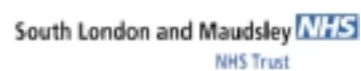# Tool kit

Lewisham Information Sharing and Assessment

working together to achieve better outcomes for children

Lisa
LEWISHAM INFORMATION
SHARING & ASSESSMENT

Lewisham

Lewisham **NHS**
Primary Care Trust

South London and Maudsley **NHS**
NHS Trust

METROPOLITAN POLICE   Working for a safer London

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education and skills
creating opportunity, releasing potential, achieving excellence

Contents

Introduction
New Model of Working

> The key is to ensure children receive services at the first onset of problems, and to prevent any children slipping through the net. We will do this by improving information sharing between agencies to ensure all local authorities have a list of children in their area, the services each child has had contact with, and the contact details of the relevant professionals who work with them. The Government will remove the legislative barriers to better information sharing, and the technical barriers to electronic information sharing through developing a single unique identity number and common data standards on the recording of information."
>
> **Every Child Matters, Government Green Paper on Children's Services, September 2003**

The Government's Green Paper, 'Every Child Matters', outlines plans to maximise every child's life chances and opportunities from birth to 18 years.

The vision set out in the paper is that all agencies involved with children and young people – social services, education, health and criminal justice – should share and aggregate information, bring their separate procedures into line, learn from each other and co-operate.

The paper therefore sets out a framework which aims to improve the delivery of services to children and young people in need and ensure that they receive appropriate support at an earlier stage. The boundaries between the different organisations which are there to help families, and the different processes and bureaucracies, mean that too often those services don't join up. Overall, the paper builds on existing plans to strengthen universal services that will support every child to develop their full potential.

The death of Victoria Climbie highlighted the failure to share information or intervene at an early point. She was known to a number of specialist services who had concerns at an early stage, but they did not effectively share their concerns. This would have completed the whole picture of her vulnerability.

Lord Laming's enquiry into Victoria's death recommended the need for children's services to be underpinned by clear policies, which will serve to improve children's lives as a whole.

Local authorities are now required to create mechanisms to ensure that Information Sharing and Assessment supports the delivery of their local preventative strategy. This will mean that professionals can ensure that children are getting their entitlement to community services. Existing legislation and the new duties that practitioners will be placed under in the Children Bill make it clear that information should be shared when a practitioner is concerned about the wellbeing of a particular child.

The Green Paper 'Every Child Matters' sets out the vision of the goals we want to achieve for all children and young people:

- **Being healthy** - enjoying good physical and mental health and living a healthy lifestyle

- **Staying safe** - being protected from harm and neglect and growing up able to look after themselves

- **Enjoying and achieving** - getting the most out of life and developing broad skills for adulthood

- **Making a positive contribution** - to the community, to society and not engaging in anti-social or offending behaviour

- **Economic well-being** - overcoming socio-economic disadvantages, to achieve their full potential in life

and how these can be achieved through:

- Early intervention

- Child-centred services

- Active engagement of families, including wider development of services for Children

- Strengthening support for families

- Improving information sharing between people, including better use of electronic systems

- Improving co-ordination and efficiency of services and focusing on delivery through local service hubs, like extended schools

and finally:

Who needs to be involved and how they are organised in the future, for example, the development of Children's Trusts, to accelerate progress towards better accountability and integration of services.

The Government funded a number of trailblazer authorities to develop and test these new procedures. Lewisham was one of those trailblazers where the focus is on earlier intervention and aimed at supporting children and young people within a framework of community services both statutory and voluntary to enable them to develop their full potential.

Key Principles of Lewisham Information Sharing & Assessment (LISA)

The LISA model has been developed in response to the need for joined up services and a more integrated approach within existing resources. This is underpinned by the following principles:

- In all cases the child/young person's welfare and safety will be the paramount consideration.

- Practitioners will work to develop relationships with parents and take account of their views

- The wishes and feelings of children/young people will be ascertained in a way that is appropriate to his/her age and understanding, and taken into account when assessing his/her needs.

- Services will be adapted wherever possible to the individual needs of the child and any member of the child/young person's family.

- In all decisions and services, full regard will be taken of the child/young person's ethnicity, culture, religion, gender and disability.

- The right to confidentiality for parents, carers, children/young People will be respected and information will only be shared in the interests of the child or where required by law.

The success of this way of working relies upon agencies having a genuine desire to work together and openly with families.

Benefits of using this model

- Enables practitioners to become involved at an earlier stage with the child/young person. Research has shown that earlier intervention is more likely to produce successful outcomes for children.

- Support, advice and training from the LISA Central Team, made up of a multi-agency team of professional advisors.

- Use of the LISA IT system to identify practitioners already working with the child/young person, leading to better communication, less duplication and a multi-agency approach.

- Holistic planning can be put in place to address the range of support the child and family may need.

- Access to the LISA service directory with links to other service directories enabling referrals to the most appropriate services to meet the needs of children and young people.

- Information Sharing and Assessment can provide a structure through the Family Support Meeting where care planning for children with complex needs can be monitored.

- A reduction in the number of 'child in need' referrals to Children's Social Care & Health.

- Referrals to specialist services will be through a multi-agency meeting which will be involved in planning for the child/young person based on the outcome of all assessments, which will be to agreed timescales.

- If child protection concerns are identified a single or multi-agency decision can be made to refer to Social Care and Health, ensuring sufficient information is available. Whenever possible the parent/carers will be involved in the decision.

Note: LISA does not replace the current Child Protection Procedures, therefore any concerns in relation to Child Protection should be reported directly to Social Care & Health.

What is a vulnerable child?

Vulnerable children are those 'disadvantaged children who would benefit from extra help from public agencies in order to make the best of their life chances'. (Framework for the Assessment of Children in Need and their Families (Department of Health 2000)

Who Are "Children In Need"?

The Children Act 1989 introduced the legal concept of the "child in need". Section 17 of the Act provides a broad definition:

…a child shall be taken to be in need if:

- *"unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him of services by a Local Authority"*

- "disabled."

(Children Act 1989)

The Act gives every Local Authority the general duty to:

- *"safeguard and promote the welfare of children within their area who are in need; and so far as is consistent with that duty, to promote the upbringing of such children by their families."* (Children Act 1989)

The general duty for service provision rest with the Local Authority as a whole and not solely with social services, though Social Services has generally taken the lead. The expectation however is that all agencies within authorities, schools, health services and voluntary agencies will work together to provide services for children in need and their families.

When trying to identify whether a child is in need under the Children Act 1989 we need to consider:

- Their developmental progress

- The ability of their parent/carer to meet their needs and promote their development

- Any environmental factors that help or get in the way of their development

What is a vulnerable child? (continued)...

