor concentration, low motivation and interest Poor punctuality Pattern of occasional/regular authorised and/or authorised absences Not thought to be reaching his/her educational potential Differentiated support within school/setting (Quality First Teaching) 	<p>Basic Care, ensuring safety and protection</p> <ul style="list-style-type: none"> Some concerns around child's physical needs being met Lack of appropriate safety equipment in the home where there are babies and young children Lack of car seats in cars when babies and young children are being transported Some exposure to dangerous situations in the home or community Parental stresses starting to affect ability to ensure child's safety Professionals become aware that there have been two or more attendances at hospital A&E in the last year Victim of crime <p>Emotional warmth & stability</p> <ul style="list-style-type: none"> Professionals begin to have concerns about parent's attachment to their baby Starting to demonstrate difficulties with attachments Inconsistent responses to child by parent(s) Relationships with key family members not always kept up May have different carers <p>Guidance, boundaries & stimulation</p> <ul style="list-style-type: none"> Parent provides inconsistent boundaries Can behave in an anti-social way in the community e.g. petty crime Professionals have some concerns about small number of opportunities for baby/child's social interaction Child is not often exposed to new experiences Spends considerable time alone e.g. watching television <p>Family and Environmental Factors</p> <p>Family History and Functioning e.g.</p> <ul style="list-style-type: none"> Current or historic domestic violence Has experienced the loss of a significant adult e.g. separation or bereavement Parent has physical/mental health difficulties Young carer (for siblings and/or parent) Fluid household Drug/alcohol issues within the household Some social exclusion experiences <p>Wider Family e.g.</p> <ul style="list-style-type: none"> Some support from friends and family <p>Housing e.g.</p> <ul style="list-style-type: none"> Adequate/poor housing Social/rural isolation Asylum seeking or refugee family Families in temporary accommodation Accommodation could be threatened due to change in circumstances Homelessness <p>Employment e.g.</p> <ul style="list-style-type: none"> Periods of unemployment of the wage earning parent(s) Parents starting to feel stressed around unemployment or work situation Parents have limited formal education Low income/poor financial management Drastic change to family income 	<p>In-house , including school/setting based curriculum assessments</p> <p>Speech, Language and Communication Descriptors</p> <p>Early Years Graduated Response Children's Global Assessment Score (CGAS) Rating Guide</p> <p>Common Assessment Framework (CAF) may be used</p> <p>Children should access universal services in a normal way.</p> <p>Key universal services that may provide support at this level:</p> <p>Schools and early years settings</p> <p>Children's Centres Midwives</p> <p>Health visiting service</p> <p>School nursing</p> <p>GP</p> <p>Police</p> <p>Housing</p> <p>Voluntary & Community Services</p>

Level 2 : Additional Needs		
<p>These are children and young people including children and young people with disabilities, who require a more targeted approach from additional services in addition to universal provision to meet their needs.</p> <p>The worker must take into account the cumulative impact of having more than one of the needs below</p>		
Child's Developmental Needs	Parenting Capacity	Assessment
<p>Health, e.g.</p> <ul style="list-style-type: none"> Concern that babies/young children are persistently cared for in a smoking environment Concern re equipment care for babies e.g. dirty dummies/non-sterile bottles Persistent or recurring health problems e.g. nappy rash, thrush, head lice Missing routine and non-routine health appointments Teenage pregnancy Child of Teenage pregnancy Concerns re diet (overweight/underweight/eating disorders) Has some chronic health problems Moderate speech, language and communication difficulties <p>Emotional & Behavioural development e.g.</p> <ul style="list-style-type: none"> Variable functioning with sporadic difficulties or symptoms in several areas. suicidal preoccupations and ruminations school refusal and other forms of anxiety, obsessive rituals major conversion symptoms, frequent anxiety attacks or episodes of aggressive or other antisocial behaviour with some preservation of meaningful social relationships inappropriate sexual behaviour/relationships <ul style="list-style-type: none"> Risk taking behaviour e.g. alcohol use in relation to age and effect on life chances; regretted sexual episode as a result of intoxication; drug/alcohol related incident at school; has attended A&E due to intoxication; received warning from Police due to alcohol or drug use; disclosure of self-medication to deal with mental health problems. Starting fires <p>Social presentation e.g.