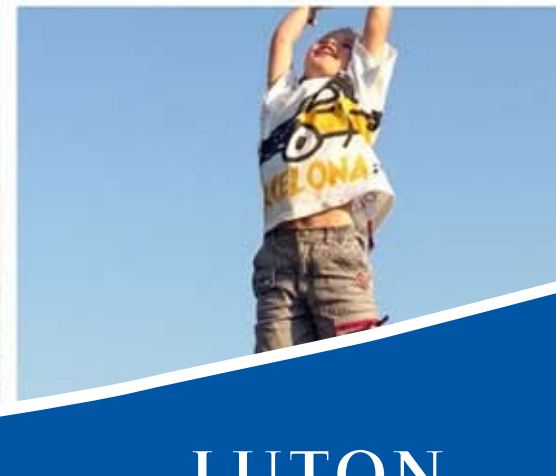
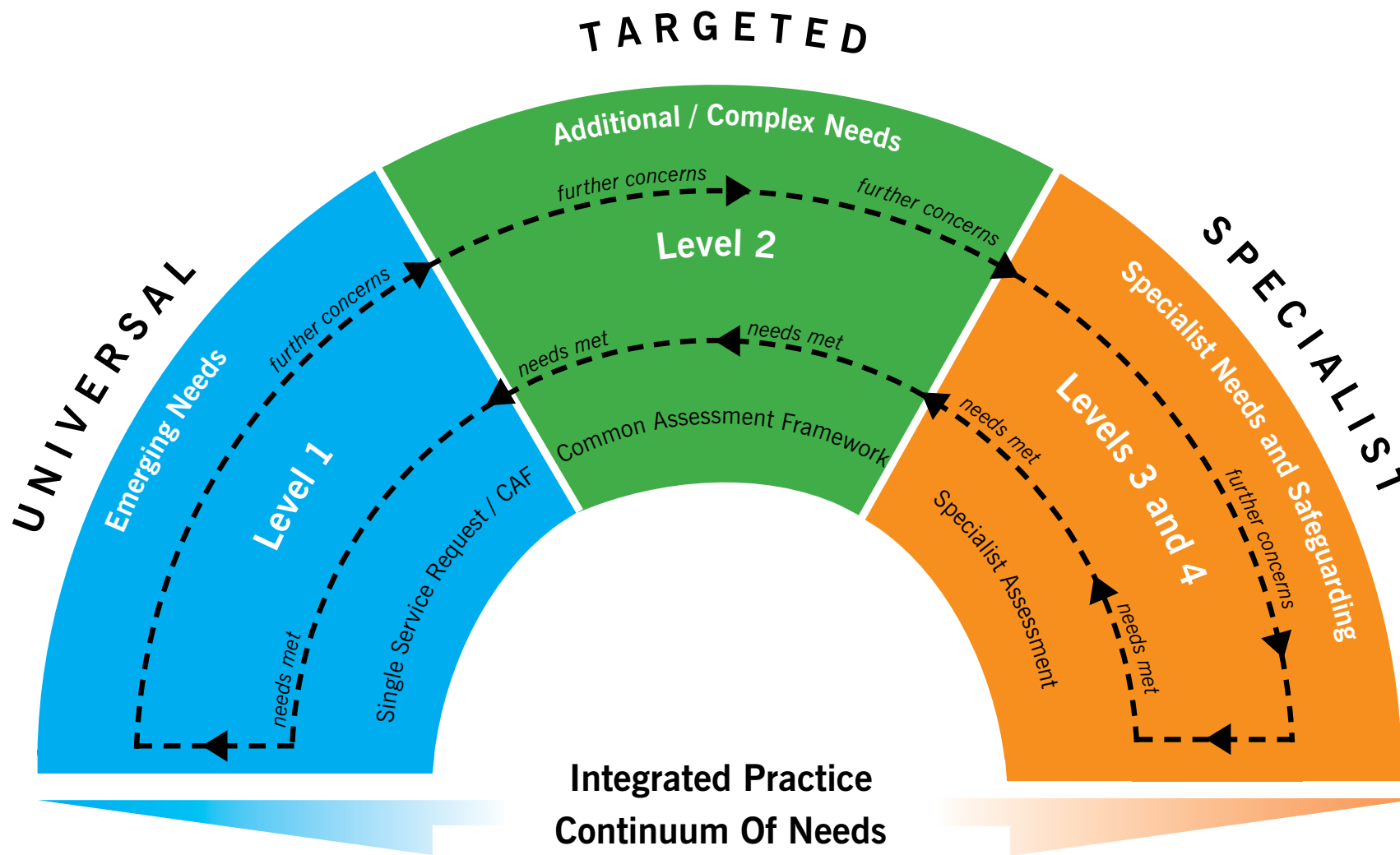




Meeting the Needs of Children, Young People and their Families in Luton



www.luton.gov.uk/caf



Introduction

In Luton we are developing integrated practice, where practitioners are building on how they work together to support children and families. This requires a shared understanding of service thresholds and responsibilities and this document seeks to guide practitioners in understanding the types of need requiring a specialist service and those requiring a targeted services approach, including the use of the Common Assessment Framework.