CHILD

Sources of vulnerability	Sources of Resilience
Young age	Higher IQ
Disability	Good attachment
Earlier history of abuse	Good self-esteem
	Good relationship with sibling

PARENT/CARER

Sources of vulnerability	Sources of Resilience
Domestic violence	Social support
Serious substance misuse	Positive parental childhood
Chronic serious psychiatric illness	Good parental health
	Education
	Work role

FAMILY AND ENVIRONMENT

Sources of vulnerability	Sources of Resilience
Run-down neighbourhood	Committed adult
Poor relationship with school	Good school experience
Weak fabric of social support	Strong community
Poverty	Good services/supports
	Social isolation

Potential sources of vulnerability and resilience in terms of the three domains of the Assessment Framework. Gilligan.R the Child's World (ed Horwath) publ. Jessica Kingsley

The Assessment Framework

CHILD'S DEVELOPMENT NEEDS: Education, Self-care Skills, Emotional & Behavioural Development, Social Presentation, Family & Social Relationships, Health, Identity

CHILD Safeguarding and promoting welfare

PARENTING CAPACITY: Basic Care, Ensuring Safety, Emotional Warmth, Stimulation, Guidance & Boundaries, Stability

FAMILY & ENVIRONMENTAL FACTORS: Community Resources, Family's Social Integration, Income, Employment, Housing, Wider Family, Family History & Functioning

(see Appendix E for guidance on the Assessment Framework Dimensions)

LISA levels of vulnerability

LEVEL 1: Universal

Represents children whose needs are being adequately met by their parents/carers, extended family and within their community. Therefore most children/young people under this level are unlikely to become involved with LISA.

LEVEL 2: Vulnerable

Where information suggests that difficulties within the family or external environment is having an adverse affect on a child/young person's health or development.

Many concerns about children/young people can be reduced at this stage by linking need to services and accessing these appropriately, giving advice, providing information support advocacy, or referring to another agency.

(Level 2 may be managed by a single agency response)

Possible Indicators:

- Children/young people with isolated/unsupported carer(s).

- Children/young people whose carers have mental or physical health difficulties.

- Children/young people in families where there is poor hygiene.

- Children/young people who present behavioural changes/management difficulties for their carers / professionals. Examples: evidence of inappropriate responses to others, very withdrawn or aggressive behaviour.

- Children/young people with physical health needs that require additional support, either temporarily or permanently. Examples: slow to reach developmental milestones, poor weight, persistent health problems.

- Children/young people who are assessed to need additional educational support. Example: poor learning, concentration, low motivation, not reaching educational potential. Poor communication between home and school.

- Children/young people in families where there are more than 3 children under 5 or where there are a high number of dependent Children and parent has difficulty coping.

- Children/young people starting to have a number of unauthorised absences from school.

- Children/young people beginning to get involved in anti-social behaviour.

- Children/young people involved in contact/residence disputes

- Children/young people starting to experiment with drug or substance misuse.

- Young carers.

LISA levels of vulnerability (continued)…

LEVEL 3: Complex

Situations where a child/young person's health or development is being impaired, or there is a high risk of impairment. Early intervention may include a family support meeting to discuss what support/services may be required and a plan made.

Possible Indicators

- Children/young people with emotional / behavioural disorders Examples: Disruptive/challenging behaviour difficulties understanding how behaviour affect others.

- Disabled children/young people with limited service provision or A Statement of Educational Needs

- Children/young people beyond parental control or poor and inconsistent relationships

- Children/young people regularly absent from school, fixed term exclusions

- Homeless young people and mobile children

- Children/young people with chronic or terminal illness

- Children/young people previously on the child protection register or periods in Local Authority Care

- Children/young people whose parents are thought to have drug/substance dependency

- Children/young people in households where there are indicators of domestic violence.

- Children/young people in families suffering extreme poverty where their basic needs cannot be met.

If following this intervention:

The child/young person is not appropriately linked to services, and/or are not benefiting from the help provided and concerns persist, a Social Care and Health referral for a core assessment should be considered and discussed with the family.

LEVEL 4: Acute

Households where the child/young person is experiencing significant harm or there is a likelihood of significant harm, or an open Social Care & Health record already exists.
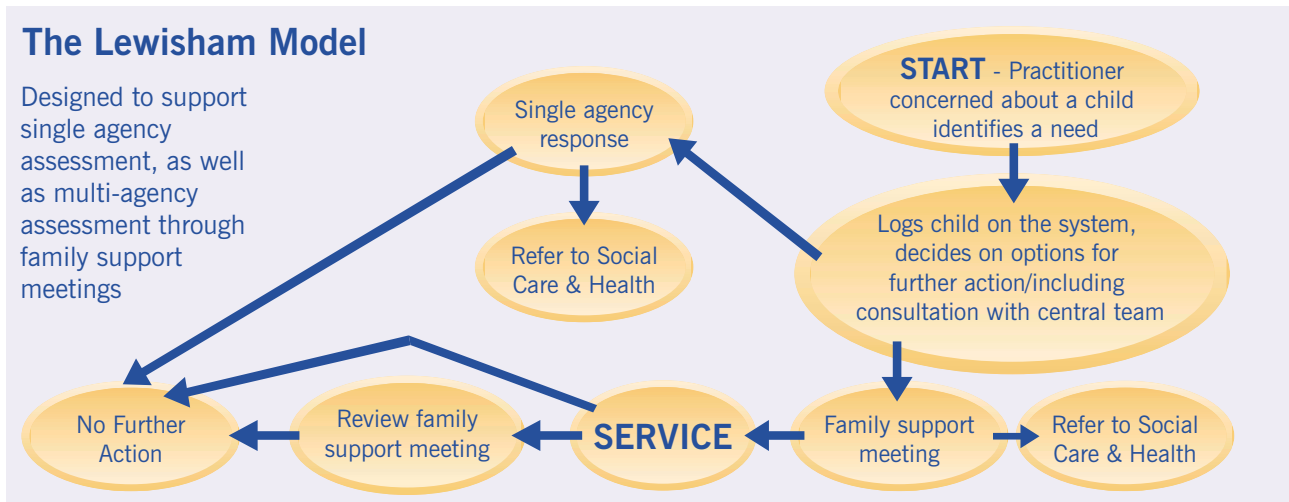
Possible indicators

- Children/young people on the Child Protection Register

- Children/young people in Proceedings in the Family Court

- Children/young people in families where the care arrangements are seriously at risk of breaking down.

- Children/young people whose behaviour puts them at risk e.g. prostitution, self-harming, regularly go missing from home, dangerous risk taking or control issues. Involvement in regular anti-social behaviour

- Children/young people prosecuted for offences and on court orders e.g. Anti-Social Behaviour Orders.

- Emergent mental health issues, including conduct disorders.

- Children/Young people whose carers cannot provide adequate care due to their own physical, emotional or social needs.

- Where factors including substance dependency, mental health, domestic violence is causing or likely to cause significant harm to a child/ young person's health and/or development

- Where there are signs of neglect, physical or sexual abuse or sexual exploitation taking place.

Please note that these lists are not exhaustive and should be used only as a guide. Professional judgement, discussion with line managers and consultation with the professional advisors should be used where necessary.

How does LISA work in Lewisham?

The Children Bill will introduce a duty on local authorities to ensure robust partnership arrangements with other local agencies to improve the well being of children in the area.'

The Lewisham Model

Designed to support single agency assessment, as well as multi-agency assessment through family support meetings

- Single agency response
- Refer to Social Care & Health
- **START** - Practitioner concerned about a child identifies a need
- Logs child on the system, decides on options for further action/including consultation with central team
- No Further Action
- Review family support meeting
- **SERVICE**
- Family support meeting
- Refer to Social Care & Health

Single Agency Response

If a practitioner (for example a health visitor) identifies a concern about a child, an assessment of service need will need to take place.

The practitioner should discuss the concern with the child/young person's parent/carer and consent to share information for the provision of service sought.

The practitioner should:

- **Check the system**

  If the child is not known to the LISA system:
  the concerns should be logged and a plan of support agreed between practitioner, parent/carer & child/young person and logged on the system.

- If the plan is successful, needs will be met. No further action is required which should be logged on the system.