</p> <ul style="list-style-type: none"> Demonstrates significantly low self-esteem in a range of situations Subject to discrimination , e.g. on the basis of ethnicity, sexual orientation or disability Poor and inappropriate self-presentation Clothing is regularly unwashed Hygiene problems Is provocative in behaviour/appearance Peers also involved in challenging behaviour Regularly needed to care for another family member (young carer) <p>Family & Social relationships e.g.</p> <ul style="list-style-type: none"> Limited access to pre-school, social & community support Has a lack of positive role models Involved in conflicts with peers/siblings Has multiple carers/been "looked after" by Local Authority A Missing from Home incident <p>Self-care skills e.g.</p> <ul style="list-style-type: none"> Poor problem solving and/or practical self-care and social skills for age or precociously able to care for self Impaired self care skills through disability <p>Learning e.g.</p> <ul style="list-style-type: none"> Poor school attendance at level of referral to Education Welfare Officer (80-85% or below)• May have experienced some fixed term exclusions Aged 16 – 18 and Not in Employment/Education/Training (NEET) Not making adequate progress or meeting nationally expected attainment Implementation, monitoring & evaluation of targeted interventions (SEN Code of Practice) 	<p>Basic Care, ensuring safety and protection</p> <ul style="list-style-type: none"> Parent is struggling to provide adequate care (neglect) Professionals have serious concerns Difficult to engage parents with services Trauma caused by being victim of crime <p>Emotional warmth & stability</p> <ul style="list-style-type: none"> Receives erratic or inconsistent care Has episodes of poor quality care Parental instability affects capacity to nurture <p>Guidance, boundaries & stimulation</p> <ul style="list-style-type: none"> Erratic or inadequate guidance provided Not receiving positive stimulation, with lack of new experiences or activities (lack of constructive leisure/play activities). <p>Family and Environmental Factors</p> <p>Family History and Functioning e.g.</p> <ul style="list-style-type: none"> Acrimonious divorce/separation Fluid household <p>Wider Family e.g.</p> <ul style="list-style-type: none"> Family has poor relationship with extended family/little communication/is socially isolated <p>Housing e.g.</p> <ul style="list-style-type: none"> Poor state of repair, temporary or overcrowded Temporary accommodation Asylum seeking/refugee/newly arrived/transient family Homeless 16/17 year olds <p>Employment e.g.</p> <ul style="list-style-type: none"> Parents stressed due to unemployment or overworking Parents lack skills to obtain employment Serious debts/poverty impact on ability to meet needs 	<p>Continued Monitoring of in house assessments</p> <p>Common Assessment Framework (CAF) should be completed in partnership with the with the argents/carers and/or young person</p> <p>Key agencies that may provide support at this level:</p> <p>Universal and targeted</p> <p>Locality Teams</p> <p>Additional Needs Personal Adviser</p> <p>Youth crime prevention services</p> <p>Programmes aiming to build self esteem and enhance social/life skills Prevention programmes Positive activities</p> <p>Targeted drug and alcohol information, advice and education, including harm reduction advice to support informed choices</p> <p>Health Services, schools & Early Years settings</p> <p>Children's Centres</p> <p>Early Years Specialist Support Teachers Specialist Teaching Team Consultation</p> <p>Educational Psychology Consultation</p> <p>Fire Service</p> <p>Voluntary & Community Services</p>

Level 3 : Complex Needs		
<p>These are children and young people, children and young people with disabilities, whose needs are complex, and require professional intervention from more than one agency. This refers to the needs and depth or significance of the needs. They are at risk of social or educational exclusion. Their health, welfare, social or educational development is being impaired. Life chances will be impaired without services. These children may be Children in Need (S17). Services may be delivered by Social Care or by other agencies.</p> <p>The worker must take into account the cumulative impact of having more than one of the needs below</p>		