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 this guidance aims to assist practitioners and managers in determining levels of need and to consider the appropriate responses to address needs. However, it must be noted that determining an appropriate response or service has to take into account that agencies have their own internal policies and procedures (including Luton's Safeguarding Children Board inter-agency procedures) to which they are expected to work within. For example: a CAF cannot determine that a child or young person requires a particular educational placement, as determining this requires specific protocols within education services. However a CAF may provide supporting information in identifying such a placement where educational needs are part of a more complex picture.

Principles

All practitioners within the Children's Trust area working with and on behalf of children and families need to take responsibility for ensuring everything possible is done to prevent unnecessary escalation of issues or problems, 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 means preventing escalation of need (early intervention and prevention)
- all agencies and services must work together and 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 must be discriminated against on the grounds of age, ethnicity, religious belief, faith, culture, class, sexual orientation, gender or disability.

The Common Assessment Framework (CAF)

Often, a single need can be met within universal services or can be met by way of additional services. However, where there is more than one need, it is essential that a holistic CAF assessment be carried out at the earliest opportunity, where everyone is clear about the identified needs and clear about how each person contributes to addressing the needs. The inclusion of children, young people and their parents/carers is critical as they have a key role in successful outcomes. Please refer to www.luton.gov.uk/caf for information about Integrated Working and guidance on CAF.

CAF is based on family or a competent young person's consent, and if this is not forthcoming, it is important to continue working with the family and to keep the door open should there be a change of mind. We have taken into account the need to record where a CAF has been refused you should log CAF refusal in your own case notes and with the CAF Co-ordinator (indicating why refused) on 01582 54 82 42/31 or caf@luton.gov.uk National guidance about CAF, Lead Professional and Team Around the Child can be found at: <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00063/>

Safeguarding Children

It is the expectation that a CAF approach will have been taken to address needs unless the presenting child's needs are so urgent or serious that they are at risk of significant harm. If in doubt, speak to your Manager or your safeguarding lead person(s). If they are unavailable, do not delay, contact the Initial Assessment Team on 01582- 54 76 53 or out of hours Emergency Duty Team on 0300 300 8123. If a child or young person is at risk of immediate harm, call Bedfordshire Police Headquarters on 01582 40 12 12. Please refer to LSCB Interagency Safeguarding Procedures at: www.lutonlscb.org and choosing the tab marked interagency safeguarding procedures.

Multi-Agency Area Family Support Panels

Multi-agency Family Support Panels operate in each of Luton's five neighbourhood areas and meet every two weeks. Their objective is to help achieve better outcomes for children and young people by providing a mechanism to co-ordinate family support resources on a neighbourhood basis.



The panel provides professionals working with families – especially those in the universal health, education, community services and the voluntary sector – with better access to expertise and targeted family support resources. Luton's front line family support services are already very accessible to children and families because they are largely based in and around schools. The presence of a panel should not lead to the identification of new unmet needs on a large scale. However, children's needs should be met in the best-coordinated way. Successful panels prevent children and families "ricocheting" from one service to another.

If no additional resources are available from the range of agencies present at the panel meeting and the panel cannot advise on alternative ways of working, the panel will offer staff confirmation that they have looked at all of the options available across the agencies providing family support services.

It is recognised that a panel does not in itself provide additional resources. The panels develop a shared set of priorities for the allocation of existing resources and as their work evolves may ask agencies / the multi-agency partnership to agree these priorities. Over time the panels will help identify the types of need for which additional resources are required in a more systematic way. These will be fed into the planning and commissioning process at neighbourhood level.

The approach taken by the panel will be:

- to share information and knowledge about a family's needs via a Common Assessment Framework
- to offer consultative input to the current workers for the family (including to act as a clearing house of knowledge about what resources are available in Luton)
- to engage other forms of support when this is appropriate by prioritising or reprioritising a family for another service provider
- to act as a 'fail-safe' mechanism for family support i.e. to provide a mechanism to consider a family's circumstances where it has not been previously possible to find support services / the child has not met the criteria for services but there continues to be a concern about the child.

When referring to panel, the family must know of the referral and consent to it. Further information on Luton's Multi-Agency Area Family Support Panels can be found at www.luton.gov.uk/caf A panel slot can be organized by contacting the panel administrator on 01582 54 82 31 or email at mafs@luton.gov.uk

School Liaison Meetings

School Liaison Meetings (SLMs) take place once a term in Luton schools. Their purpose is to plan for and better meet the needs of vulnerable children and young people (additional needs, special educational needs including those with a statement of SEN, those at risk of exclusion or underachievement). SLMs deliver better outcomes through sharing information, professional knowledge and joint problem solving primarily in relation to school based issues. Where family challenges exist, SLMs may identify the need for a CAF plan to run alongside school-based intervention or an alternative specialist assessment/s. Full guidance on School Liaison Meetings and the service delivery model can be accessed through the Luton Learning Grid www.learning.luton.gov.uk via the following links: Teachers and Staff (on the left hand side of the page), SEN and Inclusion Handbook (on the left hand side of the page) – related links to SLM's are at the bottom of the page

Edwin Lobo Child Development Centre

Children and young people with additional health needs are referred to the Edwin Lobo Centre for assessment, investigation and medical diagnosis where applicable. The service works closely with other members of the community health teams including GP's to offer multi-disciplinary/multi-agency management and support for children and young people diagnosed with developmental delay or disability. Early identification of children and young people with additional needs ensures access to services that will prevent exacerbation of their medical condition and enable them to reach their full potential.