- If during service delivery further concerns

are raised requiring a multi-agency response a Family Support Meeting should be considered and arranged by the practitioner raising the initial concern.

If the child is known to the LISA system: log your concern and contact other practitioner (lead professional) noted on system for discussion.

- Agreement regarding plan of support should be reached and lead professional is responsible for logging this on the system.

- Agencies should be kept informed by phone/secure email and the system should be updated as necessary.

- In some circumstances a Family Support Meeting will need to be considered (when a number of agencies are involved or the case has some complexities). The lead professional should then arrange the Meeting. (Support and advice can be sought from the central team).

- **Concerns persist/plans not effective**
If during the service delivery period, further concerns are raised and the child/young persons needs cannot be met either through a single agency response or following a multi-agency plan after a Family Support Meeting, consideration is to be given to a Social Care & Health discussion/referral. This should be logged on the system and the vulnerability level changed accordingly. Parent/carers and child/young person should be informed of this.

- **Escalating concerns**

- **If a risk of significant harm is identified at any time, the practitioner identifying this concern should follow their own agencies child protection procedures and refer to Social Care &Health. Information should be passed to the lead professional and information logged on the system to this effect.**

FAMILY SUPPORT MEETING

Family Support Meetings are a tool for workers in all agencies and organisations, they should be considered when:

- You have noted the vulnerability of a child/young person and you have exhausted the services and resources of your own agency.

- The model builds on the premise that all families have strengths and resources to meet needs and develop a more cooperative partnership.

- Family Support Meetings are essentially a planning forum where a child or young person and their family are helped to find solutions to their difficulties and concerns, with the support of some services and a professional network.

Who calls the meeting:

The practitioner or their manager identifying the need should convene and chair the initial meeting. This practitioner is known as the Lead Professional.

It is crucial that all practitioners invited to attend Family Support Meetings do so to ensure effective multi-agency planning take place. This will enable meetings with children/young people and families to be kept to a minimum and have a clear purpose.

Who should attend:

- Those with a direct and relevant involvement with the child and family (workers and other family members / close friends)

- Those who may be able to offer support / services to the child and family.

- Those who have relevant information to share in the meeting.

Purpose of the Meeting:

- To share information on child in need of additional support, and agree with the child and parent an Action Plan to address their needs.

How does LISA work in Lewisham (continued)...

- Confirm (or appoint a new) Lead Professional, taking child/parents wishes into consideration.

- Reach agreement on how the plan for the child and family is to be coordinated and reviewed.

- Decide when the review will be convened and who should attend.

- Set a date for review.

- Provide a written record of the meeting and Action Plan for all who attend the meeting, the Central Team, and anyone else who needs to know. This should be discussed at the meeting so child and parents are in agreement.

(See Appendix A,B and C for agenda, process and plans)

LEAD PROFESSIONAL

The role of the lead professional is to:

- Arrange Family Support Meetings

- Distribute a copy of the plan after each meeting (this can be done via the LISA secure email)

- Maintain contact with practitioners involved in the plan

- Keep child/family informed throughout the process

- Arrange review meeting so outcome of plan can be shared

This is an important role in terms of ensuring information is shared between agencies and the family when necessary. However the tasks and responsibilities identified at the family support meeting are shared between agencies and not the sole responsibility of the Lead Professional. Involved practitioners should keep the Lead Professional updated of any changes in relation to their tasks in between meetings. Progress will be monitored by the Central Team who will be available for advice and support.

CONSENT TO INFORMATION SHARING

(see Appendix E for consent forms)

It is anticipated that most parents/carers will welcome support and services for their children and will therefore consent to sharing information.

It should always be explained that if agencies were able to share information, services would be better co-ordinated and there would be less duplication.

Parents/carers, children/young people who Refuse to give consent or attend Meetings.

1 The lead professional must check the legal framework using the system to establish the legality of information sharing

2 There is an expectation that all legal avenues to enable the sharing of information must be used. If concerns remain regarding the legality of sharing information, advice must be sought from the appropriate agency source e.g. legal services or Caldicott Guardian, where applicable.

3 Where legal precedence can be found, the child/young person and parent/carer must be informed of this and the process where consent has been given followed, involving the child/young person and parent/carer at all stages.

4 Where no legal precedence can be found, areas of need must be reviewed with the family and a planned review process agreed as a single agency.

5 The lead professional must consult with the LISA co-ordinator and their manager to discuss how the child/young person's identified needs may be met without the formal recording and sharing of information.

If a parent/carer is reluctant to attend a Family Support Meeting, the Lead Professional who identified the child's need will do all they can to reassure them about the purpose of the meeting and emphasise the wish to support and assist parents to find solutions and facilitate their parents to attend.

However, if all offers of assistance fail to engage the parent/carer in the process a Family Support Meeting can be held without their parents or their attendance at the meeting. This applies to workers/professionals in Statutory Agencies who have a duty to promote the welfare of children under Section 17 of the Children Act.

The LISA IT System
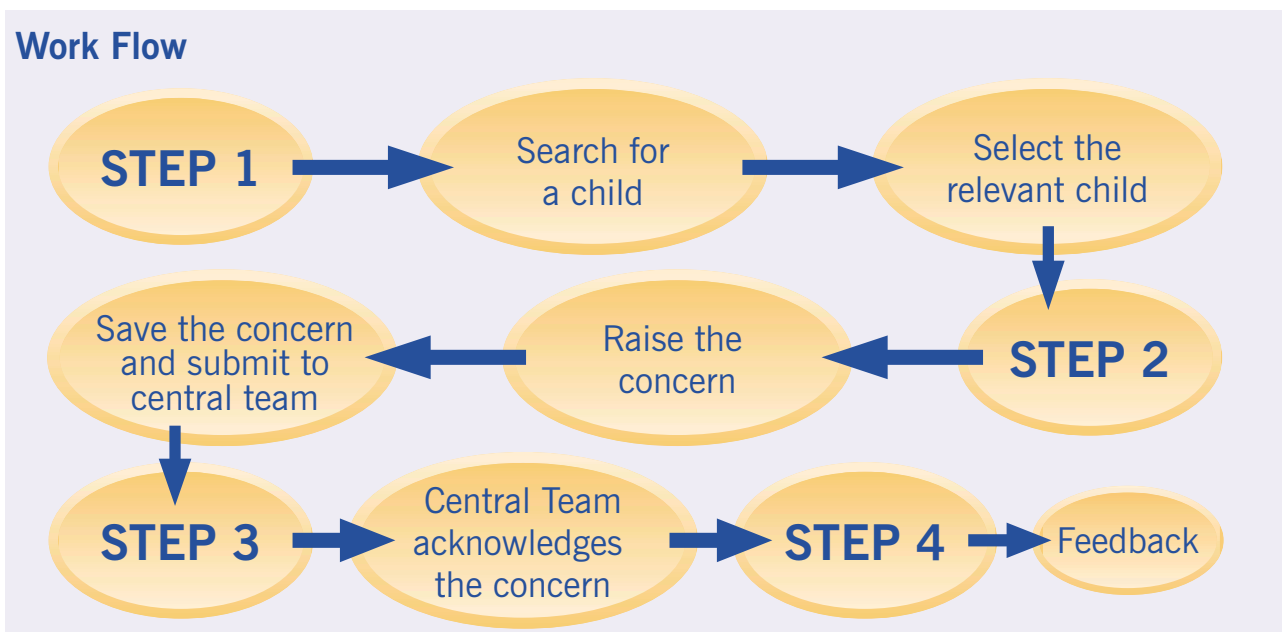
Information storage

LISA is a secure well maintained system, which will only hold basic information about children and young people. This information will consist of the child/young person's name, address, Date of Birth, Gender and Reference Number. The system will also show the name of the person holding parental responsibility for the child/young person as well as contact details for all practitioners working with the individual child. These details enable efficient sharing of information amongst practitioners.