Child's Developmental Needs	Parenting Capacity	Assessment
<p>Health, e.g.</p> <ul style="list-style-type: none"> • Failure to thrive • Failure by parent to administer prescribed treatments (e.g. for eczema) • Teenage parent experiencing difficulties • Child of Teenage parent experiencing difficulties • Developmental milestones are unlikely to be met • Significant speech, language and communication difficulties • Medical needs that affect access to learning <p>Emotional & Behavioural development e.g.</p> <ul style="list-style-type: none"> • Failure to establish & sustain positive nurturing relationships with others • Major impairment in functioning in several areas and unable to function in one of these areas, i.e., disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behaviour due to either mood or though disturbance. • Unable to demonstrate empathy <p>Family & Social relationships e.g.</p> <ul style="list-style-type: none"> • No access to pre-school, social & community support • Child is witnessing incidents of domestic abuse in the family environment, but has recourse to the care of one protective parent/carer • Peers also involved in challenging behaviour • No contact with non-resident parent or significant person with whom child or young person has an attachment <ul style="list-style-type: none"> • Has no other positive relationships • Child with health issues missing from home <p>Self-care skills e.g.</p> <ul style="list-style-type: none"> • Significant mental/physical health needs/behavioural difficulties impacting on ability to care for self • Severe developmental difficulties impacting on ability to care for self • Social circumstances impacting on ability to care adequately for own self/own safety <p>Learning e.g.</p> <ul style="list-style-type: none"> • Poor school attendance at stage of legal action • Series of fixed term exclusions • Adequate progress not made despite sustained interventions • Severe and persistent learning difficulties with attainment falling two levels below expectations 	<p>Basic Care, ensuring safety and protection</p> <ul style="list-style-type: none"> • Failure to parent protectively • One parent/carer is unable to parent appropriately as he/she is the perpetrator of domestic abuse in the family environment • Experiencing unsafe situations • May be subject to neglect • Multiple attendances at hospital A&E in the last year <p>Emotional warmth & stability Guidance, boundaries & stimulation</p> <ul style="list-style-type: none"> • failure to secure school attendance leading to legal action 	<p>Continued monitoring of in-house assessments</p> <p>The Common Assessment Framework (CAF) Or Early Support is likely to be the most appropriate first step and may be used as supporting evidence to gain specialist / targeted support.</p> <p>Specialist Assessment of needs including need for specialist equipment</p> <p>Consideration of Statutory Assessment of SEN/Early years Access funding/Childcare access funding</p> <p>Adult Services Assessments</p> <p>DASH Risk Indicator</p> <p>Key agencies that may provide support at this level in addition to Universal services:</p> <p>Children's Social Care Other statutory service Direct involvement of SEN Services Specialist health or disability services. Locality Teams Additional Needs Personal Adviser Children's Centres CAMHS Youth Offending Team. Targeted drug and alcohol CAMHS</p> <p>Voluntary & Community Services</p> <p>Domestic Violence Advocacy Service</p>
	Family and Environmental Factors	

Level 4 : Severe Needs/Protection		
<p>These are children and young people, including children and young people, whose needs are complex and enduring and cross many domains. A key factor in supporting the family to meet the needs of these children is that the family needs support to be able to meet the child's needs - either due to the severity of the child's disabilities or mental health issues i.e. the family can be well functioning but the child's needs are severe; or the child is at significant risk of harm (S47), and the family is not engaging with services or refusing to make the necessary changes to ensure the child's safety. The latter is Children's Services Social Care's Core Business, and reaches the threshold for Initial Assessment.</p> <p style="text-align: center;">The worker must take into account the cumulative impact of having more than one of the needs below</p>		
Child's Developmental Needs	Parenting Capacity	Assessment