Think Family

Building upon the work of the Social Exclusion Task Force – Families at risk review. Think Family means reforming systems and services provided for vulnerable children, young people and adults by co-ordinating the support they receive from children's, adults' and family services.

In refocusing local commissioning in Luton, Think Family Parenting and Family Support commissioning priorities were identified by a new multi agency Think Family Steering Group in June 2010:

- Drug and Alcohol use
- Mental Health problems
- Domestic Abuse
- Anti Social Behaviour.

Future commissioning decisions will reflect Luton's ethnic diversity and support access, being wholly or partly delivered in the parent's "first language."

Think Family will also play its part in targeted whole family support for families with multiple problems, whose individual needs do not meet agency thresholds. The complex needs of these families cannot solely be met by school or children's centre staff and therefore need integrated working practices to deliver improved outcomes.

Think Family funding has supported a range of initiatives in Luton including:

- Family Intervention Projects in Project Turnaround and the Intensive Support Team
- Training and support to deliver Parenting Support Groups—particularly Strengthening Families Strengthening Communities delivered in several community languages, also Triple P (a parenting course). Some parents are referred through the Multi Agency Family Support Panels whilst others self refer.
- Work to promote closer partnership working for families affected by significant Mental Health issues and those affected by drug and alcohol use.
- Young Carers Pathfinder is promoting whole family support for families with a young carer.

Children Missing Education (CME)

Part of the suite of integrated tools and processes, the Children Missing Education function carries out the Local Authority's statutory duty to identify, track, monitor and re-engage children and young people who are missing from education and to ensure that robust multi-agency systems are in place to do so.

Children and young people missing from education are at greater risk of not achieving their full potential. The underlying reasons for children missing from education are often complex, and for a significant number of children and young people, failure to access a school place is just part of a wider picture of needs.

For these reasons integrated working is important, particularly where a child or young person has additional needs, usually met by universal services such as an education placement. Integrated working tools and practices including CAF enables practitioners to assess those needs and coordinate multi-agency responses that improve outcomes including securing an educational provision and essentially safeguarding these children and young people. Where additional needs are clear the CAF process should be used.

Agencies identifying children missing education should refer any child or young person missing from education to the CME Coordinator on **01582 54 81 14** or email cme@luton.gov.uk

Information Sharing

At the heart of all integrated working is the necessity for practitioners and managers to be confident as to when it is appropriate to share information and when not. It is imperative that they understand how information can be shared legally and professionally, in order to achieve improved outcomes.

The Children's Trust is committed to supporting the implementation of effective Information Sharing across the authority and is currently implementing effective methods of overcoming the barriers that have historically existed:

- information sharing guidance and training that applies across all services
- information sharing governance frameworks
- implementation of integrated working
- a supportive culture, infrastructure and systems.

Information sharing helps ensure that individuals:

- get the services they need, when they need them
- achieve positive outcomes
- welfare is safeguarded and promoted
- receive effective and efficient services that are coordinated around their needs.

The 7 golden rules for Information Sharing are:

1. Remember the Data Protection Act is not a barrier to sharing information
2. Be open and honest with the person from the outset
3. Seek advice where in doubt
4. Share with consent where appropriate and where possible, respect the wishes of those who do not consent to share (unless there is sufficient need to override the lack of consent)
5. Always consider the safety and well-being of the person and others
6. Ensure information is accurate and up to date, necessary, shared with the appropriate people, in a timely fashion and shared securely
7. Record the reasons for the decision – whether it is to share or not.

For further information and guidance contact **01582 54 81 61** or visit www.luton.gov.uk/contactpoint or access **Safe, healthy and successful in Luton - Information Sharing Protocol** via <http://www.lutonlscb.org> (click on Local policies, Procedures and Protocols) www.luton.gov.uk/caf



Level/Tier 1: Universal

Children and families with **emerging needs** that can be met within universal services (such as: school, extended school service or early years setting, children's centre, health visitor, school nurse, GP, maternity and midwifery, housing, leisure services, libraries, youth centres, voluntary and community sector). The emerging needs may require additional involvement of a single service to prevent escalation of needs. A CAF may be beneficial in some circumstances and professional judgement is required, looking at how to achieve the best outcome for the emerging needs of the child or young person in question. If in doubt, discuss this with your manager and record this decision to use a CAF or the reason why not.

Level/Tier 2: Targeted

Children and families with additional or complex needs that can be met by involving targeted services, working alongside universal services. The needs may require the involvement of an additional service or may require a range of services and a multi-agency support plan by way of Common Assessment, Lead Professional supported by Luton's Multi-Agency Family Support Panels (MAFS) and Team Around the Child (TAC) working practices. Targeted support services could be: Educational Psychology, Educational Welfare, Housing, Integrated Youth Support Services, CAMHS Workers, Behaviour Support Teams, Targeted Work Within Drug and Alcohol Services, Parenting Support, Health Services, Support Services for Adults, Voluntary Sector Services, Edwin Lobo Child Development Centre.