Access to the system

All information put onto the system is secure and only seen by specific people. Only users who have been trained to use the system will have access to the system. All new users will be registered by the central team, provided with log-in names and passwords. Users will be able to use secure messaging within the system, or email prompts and all actions on the system will be audited.

Work Flow

STEP 1 → Search for a child → Select the relevant child

↓ STEP 2

Save the concern and submit to central team ← Raise the concern ← STEP 2

↓

STEP 3 → Central Team acknowledges the concern → STEP 4 → Feedback

The LISA IT system

Workers in Voluntary Organisations who do not have Statutory responsibilities would need to discuss the child's needs with professionals in the Statutory Agencies that they wish to meet with, to decide whether a meeting should be convened and who will convene it.

The suggested plan should be shared with the parents if they do not attend the meeting. The manner in which the feedback is shared should be discussed at the meeting.

WHEN YOU SHOULD USE THE LISA SYSTEM

Practitioners should always check the system for details of a child/young person and any other agency involvement when:

- a child has just become known to your agency/service

- clarifying their vulnerability/need

- another practitioner notifies you of a concern

- you are unclear of the child/young persons whereabouts, as other agencies may have logged this information

Practitioners should ensure they use the system to update their involvement with a child/young person:

- to confirm your agreement to become the lead professional

- to log consent from parent/carer, young person to share information

- to notify others that you have completed an assessment

- when the level of vulnerability of the child/young person has changed

- when it is determined that 'no further action' is needed

Practitioners should use the system as a means of sharing information with other agencies when:

- sending or responding to secure emails

- arranging Family Support Meetings concerning a child/young person

Service Directory

What is it?

The LISA Service Directory has been developed together with the Children's Information Service to provide accessible online information about partner agencies.

What will it tell me?

Each service entry includes

- Name and contact details

- Hours of business

- Service profile and services provided

- Age groups served

- Geographical areas served

- Accessibility for those with mobility or sensory needs

- Languages used

- Age groups served

- Referral criteria and acceptance of self-referral

- Referral procedure

- Electronic referral method

- Car parking facility

- Quality assurance processes (eg inspection/kitemarks)

How can I search for the service(s) I need?

You will be able to search by age, area, language and access facilities. In time we hope to add to their facilities around services provided but this will emerge from an analysis of the way services describe themselves. We also plan to have a online folder where you can keep those search results that are most useful to you.

How comprehensive will the Directory be?

We expect that the Directory will grow over time. We already have entries for over 600 services for children and young people. The Directory will also have links with other Directories within Lewisham and other authorities.

Can I try the Directory out?

The Directory will shortly be available online. It will be updated regularly to include new additions. You will be able to access the Directory through the LISA IT system. There will also be a directory available to the general public.

Please pass any comments to one of the team or email LISA@lewisham gov.uk

Frequently asked question's

1 What is the legal framework for sharing information About children or young people?

Information can be shared under the Data Protection Act 1998, Children Act 1989 and Human Rights Act 1998.

The Data Protection Act 1998 regulates the handling of personal information and requires that information must be: obtained and processed fairly and lawfully, processed for limited purposes, accurate and relevant, held for no longer than necessary, kept secure and only disclosed in accordance with the provisions of the Act.

The Children Act 1989 gives local authorities wide ranging responsibilities toward children in need, and there is a presumption of working in partnership with parents. There is also a presumption that agencies will work together and share information if it is thought to be in the best interest of the child. The Act also places a duty on local authorities to investigate and share information where a child in their area is suffering or likely to suffer significant harm.

The Human Rights Act, 1998 incorporates, under Article 8, the respect for private and family life, home or correspondence. Article 8 is a qualified right insofar as it can be subject to restrictions in the public interest, providing such restrictions are clear and meet the test of proportionality. The rights of the child will therefore always be given priority over the rights of an adult under the Human Rights Act.

2 Do I require a parent or carer's consent before sharing information about a child or young person?

(see Appendix E for consent forms)

A child or young person under the age of 18 may validly consent to the sharing of information concerning themselves, so long as they have sufficient understanding to do so. Where a child does not have the capacity to consent, you should seek the agreement of the parent or carer, as long as this does not pose additional risk to the child. In general, it is the duty of professionals, whether they are involved with adults or children, to place the needs of the child first.

Should a parent refuse to give consent to share information about their child who has been identified as vulnerable, the professionals involved may legitimately exchange information to safeguard the child, protect his/her health or morals, protect the rights and freedoms of others or prevent disorder or crime.

Frequently asked question's (continued)...

3 How will LISA make a difference in Lewisham?

This model will involve all relevant agencies at an early stage with the family and young people. It is a multi-agency approach to sharing information at the earliest stages of concern. It should minimise the cases of children/young people and families being passed between agencies, minimise duplication of assessments and service provision and reduce the number of inappropriate referrals to Children's Social Care & Health. This should support the development of a the common assessment framework and referral and thus improve the ability of agencies to work together effectively.

4 Will LISA improve on existing procedures or introduce new working systems ?

LISA is being introduced with the aim of building on and improving processes and practices already in place. It is not about developing an entirely new system, rather focusing on joining up and improving mechanisms for information exchange between existing systems. LISA is promoting the Family Support Model which has the potential to create a multi-discipline support structure around children and their families which is beneficial to all involved.

Appendix A

FAMILY SUPPORT MEETINGS:
Agenda and Process

Lead Professional or Chair to meet with family/child briefly, before the meeting to ensure they know what to expect and that they agree to information being shared across agencies.

Introductions

Check everyone is in the right meeting i.e. Family Support Meeting on (name of child etc)

- Set time for meeting to end – no longer than 1 hour or $1\frac{1}{2}$ hour at the most.

- Check who is taking notes and filling in the decision sheet.

- Information sharing about why the meeting has been called, identified need of the child etc. Include the family in this.

- Are further assessments needed? If they are :

Does the child and family need immediate support from services whilst the assessment takes place? If so, what?

Agree what assessments are needed, if any, who will do them and a timescale for them.

What needs to change?

What help will the family need to achieve this?

What services can be offered ?

Are the family in agreement?

Confirm/Identify who will take on the Lead Professional role for the family.

Are there Child Protection concerns ? If so, who will make the referral to Social Care and Health?

Is another Family Support Meeting needed?

What period of time?

Set date for Review

Decision sheet copies to: family, practitioners and Central Team.

Appendix B

FAMILY SUPPORT MEETING DECISION SHEET

(Template available on LISA system)

Name of Young Person……………………………………………………………………………………..

DOB…………………………………LISA No………………………Gender………………………

Name of Parent/Carer…………………………………………………………………………………

Address…………………………………………………………………………………………..……

………………………………………………………………………………………………………

Date of Family Support Meeting………………………………………………………………………

Present : Name Role / Relationship

……

……

……

……

Reason for Meeting: What has been agreed:

1. ………………………………………………………………………………………………………

2. ………………………………………………………………………………………………………

3.………………………………………………………………………………………………………

4.………………………………………………………………………………………………………

5.………………………………………………………………………………………………………

6. ………………………………………………………………………………………………………

Who is doing what, by when?

1. ....

2. ....