<p>Health, e.g.</p> <ul style="list-style-type: none"> • Has severe/chronic health problems • Early teenage pregnancy (Under 14) experiencing significant difficulties • Serious mental health issues • Alcohol/drug dependency • Concern about sexual abuse • Developmental milestones not being met • Eligible for Disability Living Allowance • Severe speech, language & communication difficulties <p>Emotional & Behavioural development e.g.</p> <ul style="list-style-type: none"> • Severe mental health problems • Unable to function in almost all areas, e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in reality testing OR serious impairment in communication (e.g., sometimes incoherent or inappropriate). • Suicidal attempts with clear lethal intent. • Needs considerable supervision to prevent hurting others or self, e.g., frequently violent, repeated suicide attempts OR to maintain personal hygiene OR gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc. • Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behaviour or gross impairment in reality testing, communication, cognition, affect, or personal hygiene. • Prostitution <p>Self-care skills e.g.</p> <ul style="list-style-type: none"> • Acute mental/physical health needs/behavioural difficulties impacting on ability to care for self • Profound/severe and/or multiple disabilities impacting on ability to care for self <p>Identity e.g.</p> <ul style="list-style-type: none"> • Experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability <p>Family & Social relationships e.g.</p> <ul style="list-style-type: none"> • Subject to physical, emotional or sexual abuse or neglect • The child has no recourse to a protective parent • Periods of being accommodated by the Local Authority • Looked After Child, privately fostered child or child with protection or other Order missing from home/care • Is main carer for family member • Concern about forced marriage • Privately fostered child • Trafficked child <p>Learning e.g.</p> <ul style="list-style-type: none"> • Significant difficulty in accessing education provision • Permanently excluded from school, or at risk of permanent exclusion • Regular breakdown of education provision • Severe, significant & complex Special Educational Needs 	<p>Basic Care, ensuring safety and protection</p> <ul style="list-style-type: none"> • Parents unable to provide "good enough" parenting that is adequate and safe • Neither parent is able to parent appropriately/and/or safeguard the child because of the effects of domestic abuse on the family environment • Parents' mental health problems of substance misuse significantly affect the care of child • Parents involved in crime or in prison • Parents have drug/alcohol dependency • Parents unable to care for previous children <p>Emotional warmth & stability</p> <ul style="list-style-type: none"> • Parents inconsistent, highly critical or apathetic towards child <p>Guidance, boundaries & stimulation</p> <ul style="list-style-type: none"> • Prosecution for poor school attendance has failed to secure improvement • No effective boundaries set by parents • Regularly behaves in an anti social way in the community 	<p>The Common Assessment Framework (CAF) And Early Support can be used as supporting evidence to gain specialist / targeted support and/or statutory or specialist services assessment</p> <p>Statutory Assessment of SEN/Early years Access funding/Childcare access funding</p> <p>Possible building adaptations at home and/or school</p> <p><u>The Statutory Intervention Form (SIF)</u> should be used to support child protection referrals to Social Care</p> <p>Social Care Graded Profile</p> <p>DASH Risk Indicator</p> <p>Adult Services Assessments</p> <p>Key agencies that may provide support at this level in addition to universal services: Children's Social Care SEN Services Specialist health or disability services. Youth Offending Team. CAMHS</p> <p><u>Voluntary & Community Services</u></p>
	Family and Environmental Factor	
	<p>Family History and Functioning e.g.</p> <ul style="list-style-type: none"> • There is on-going instability and violence in the home • Poor relationships between siblings <p>Wider Family e.g.</p> <ul style="list-style-type: none"> • No effective support from extended family • Destructive/unhelpful involvement from extended family <p>Housing e.g.</p> <ul style="list-style-type: none"> • Physical accommodation places child in danger <p>Employment e.g.</p> <ul style="list-style-type: none"> • Extreme poverty/debt impacting on ability to care for child 	

Integrating Working: Team around the Child



November 2011