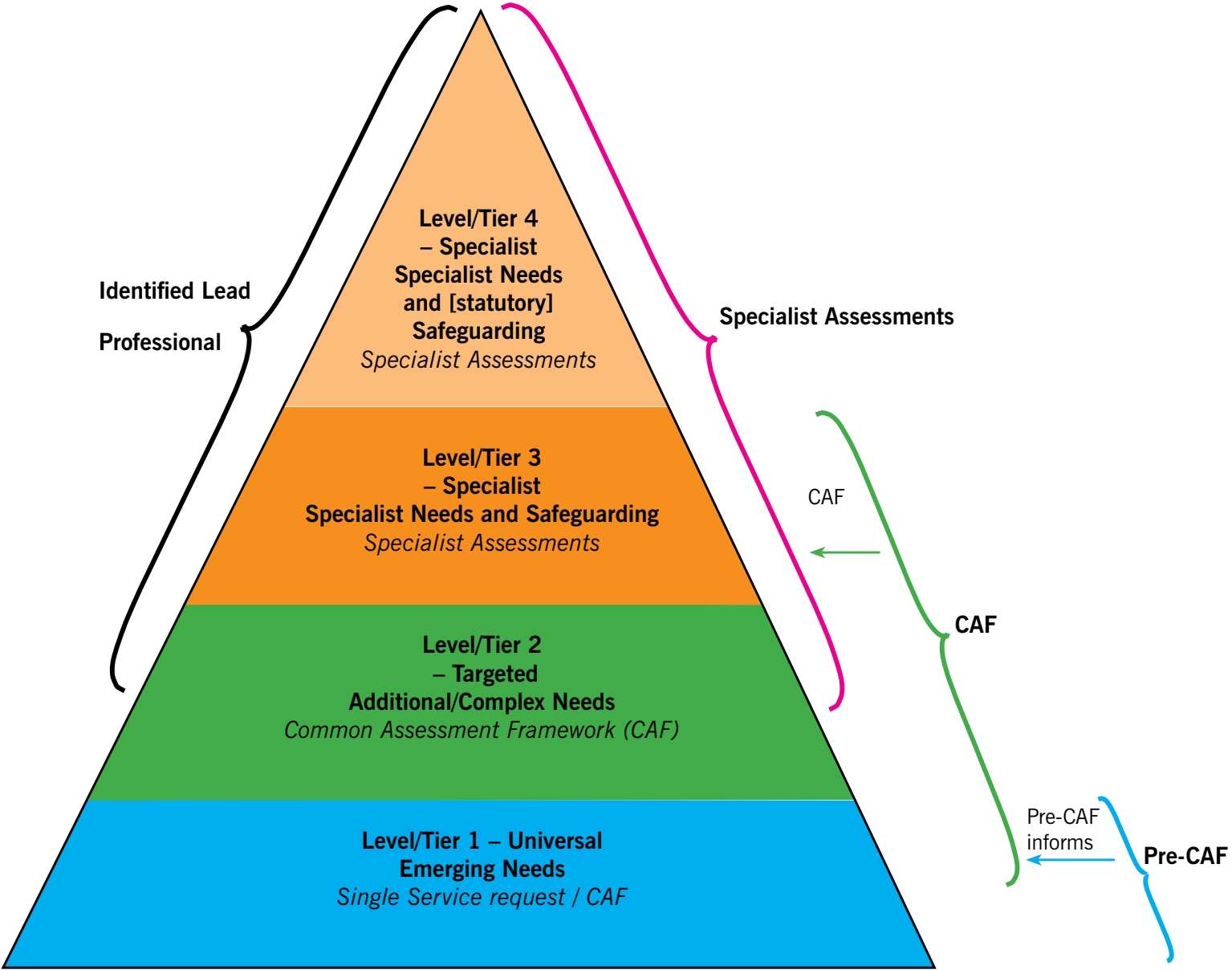
There is no need to do a CAF for children and young people who are progressing well, or where your service can meet the full range of those needs. However, if there are unmet needs, or you are unclear about a child/young person's needs, then Common Assessment (CAF) would provide a holistic assessment of strengths and needs and could lead to consultation with Luton's Multi-Agency Family Support Panel (MAFS) and provide support via Team Around the Child (TAC) working practices and a Lead Professional if needed. Working together with parents/carers to address needs is important to achieving improved outcomes and parents/carers' acknowledgement of concerns and acceptance of their part in the meeting of their child's needs is critical. At times, this requires some open discussion with parents in order to progress targeted support.

Levels/Tiers 3 & 4: Specialist

Children and young people with **high complex needs**, or where **safeguarding** can only be achieved by the involvement of specialist services. Various specialist services are within this category requiring **specialist assessment** (Level 3) or immediate intervention, including **Accommodation (Level 4)** due to:

- disabled child requires specialist services (including short breaks) to prevent immediate risk of significant impairment which might directly affect child's growth, development, physical or mental well-being OR to prevent the need for long term accommodation (Disabled Children's Service)
- young people remanded into Care because of criminal activity (Youth Offending Service)
- evidence that the child is suffering, or at risk of suffering significant harm (Social Care)
- reasonable cause to believe the child may be suffering, or at risk of suffering significant harm (Social Care)
- Children experiencing significant harm who may need to be accommodated by the local authority either on a voluntary basis or by way of a court order (Social Care)
- when a child or young person is at risk of imminent family breakdown or breakdown has already occurred (Social Care)
- when a child may be Privately Fostered (Social Care).