3. ....

4. ....

5. ....

Is there an area of 'Unmet Need'?

....

Date of Review :

Chair Signature:...

Name of Chair of Meeting ....

Signature of Lead Professional ....

Signature Parent / Carer ....

Signature Young Person ....

N.B. Copy of this form to be given to family, practitioners and Central Team.

Appendix C

FAMILY SUPPORT MEETING REVIEW

Name of Child :..

LISA No:..

1.   Date Plan was made:...

2.   Have the recommendations/plans been carried out? YES /NO
      (If not give reasons)

      ....

      ....

3.   What has changed?

      Agency/professionals report

      Parent's view

      Child/Young Persons view.

4.   What is needed now? Including:

      Further support to be offered?

      Refer to another agency?

      Initial Assessment

      Close Case – give reasons.

5.   Has any unmet need/service gap been identified? YES / NO

      If Yes, state:

Name of Lead Professional ....

Signature: .... Date..

Name of Manager ....

Signature: .... Date..

Name of Parent/Carer...

Signature: .... Date..

N.B Copy of this form to be given to family, practitioners and Central Team

Appendix D

GUIDANCE ABOUT THE ASSESSMENT FRAMEWORK DIMENSIONS

Child/Young Persons Developmental Needs

Health

Includes growth and development, as well as physical and mental well-being. The impact of genetic factors and of any impairment should be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

Education

Covers all areas of a child's cognitive development, which begins from birth.

Includes opportunities for play and interaction with other children, access to books, the opportunity to acquire a range of skills and interests and to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and Behavioural Development

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control.

Identity

Concerns the child's growing sense of self as a separate and valued person.

Includes the child's view of self and abilities, self-image, self-esteem and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and Social Relationships

Development of empathy and the capacity to place self in 'someone else's shoes'. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social Presentation

Concerns child's growing understanding of the way in which appearance, behaviour and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion, cleanliness and personal hygiene and availability of advice from parents or caregivers about presentation in different settings.

Self-Care Skills

Concerns the acquisition by a child of practical, emotional and communication

competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities and on social circumstances affecting these in the development of self-care skills.

Parent/carer's capacity to meet the child's needs

How well does the parent/carer meet the child's development needs in the following areas: (include positive aspects that parents do well and areas where they need support and development)

Basic Care

Providing for the child's physical needs and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring Safety

Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger and from contact with unsafe adults or other children and from self-harm. Recognition of hazards and dangers both in the home and elsewhere.

Emotional Warmth

Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults are given, with the appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Appendix D (continued)…

Stimulation

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

Guidance and Boundaries

Enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values and able to demonstrate appropriate behaviour with others, rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration of others and effective discipline and shaping of behaviour.

Stability

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s), in order to ensure optimal development. Includes ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

Family and Environmental Factors:

Family History and Functioning

Family history includes both genetic and psycho-social factors. Family functioning is influenced by who is living in the household and how they are related to the child, as well as significant changes in family/household composition, history of childhood experiences of parents, chronology of significant life events and their meaning to family members, nature of family functioning, including sibling relationships and its impact on the child, parental strengths and difficulties, including those of an absent parent and the relationship between separated parents.

Wider Family

Who are considered to be members of the wider family by the child and the parents? Includes related and non-related persons and

absent wider family. What is their role and importance to the child and parents and in precisely what way?

Housing

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements, cleanliness, hygiene and safety and their impact on the child's upbringing.

Employment

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

Income

Income available over a sustained period of time. Is the family in receipt of all its benefits entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

Family's Social Integration

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Community Resources

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including disabled members.

Appendix E

PARENT/CARER AGREEMENT TO SHARE INFORMATION

All parents in the borough were sent a leaflet which provided information about Lewisham Information Sharing & Assessment. The leaflet explains what Information is held on children between 0-18 years old and how and with whom that information can be shared, together with your rights to access that information.

The worker sharing this form with you should have discussed the reason why they want to share information concerning your child. You will therefore know that it is because they feel your child would benefit from additional support or services. As we want to ensure that you are Fully informed we would be grateful if you could sign this form after reading its content.

I am the parent/carer holding parental responsibility for

....

I agree that personal information can be shared between agencies and professionals working

with...

I do not agree that personal information can be shared between agencies and professionals working with

Signature...

Signature of practitioner ....

Agency...

Date signatures obtained...

Copies to Parent/ carer, child/young person and LISA Co-ordinator

YOUNG PERSON'S AGREEMENT TO SHARE INFORMATION

You should have been provided with a Children and young person leaflet about Lewisham Information Sharing & Assessment (LISA). The leaflet explains what information is held on children between 0-18 years old and why and with whom that information can be shared, together with your rights to see that information.

The person sharing this form with you will have already discussed the reason why they want to share information about you and how they believe you might benefit from additional support or services.

As we want to ensure that you are fully informed we would be grateful if you could sign this form stating your agreement after reading its content.

I agree that personal information about me can be shared between agencies and professionals working with me

....

I do not agree that personal information can be shared between agencies and professionals working with

Signature..

Signature of practitioner **...**

Agency...

Date signatures obtained...

Copies to child/young person and LISA Co-ordinator

Appendix F

Glossary of Social and Caring Services, Education and Health Terminology

Accommodated

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

Acute Services

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

Adoption

This is the process by which all parental rights and responsibilities for a child are permanently transferred to an adoptive parent by a court. As a result the child legally becomes part of the adoptive family.

Advocacy

Advocates support and argue the case for a service user or help them to put across their point of view. They are usually employed in social care to support disadvantaged groups such as the mentally ill and the disabled.

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.

Approved Social Worker (ASW)

ASWs are qualified social workers in England and Wales trained to carry out a range of statutory duties in mental health services.

Assessment

Measuring the circumstances of an individual, family, group or community against one or more benchmarks in preparation for making a diagnosis or plan of action.

BEST (Behaviour and Education Support Team)

BEST is a multi-agency team, working closely with the BIP schools to help identify and support those children with emotional and/or behavioural problems to enable them to reach their potential.

Best Value Review

Regime that aims to continuously improve local government performance through a programme of reviews and inspections. Councils must examine their services according to four guiding principles. They must challenge how, why and by whom a service is provided; compare its performance with that of other authorities; consult service users; and use competition to get the best service available.

Useful link: Office of the Deputy Prime Minister – best value

Best Value Inspection Service

Inspects local government service, giving them two marks of between zero and three – first for their performance and second for their likelihood of improving. Also responsible for producing annual league tables of overall council performance. Part of the audit commission.

BIP Behaviour Improvement Programme

The Behaviour Improvement Programme is part of the Government's Street Crime Initiative and a key strand of the National Behaviour and Attendance Strategy. The overall aim is to ensure that children at risk of school non-attendance or exclusion, or who are exhibiting challenging behaviour receive the intervention and support that they or their families need to ensure that they fulfil their potential.

Cabinet

A way of running Local Authorities based on the Westminster model of cabinet government. Up to 10 councillors are chosen to take on the day to day running of a Local Authority – they are either appointed by a directly elected mayor or elected by their fellow local politicians.

CAMHS (Child and Adolescent Mental Health Service)

Multi-disciplinary teams made up of a mix of psychiatrists, social workers, community psychiatric nurses, psychologists and therapists. They provide assessment, treatment and care outside hospitals or within hospital schools for children and young people with severe mental health problems.

Care Management

This term, introduced in the NHS and Community Care Act 1990, refers to the management of the care of anyone in receipt of a care plan.