Additional key services involved at this level include Children & Families Social Care Teams, Police, and Other Statutory and Specialist Services e.g. special educational needs, specialist health or disability services, Youth Offending Team, Specialist Child and Adolescent Mental Health Services (CAMHS). Such cases may require a statutory or specialist assessment. Remember the CAF does not replace specialist assessments. If a CAF exists, the information in the CAF can inform, contribute to and enhance a specialist assessment. Because of this, practitioners conducting specialist assessments may ask colleagues to complete a CAF to accompany or follow their own referral form in non-emergency situations. **Some concerns in level/tier 3 may best be managed initially through CAF and Team Around the Child working but you should consult specialist practitioners such a social care and agree the best way forward for intervention, monitoring and review. Details of when to refer to children's social care can be found in LSCB Interagency Safeguarding Procedures at: www.lutonlscb.org**



	Level 1: Universal Emerging Needs	Level 2: Targeted Additional/Complex Needs	Level 3 & 4: Specialist Specialist Needs and Safeguarding
HEALTH	<ul style="list-style-type: none"> ● Low weight gain. ● Overweight/obese. ● Not attending routine health appointments. ● Slow in reaching developmental milestones. ● Minor health problems affecting school attendance. ● Lack of dental care checks or treatment. ● Experimental drug use, including smoking and alcohol. 	<ul style="list-style-type: none"> ● Obesity impacting on health/learning. ● Assessment for children with suspected additional needs. ● Chronic/recurring health problems. ● Lack of food/dietary needs persistently not being met. ● A disabled child or young person requires support to access services to broaden experiences and/or prevent build up of stress in family or to prevent impairment/alleviate stress in family. ● Concerns about developmental progress. ● Persistently missing of health appointments. ● Dietary needs persistently not met. ● Limited/restricted diet, no breakfast, no lunch money. ● Untreated dental decay. ● Substance misuse. ● Some sexualised behaviour. ● Substance misuse incl persistent use or high risk experimentation. ● 'Unsafe' and/or regular sexual activity. ● Teenage pregnancy. ● Sexual exploitation ● Sexually Transmitted Infections. ● Vulnerability to sexual exploitation (over 13yrs). 	<ul style="list-style-type: none"> ● Unexplained injury. ● Sexual exploitation of child under 13. ● A parent or carer deliberately injures or induces illness in child by hitting, shaking, throwing, drowning or suffocating or otherwise causing physical harm. ● Mental health crisis. ● Disabled child or young person requires specialist services (including respite care) to prevent immediate risk of significant impairment which might directly affect child's growth, development, physical or mental wellbeing OR to prevent the need for long term accommodation. ● Problematic substance misuse requiring pharmacological intervention, detox and rehabilitation. ● Mental health problems e.g., threat of suicide, psychotic episode, severe depression.
EDUCATION and LEARNING	<ul style="list-style-type: none"> ● Poor home/school links. ● Poor peer relationships. ● Not always engaged in learning or organised activities. ● Poor concentration, low motivation). ● Limited evidence of progression. ● Speech /language difficulties. ● Little evidence of stimulation from carers. ● On 'School Action'/School Action+. ● Poor punctuality. ● Regular school absences or truanting. ● NEET for 12 weeks or more stimulation (16-18yrs). 	<ul style="list-style-type: none"> ● Has a statement of Special Educational Needs. ● Inadequate education progress. ● Persistent non school attendance. ● Persistent non school attendance. ● Puts peers at risk through behaviour. ● Inappropriate social behaviour. ● Unresolved speech and language difficulties. ● Permanent or fixed-period exclusions. ● Poor home/school link. ● No school placement. ● Constant failure of carer to provide stimulation. ● Not in Education, Employment or Training (NEET) post 16 with complex needs. 	<ul style="list-style-type: none"> ● No education in place due to Educational Needs parents refusal. ● The Child or young person has educational needs which are significant and complex requiring further assessment or support which cannot be provided by mainstream settings.

	Level 1: Universal Emerging Needs	Level 2: Targeted Additional/Complex Needs	Level 3 &4: Specialist Specialist Needs and Safeguarding
EMOTIONAL/BEHAVIOURAL DEVELOPMENT	<ul style="list-style-type: none"> ● Difficult family relationships. ● Difficult peer relationships. ● On School Action or School Action+. ● Some inappropriate responses and actions. ● Finds managing change difficult. ● Poor routines. ● Separation anxiety. ● Not always able to understand how own actions impact on others. ● Not always able to make safe leisure choices. ● Child finds it difficult to cope with anger and frustration. 	<ul style="list-style-type: none"> ● Some sexualised behaviour. ● Withdrawn/ unwilling to engage. ● Disruptive/challenging behaviour at school or pre-school setting or in neighbourhood. ● Limited ability to understand how actions impact on others. ● Evidence of persistent/insecure attachments. ● Cannot maintain peer relationships e.g. is aggressive, bully, bullied etc. ● Starting to offend. ● Unable to connect cause and effect of own actions. ● Unable to display empathy. ● Risky behaviour choices. ● Absconding. ● Regularly involved in anti-social or criminal activities. 	<ul style="list-style-type: none"> ● Emotional abuse - a child is persistently maltreated as to cause severe and persistent adverse effects to their emotional development. ● Sexual abuse – forcing or enticing a child to take part in sexual activities including both contact and non contact (pornographic, voyeuristic) abuse. ● Sexual activity when a child is under 13. ● Involved in prostitution or child trafficking. ● Prosecution for offences – resulting in court orders, custodial sentences, ASBOs etc. ● Significant mental health problems. ● Missing child or young person.
IDENTITY	<ul style="list-style-type: none"> ● Poor self confidence. ● Some insecurities around identity expressed (low self esteem). ● Child subject to discrimination e.g. racial, sexual or due to disability. ● Low aspirations for the future. ● Few if any achievements. 	<ul style="list-style-type: none"> ● Demonstrates significantly low self-esteem. ● Mental health problems becoming manifest. ● Possible eating disorders. ● Socially isolated/lacks appropriate role models. ● Experiences discrimination e.g. on the basis of ethnicity, race, religious beliefs, sexual orientation or disability. ● Child's self-image distorted and may demonstrate fear of, or persecution by others. ● Aligns with others' anti-social behaviour to seek acceptance. ● Easily led into anti-social or risk taking behaviour such as sexual activity or substance use. ● Victim of crime where other support services can assist. 	<ul style="list-style-type: none"> ● Significant mental health problems. ● Self harm and speaking about suicide, where previous suicide attempted.