Useful link: NHS and Community care Act 1990

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.

Useful link: Carelaw – a guide to the law for young people in care.

Appendix F (continued)...

Care Pathway

The co-ordination of a patient's care through the healthcare system.

Care Plan

A plan to provide care services to an individual. The plan should follow an assessment at a case conference or review and involve service users, carers and their families, as well as all the relevant professionals.

Care Trust

Care Trusts are local bodies responsible for delivering primary healthcare, community health services and social care for older people. Ministers believe Care Trusts will firmly integrate joint working between health and social care. The first trusts – developed from existing Primary Care Trusts – were established in April 2002.

Carer

A person who provides care on a regular basis who is not employed to do so by an agency or an organisation. A carer is usually a friend or relative looking after someone who is frail or ill at home.

Case Closed (closed case)

A current case that appears on the Social and Caring Services Department's records but for which there is no intention for further action unless a referral is made.

Case Current (current case)

A case that requires action to be taken by Social and Caring Services. The initiative required can range from intensive casework and the provision of care to a decision and the administrative steps to close the case.

Childminders

People paid by parents to care for children in their own home for more than 2 hours a day. Childminders are registered and annually inspected by local authority inspectors under the Children Act 1989.

Child Protection

As outlined in the Children Act 1989, Child Protection involves adults as much as children; parental responsibility and the appointment of guardians are key issues. Child Protection covers residential and daycare, Supervision Orders, children in care and foster homes.

Child Protection Case Conference

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

Child Protection Plan

A detailed inter-agency plan setting out what must be done to protect a child from further harm, to promote the child's health and development and, if it is in the best interests of the child, to support the family to promote the child's welfare. The plan is agreed in outline at the first Child Protection Conference and developed by the key worker, core professionals, and where possible, the child and family.

Child Protection Register

A case conference can decide to place a child on the register and make a Child Protection Plan where there is concern for that child's physical and emotion well-being. This is a confidential list – held by Social and Caring Services – of every child in a Local Authority about whom there is serious concern of abuse or neglect. Registration aims to ensure that children and families are receiving necessary help, but it does not affect a parent's or guardian's legal responsibility towards their child.

Child Protection Review Case Conference

A Review Case Conference is held within three and six months of a child being placed on the Child Protection Register. The meeting should review the work being done with children and their family, and consider any developments, which may have decreased any risk to the children. The Conference can recommend that the child's name be removed from the register if it is decided that he or she faces no further serious risk.

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 it 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.

Useful link: Department of Health – the Children Act 1989

Children and Family Court Advisory and Support Services (CAFCASS)

This brings together the family court welfare service, the guardians ad litem – now called children's guardians – and the children's branch of the official solicitor's department.

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.

Appendix F (continued)...

Children's Guardians

An adult – but not a solicitor – appointed by a court to act on behalf of a child or young person in legal proceedings. Formerly known as 'guardians ad item'.

Children's Trust

Children's Trusts are new organisations that will be piloted from late 2003 to plan, commission and finance children's services. They will bring together Education, Health and Social and Caring Services under the control of Local Authorities, which will either run them directly or contract them out to public interest companies. These trusts will be modelled loosely on Care Trusts, which provide integrated health and social services for older people and/or those with learning disabilities or mental health problems. West Sussex's bid to become a Children's Trust has been successful.

Useful link: Department of Health – children's trusts

Code of Practice for Special Educational Needs (Revised 2001)

Sets out guidance for schools and LEAs on how to address and manage special educational needs.

Commission for Health Improvement (CHI)

National body set up in April 2000 to support and oversee the quality of governance and clinical services; to investigate falling trusts; produce an annual report of the state of the NHS, and publish NHS "star rating" performance system.

Commissioning

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

Community Mental Health Team

Multi-disciplinary teams made up of a mix of psychiatrists, social workers, community psychiatric nurses, psychologists and therapists. Provide assessment, treatment and care outside hospitals for individuals with severe and enduring mental health problems.

Community Strategy

Plans councils must draw up for improving the quality of life for local people. They must be completed with the help of businesses, voluntary groups and citizens.

Community Treatment Orders

Psychiatric patients released into the community who fail to take their medication face compulsory readmission to hospital under proposals unveiled in a government white paper to reform the 1983 Mental Health Act. Patients discharged from hospital would receive a compulsory care and treatment order specifying where they live and a care plan.

Useful link: Mind briefing

Connexions

All-encompassing youth service launched in April 2001 to replace the careers service and other statutory youth services. Aimed at giving 13 to 19 year-olds "the best transition to adulthood". Involves personal advisers going into schools, colleges and communities to steer young people towards goals and guide them to relevant services.

Useful link: Connexions

Contact

Arrangements made for parents who are not looking after children to have agreed meetings with them. Formerly known as access.

Core Funding

The money required for operational, management and day to day costs of a charity.

Corporate Governance

A framework through which organisations are accountable for standards in conduction corporate business, including meeting statutory financial duties.

Corporate Governance Inspection

A 'whole council' inspection that aims to tackle problems at the political and managerial centre of a council. The majority of local government Best Value inspections focus on groups of services.

Council for Voluntary Service (CVS)

Local umbrella body for voluntary organisations, charities and campaign groups in a particular area.

Useful link: National directory of CVSs in Britain

Day Care (or day services)

Daytime care provided in a centre away from a service user's home, covering a wide range of services from social and educational activities to training, therapy and personal care.

Useful link: Department of Health – national care standards commission

Developmental Assessment

An assessment of the developmental difficulties experienced by a child and the planning of action to ensure these problems are assessed.

Direct Payments

Money given to individuals to pay for care services on the basis of a community carer needs assessment.

Useful link: Department of Health – direct payments guide

Appendix F (continued)...

Disability Discrimination Act 1995

Sets minimum standards so that public buildings and private companies providing a public service make their service available to disabled people. Also contains legislation to prevent discrimination against job candidates based on their disability.

Useful link: Disability Discrimination Act

Disability Rights Commission

Independent body set up by the government to help secure civil rights for disabled people. Advises the government as well as campaigning to encourage good practice, eliminate discrimination and promote equality.

Disability Team

A team consisting of Social Work Managers and Occupational Therapist Care Managers who work with people with physical disabilities and older people.

Drug and Alcohol Action Team (DAAT)

Local multi-agency partnership that operated the government's drugs strategy at a local level. Usually includes Police, Social and Caring Services, Health Authority and voluntary sector groups.

Drug Testing and Treatment Orders (DTTOs)

A scheme introduced in 2000 that requires criminals to undertake drug treatment as an alternative to a prison sentence.

Dual Diagnosis

Cases where someone with a mental illness is subsequently diagnosed with an addition that aggravates their condition, such as cannabis use on top of schizophrenia. Conversely, it may refer to someone whose drug addiction leads to a mental illness, as may happen with the long-term use of amphetamines or cocaine.

Duty Officer

A social worker or occupational therapist who can be contacted by the public during normal office hours.

Emergency Duty Officer

A social worker who can be contacted by the public outside of normal office hours.

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.

Education Development Plan (EDP)

A plan which sets out the Local Education Authority's priorities and plans for a specified period.

Emotional and Behavioural Difficulties (EBD)

A category of Special Educational Need.

Empowerment

Enabling people to take responsibility for themselves and helping them to make decisions about their own lives.