	Level 1: Universal Emerging Needs	Level 2: Targeted Additional/Complex Needs	Level 3 & 4: Specialist Specialist Needs and Safeguarding
FAMILY AND SOCIAL RELATIONSHIPS	<ul style="list-style-type: none"> ● Chaotic routines. ● Child has lack of positive role models. ● Child has some difficulties sustaining relationships. ● Family is isolated. 	<ul style="list-style-type: none"> ● Receives inconsistent parenting. ● Disabled child's level of care needs limit participation in community activities. ● Disabled child's care needs result in them being unable to participate in family or community activities which leads to an impairment of their social or emotional development. ● Often left at home alone for long periods of time (judgement needed re: age of child and 'home alone' issues). ● Defiance of home rules, becoming increasingly oppositional. ● Socialises significantly with older young people. ● Child/young person may be inappropriately receiving food/accommodation, drugs, alcohol, cigarettes, affection, gifts, money. ● Parents/carers are persistently cold or rejecting towards the child or young person. ● Child or young person is a Young Carer. ● Difficult/concerning sibling relationships. ● Poor relationships with extended family. ● Child/Young Person has experienced loss of significant adult (e.g. through bereavement). 	<ul style="list-style-type: none"> ● Family breakdown has occurred leaving child or young person without accommodation. ● A child is traumatised, injured or neglected as a result of domestic abuse or persistent serious verbal threats. ● Child is or may be suffering physical, emotional, sexual or significant neglectful harm. ● Child/young person may be inappropriately receiving food/accommodation, drugs, alcohol, cigarettes, affection, gifts, money Concern re: grooming/exploitation. ● Texts, emails or social networking sites - evidencing concern about 'grooming' or child exploitation (including sexual exploitation). ● Child or young person is at risk of imminent family breakdown. ● Indication of honor based violence or forced marriage.
SOCIAL PRESENTATION	<ul style="list-style-type: none"> ● Inappropriate clothing (e.g. too small). ● Child can be either over friendly or withdrawn. ● Lack of school uniform impacting on progress/relationships in school. ● Child may not always be clean - may suffer from teasing at school about being 'smelly'. ● Child appears to be alone and unconnected. ● Clothing sexually provocative or inappropriate for setting. 	<ul style="list-style-type: none"> ● Clothing is regularly unwashed and frequently ill fitting. ● Poor hygiene leads to alienation from peers. ● Child's appearance reflects poor care - poor hygiene, dirty clothes, ill fitting shoes, lack of appropriate hair and skin care. ● Rejection or taunting by peers. ● Child unable to discriminate and likely to put self at risk. ● Child wary or watchful of carers / people. ● Child may be provocative in behaviour/appearance. ● Alienates self from school ● Self harming. 	<ul style="list-style-type: none"> ● Parents refusing to acknowledge or accept concerns where risk of significant harm.

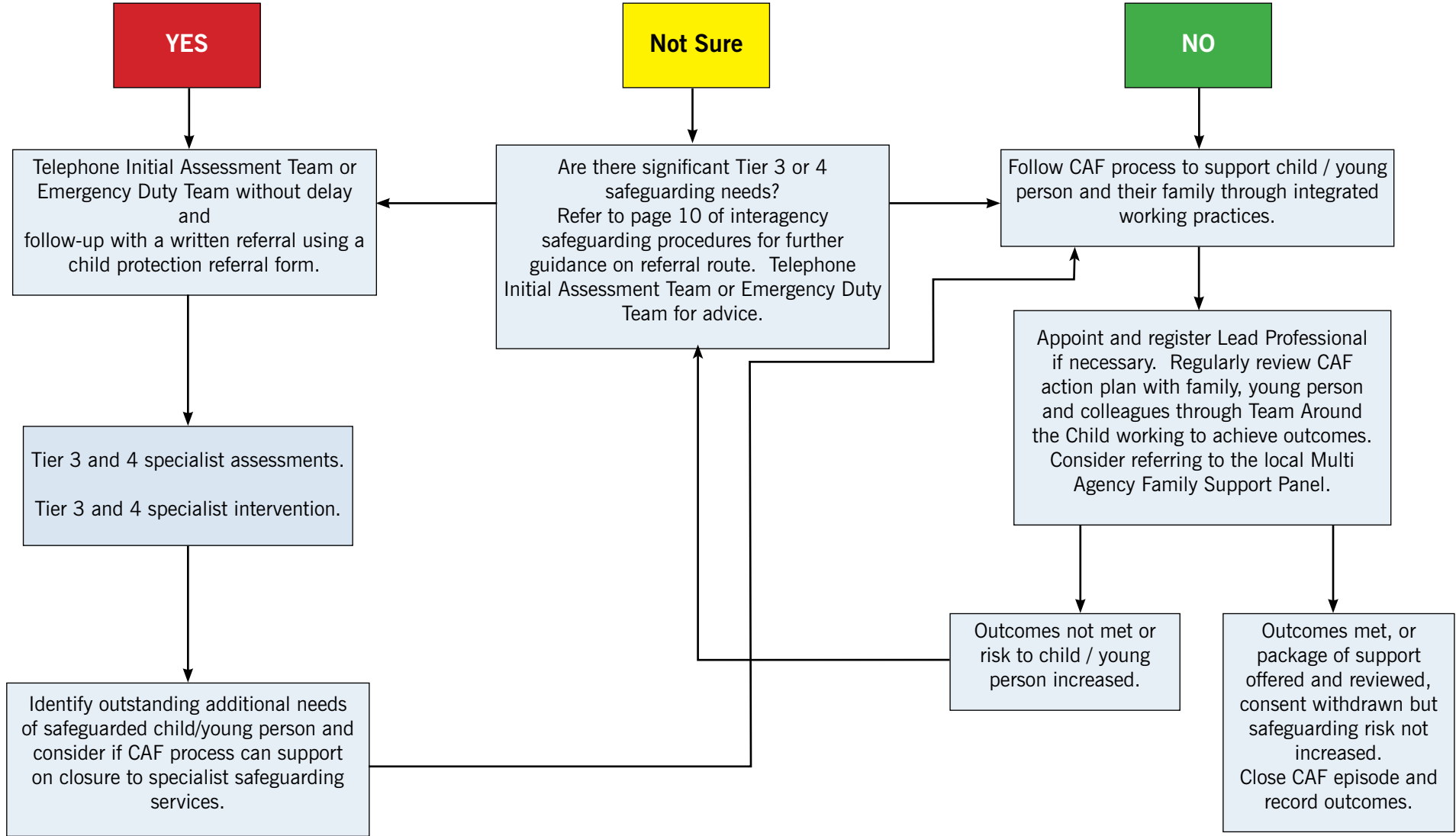
	Level 1: Universal Emerging Needs	Level 2: Targeted Additional/Complex Needs	Level 3 & 4: Specialist Specialist Needs and Safeguarding
SELF CARE SKILLS	<ul style="list-style-type: none"> ● Child slow to develop self-care skills. ● Disability limits self-care. ● Not always adequate self-care. 	<ul style="list-style-type: none"> ● Little/no responsibility for self-care tasks. ● Disability prevents self-care in range of tasks. ● Young person engaged in activities preventing self care on an ongoing basis e.g. substance misuse. 	<ul style="list-style-type: none"> ● Severe disability – child relies totally on other people to meet care needs.
PARENTING CAPACITY	<ul style="list-style-type: none"> ● Parent struggling requiring low level of support. ● Anxious/inexperienced parent(s). ● Inappropriate child care arrangements. ● Emerging needs due to acrimonious divorce/separation of parents. ● Basic care is sometimes inconsistent. 	<ul style="list-style-type: none"> ● Parents struggling to meet needs where evidence of impact on child/young person. ● Basic care is inconsistent and impacting on child/young person. ● Food, warmth and other basics not always available. ● Sometimes lacking in supervision and attention to safety. ● Concern around child-care arrangements. ● Family life is chaotic and impacting on child. ● Inappropriate or frequent visits to doctor/casualty. ● Conflict indicating couple or family relationship difficulties. ● Parent's mental and/or physical health and/or disability impact on care of child/young person. ● Parents have their own emotional needs which, on occasion, impact on the emotional warmth given to the child/young person. ● Parent/carer offers inconsistent boundaries. ● Acrimonious divorce/separation impacting on child or young person. 	<ul style="list-style-type: none"> ● Parents have, or may have, abused/neglected the child/young person. ● Neglect – the persistent failure to meet a child's basic physical and psychological needs which could cause significant harm to their health and development. ● When a young child is abandoned, home alone, lost or no-one has parental responsibility. ● Previous child(ren) have been removed from parent's care. ● Parent's own needs mean they cannot keep child/young person safe from significant harm. ● Parent unable to restrict access to home by dangerous adults. ● Child/young person left in the care of adult known or suspected to be a risk. ● Child is abandoned, lost or no-one has parental responsibility. ● Unborn babies where a parent has mental health issues, personality/violence anger issues, learning disability, substance misuse, ongoing Domestic abuse, beyond control teenagers, or young person brought up in care with poor experience of parenting.