Education outside of school

Educational services provide, monitor and manage the education of pupils who are unable to attend school, for example through:

- PRUs (see below);

- Hospital Schools;

- Home Tutors – children excluded and waiting for a new school; pupils too sick to attend or pregnant;

- Case Managed Pupils – pupils with very individual education programmes;

- Alternative KS4 provision – e.g. work experience, or College placements.

Education Welfare Officer (EWO)

Practitioner who monitors attendance and follows up statutory procedures regarding absence / truancy / disaffection. Also has other roles, e.g. children who work in theatre, etc.

Family Centre

A therapeutic setting where one or both parents attend with their children as part of a family support strategy to help a family under stress stay together.

Family Placement Team

Social services teams responsible for organising adoption and fostering.

Families and Schools Support

The Families and Schools Support service in West Sussex is a joint initiative by both Education and the Arts and Social and Caring Services. Its aim is to bring together key elements of these two departments, in conjunction with relevant parts of the NHS in order to:

- Secure timely and effective inter-agency support for children and young people who are at risk of social and educational exclusion and improve their life chances.

- Plan, commission and evaluate joint services for children and young people identified and assessed as being at risk of social exclusion and educational underachievement

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

Appendix F (continued)...

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.

Full Council

A meeting of every Councillor on a Local Authority to vote on council decisions. Has to ratify policy frameworks and decide on budgets.

Useful link: Office of the Deputy Prime Minister – council constitutions

General Medical Council (GMC)

Regulatory body that licences doctors to practice medicine in the UK.

General Social Care Council (GSCC)

The GSCC is the independent regulatory body responsible for overseeing social care training. Its aim is to raise standards of conduct and practice by setting requirements for training, qualifications and professional development, as well as registering social workers and other social care staff.

Grants

Sums of money given to a charity, organisation or individual, usually from some kind of grant-making body such as a charitable foundation or government department. A grant is different to a donation in that it is usually applied for along strict criteria drawn up by the grant

maker that the applicant must adhere to in order to receive the money.

Green Paper

A consultation document that sets out the government's views on a policy area – such as planning or the NHS – and invites discussion. The first step in a policy-making process that usually leads to legislation.

Health Action Zone

Partnerships between the NHS, Local Authorities, community groups and the voluntary and business sectors in areas of high deprivation, aimed at tackling health inequalities and poor health.

Useful link: health action zone

Health Improvement Programmes (HIMPS)

A local plan to improve health and healthcare drawn up by primary health professionals working in conjunction with other agencies, such as Local Authorities and the voluntary sector.

Health Inequality

The gap in health status, and in access to Health Services, between different social classes and ethnic groups and between populations in different geographical areas.

Useful link: Department of Heath – heath inequalities

Healthy Living Centres

A network of centres across the UK set up in 1999 to promote health and healthy life styles and tackle social exclusion in areas of urban or rural deprivation and among the most disadvantaged members of those communities. The centres can be in the form of a building, or as a form of outreach.

Human Rights Act 1998

Legislates for personal human rights that can be defended in court, including the right to life, the right to liberty, freedom from inhuman treatment and the right to a family.

Useful link: Human Rights Act 1998

Index of Deprivation

An official measure used by the government to target regeneration policies to the most deprived areas.

Useful link: Office of the Deputy Prime Minister: indices of local deprivation

Individual Education Plan (IEP)

Set up for pupils who have Special Educational Needs, detailing objectives, targets, provision and review.

In-Service Training (INSET)

Professional development for teachers, undertaken alongside their usual teaching responsibilities. This sometimes takes place within the school but also can be received from the Local Education Authority Advisory Service or an external provider.

Inter-Agency Communication

Information sharing between agencies – formal and informal, written or oral.

Inter-Agency Working

When more than one agency work together in a planned and purposeful way.

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.

Useful link: Compactlaw children fact sheet – Care and Supervision Orders

Inclusion and Learning Support (ILS)

From September 2003, this service area will be responsible for securing inclusive arrangements for pupil admissions, attendance at school, arranging specialist support for those children and young people who have additional learning needs or disabilities and for the work of the Youth Service.

Joined-Up

Deliberate and co-ordinated planning and working which take account of different policies and varying agency practices and values. This can refer to thinking or to practice or policy development.

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Joint Funding

When organisations such as councils, hospitals and schools work together to solve local problems.

Useful link: Department of Health – health and social care unit

Joint Working

Professionals from more than one agency working directly together on a project, for example, teachers and social work staff offering joint group work. School-based inter-agency meetings may involve joint planning, which reflects joined-up thinking.

Learning Disability / Difficulty

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.

Useful link: Department of Health – learning disabilities

Learning Mentors

All primary schools receive extra funding for learning mentors who work with pupils who are underachieving at school and have barriers to learning. They focus on developing strategies to help pupils overcome these barriers, which can include learning, social, emotional or behavioural skills. Learning mentors work in a variety of ways including 1:1 sessions, small group work, targeted in-class support and playground activities. Learning Mentors also work with parents/carers, other school staff and external agencies.

Learning Support Units (secondary)

All secondary schools receive funding for LSU provision. LSUs offer a wide range of support tailored to individual pupils' needs, focusing on a mixture of personal and academic targets. These targets can include improving skills for learning effectively in the classroom, developing anger management and conflict resolution skills, and raising self-esteem.

Local Education Authority (LEA)

Council department responsible for delivering primary and secondary education. England's 149 LEAs have a duty to improve school performance and tackle failure, delegate funding to schools, ensure excluded children are educated and provide enough school places for local children.

Useful link: The Education Network – LEAs

Local Government Act 1999

Legislation that introduced Best Value. Placed a duty on councils to continuously improve services and replaced the compulsory competitive tendering (CCT) regime.

Useful link: Local Government Act 1999

Local Government Act 2000

Legislation that introduced directly elected mayors and cabinet-style government.

Useful link: Local Government Act 2000

Local Management of Schools (LMS)

A system by which schools manage their own finances through the Governing Body.

Local strategic partnership (LSP)

Initiative to ensure cooperation between public agencies, voluntary groups and businesses in the regeneration of deprived neighbourhoods.

Useful link: Office of the Deputy Prime Minister – local strategic partnerships

Looked After Child (LAC) or Looked After Children (Children Looked After)

This term 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 and Caring 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. Seventy per cent of Looked After children return to their birth families within a year.

Mental Health Act Commission

This watchdog, consisting of doctors, psychiatrists, social workers and lawyers, is a special health authority fully independent of mental health service providers. Its main function is to review the operation of the Mental Health Act 1983 in relation to detained patients.

Useful link: Mental Health Act commission

Mental Health Review Tribunal (MHRT)

The Mental Health Review Tribunal safeguards the rights of patients detained under the Mental Health Act 1983. The draft Mental Health Bill will reform the Tribunal System if implemented.

Useful link: The Mental Health Act Online

Appendix F (continued)...

Multi-Agency Working

More than one agency working with a young person, with a family or on a project (but not necessarily jointly). It may be concurrent, sometimes as result of joint planning or it may be sequential.

Multi-Professional Working

The working together of staff with different professional backgrounds and training.

Multi-disciplinary Team

A team or group consisting of representatives from several different professional backgrounds who all have different areas of expertise. For example, a community mental health team.

National Association of Councils for Voluntary Service (NACVS)

Umbrella body of more than 280 local councils for voluntary service (CVS). Local CVS provide support, advice and information for local voluntary organisations, and the NACVS provides training, services and a national voice.