FAMILY and ENVIRONMENTAL

Level 1: Universal Emerging Needs	Level 2: Targeted Additional/Complex Needs	Level 3 & 4: Specialist Specialist Needs and Safeguarding
<ul style="list-style-type: none"> ● Limited support from friends and family. ● Family isolation. ● Concern re: possibility of rent arrears. ● Some financial difficulties. 	<ul style="list-style-type: none"> ● Child/Young Person has experienced loss of significant adult (e.g. through bereavement). ● Parent carer has physical disabilities which impact on their full parenting ● Parent/carers has mental health difficulties which Child/Young Person has experienced loss of significant adult (e.g. through bereavement). ● Parent/carers has physical disabilities which impact on their full parenting. ● Parent/carers has mental health difficulties which require additional services. ● Poor relationship with extended family. ● Inadequate/poor housing. ● Rent arrears put family at risk of eviction. ● Chronic unemployment within family. ● Basic facilities lacking. ● Financial difficulties impacting on family. ● Some conflict within the community. ● Parents socially excluded. ● Poor access to services. ● Move to new country or language barriers affecting family's ability to engage with community or services. ● Child or young person is a young carer. ● Family openly accepts or uses substances in front of children (including tobacco or alcohol). 	<ul style="list-style-type: none"> ● History of suspicious child death in the family. ● Any domestic abuse incident constituting high risk or where the 3rd meaningful incident in a rolling year. ● Members of the wider family are known to be, or suspected of being, a risk to children and having contact with child/young person. ● Homeless – or imminently so ● Home conditions are dangerous or levels of hygiene seriously threatening health. ● Family is seeking asylum or are refugees and have additional needs requiring specialist service intervention. ● Parents not acknowledging/accepting responsibility to address basic care needs of child/young person where significant harm.

Referral Routes

CHILD / YOUNG PERSON WITH UNMET NEEDS
Is the child suffering from or at risk of 'significant harm'?



Luton's Neighbourhood Areas

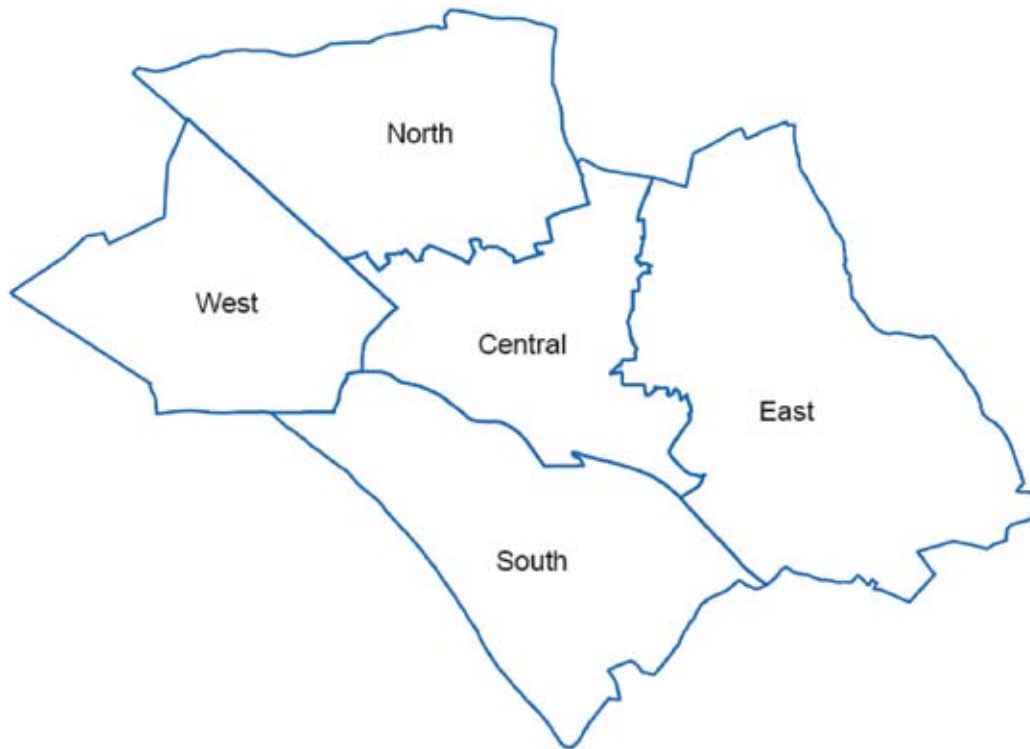
How Do We Deliver Children's Services in Luton?

The needs of most children and young people in Luton are met by universal services through primary community healthcare, community policing and schools. These universal service providers, often in partnership with the voluntary sector, also carry out some important targeted work.

Luton's five neighbourhood areas, aligned to local area committees, deliver children's services through neighbourhood-integrated services teams. These multi-disciplinary teams include practitioners from children's social care, education welfare; integrated youth support services as well as practitioners who carry out coordination roles with local children's centres and family support work. Some children's health services such as health visiting and community policing are aligned to these neighbourhood teams. Both targeted and specialist support is delivered through these teams.

Further assessment and support work is delivered through specialist Borough wide services such as:

- Integrated Services for Children with Additional Needs (IsCAN)
- Behaviour and Learning Support Services
- Special Needs Assessment
- Education Psychology
- Children's Social Care Teams such as the Manor Centre, Initial Assessment, Fostering and Adoption, Intensive Support Team
- Health assessment at Edwin Lobo Centre
- Youth Offending Service
- Specialist policing
- Child and Adolescent Mental Health Services
- Specialist Voluntary Sector Organisations.





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