Useful link: about NACVS and CVS

National Council for Voluntary Organisations (NCVO)

National umbrella body for voluntary organisations and charities in England. Represents more than 1,000 organisation in negotiations with the government over service levels, charity law and consultation. Also provides support and services to organisation. See also: National Association of Councils for Voluntary Service (NACVS).

Useful link: NCVO mission and values

National Institute for Clinical Excellence (NICE)

Body set up in April 1999 to decide which health treatments and technologies – from drugs to artificial hips – should be available on the NHS in England and Wales (the equivalent in Scotland is the Scottish Health Technology Board).

Useful link: NICE

National Institute for Mental Health in England (NIMHE)

The NIMHE was set up to provide research and expertise to help the NHS implement the National Service Framework on Mental Health. The institute started coordinating and disseminating research and good practice, facilitating training and improving mental health services from spring 2003.

Useful link: Department of Health – mental health institute

National Service Framework (NSF)

Introduced in 1998, NSFs establish a set of minimum national standards of clinical quality and access to services in a series of major care areas and disease groups (including, so far, mental health, diabetes, older people and coronary heart disease). The aim is to drive up performance and decrease geographical variations in care standards.

Useful link: Department of Health – National Service Frameworks

NHS Direct

Telephone helpline and website that gives 24-hour nurse advice and health information.

Useful link: NHS Direct

Non-Teaching Assistant (NTA)

NO LONGER USED. Referred to adult who is not a teacher who works in class. Now known as a Teaching Assistant or TA.

Normalisation

A policy that enables someone with a physical or mental disability to live life as full as possible and to have access to all public services.

Useful link: mental health

Office for Standards in Education (Ofsted)

Created in 1992, Ofsted inspects schools and local education authorities in England.

Useful link: Ofsted

Office of the Deputy Prime Minister

Formerly the Department for Transport, Local Government and the Regions. The Department no longer handles transport, but is responsible for housing, regeneration and elections.

Useful link: Office of the Deputy Prime Minister:

Outpatient

A patient who attends hospital for treatment, consultation and advice, but does not require a stay in hospital.

Useful link: National Audit Office Report – Inpatient and Outpatient Waiting in the NHS

Parental Responsibility

"All the rights, duties, powers, responsibility and authority which by law a parent of a child has in relation to the child and his property" – Children Act 1989 section 3 (1). A Care Order grants parental responsibility to a Local Authority but does not remove it from a child's parents.

Useful link: Children Act 1989

Appendix F (continued)...

Pastoral Support Plan (PSP)

A plan put in place for pupils at a high risk of imminent exclusion from school. The school brings together the pupil, parents or carers, and other agencies to develop and implement a time-specific plan to support the child's continuing attendance.

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.

Useful link: Under the Children (Leaving Care) Act 2000

Patient Advice and Liaison Services (PALS)

Pals provide "on the spot" help and guidance about NHS services to patients. This could be how to access services, complain, or how to contact local medical conditions support groups. Pals are based in each Acute Trust and Primary Care Trust.

Useful link: Department of Health – involving patients and the public in health

Patient Forums

Following abolishment of community health councils, Patient Forums were created as the key public representative body in Acute Trusts and Primary Care Trusts (PCTs). Their role will be to monitor the range and effectiveness of services provided by their host organisation, to seek out patients' views, and oversee the trust's patient advice and liaison committee. They will report their findings to the Trust and other stakeholders. A member of the patient forum will have a seat on the trust executive boards. PCT Patient Forums will have additional responsibilities to work with other local Patient Forums to provide an area-wide strategic view of service-user issues and promote public involvement in health matters.

Useful link: Department of Health – involving patients and the public in health

Personal Educational Plan (PEP)

Education plan for a Looked After Child, including input from the child, Education and Social and Caring Services and the Looked After Children's Team.

Performance Assessment Framework (PAF)

Performance indicators are published for all 150 council-run services departments in England. The indicators are known collectively as the Personal Social Services Performance Assessment Framework (PAF).

Useful link: Department of Health – personal services (PAF)

Personal Social and Health Education (PSHE)

A school subject, usually in the secondary curriculum, addressing all personal development areas.

Placements

Arrangements made by Social Care & Health Services for a person to be placed in foster, residential or nursing care on a short or long-term basis.

Primary Care

Services provided by family doctors, dentists, nurses, midwives, health visitors, pharmacists, optometrists and ophthalmic medical practitioners.

Useful link: Department of Health – primary care

Primary Care Group (PCG)

Forerunners of Primary Care Trusts, PCGs are voluntary GP-led groups with a range of duties from advising the Local Health Authority on commissioning care for their local population, to commissioning care themselves. All PCGs are expected to become PCTs by April 2004.

Primary Care Trust (PCT)

Evolved from PCGs, PCTs are free-standing statutory bodies that provide primary and community services and commission secondary (hospital) care on behalf of their local population. By April 2004, all PCGs are expected to be PCTs, which will commission 75% of the NHS budget.

Useful link: Department of Health – primary care trusts

Pupil Referral Unit (PRU)

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.

Quality Protects

Launched in 1998, aims to transform children's services by 2004. Local Authorities must show they are meeting 11 key objectives that cover children in need, Looked After Children and children in need of protection. Each council must produce an annual management action plan outlining their strategy for transforming their services in order to receive a share of the children's service grant – worth £885m over five years – that supports the initiative. Councils must work in partnership with the NHS and the voluntary sector.

Useful link: Department of Health – Quality Protects

Appendix F (continued)...

Race Relations (Amendment) Act 2000

Deals with racism in the public sector by requiring bodies such as councils, hospitals and schools to take steps to promote good race relations.

Useful link: Race Relations (Amendment) Act 2000

Referral

A request for help for someone in need of assessment, usually written down in brief notes. A third party usually makes these on behalf of someone else, for example a social worker for a service user, of a GP for a patient.

Residential Family Centre

A centre in which a family lives for a set period. Children remain under their parent's care whilst living in the centre.

Residential Home

A category of home that provides personal care and other services and whose work has to be monitored by Local Authority Registration and Inspection Units.

Useful link: National Care Homes Association

Respite Care

Care provided by a day or residential unit or by a family as much for the benefit of the carers as for the person concerned.

Useful link: Caring Matters – what is respite?

Restraint

Control to prevent a person from harming themselves or other people. This can be applied by either physical means, mechanical means or medication.

Salamanca

Salamanca Statement 1994 – UNESCO statement of the right of every child to an appropriate education.

Scrutiny Committee

Group of councillors that reviews and investigates Local Authority services and other issues, monitors the work of a mayor or cabinet and holds members of the Executive to account for their decisions. Introduced by the Local Government Act 2000.

Secondary Care

Specialist care, typically provided in a hospital setting or following referral from a primary of community health care professional.

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.

Useful link: The Children Act 1989

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 rake further action to protect and promote the child's welfare.

Useful link: The Children Act 1989

Sectioned

Refers to powers in the Mental Health Act 1983 that allows the detention of people who are suffering from mental disorders. Initially, an approved social worker or close relative can apply to have a person detained for assessment based on the recommendations of two doctors, one of whom must be a qualified psychiatrist. The grounds for the application are set out under different Sections of the act. Under Section 2, the doctors must confirm that the person is suffering from a mental disorder to a degree that warrants medical care and attention. They must be satisfied that the patient should be detained for their own health and safety, or to protect others. Section 2 allows detention for up to 28 days. Section 3 allows patients to be held for six months at first, and then for a year a time. Under this section, the mental disorder that the patient is suffering from must be specified, as well as any treatment proposed. Section 4 covers emergency cases and enables one doctor to order a person to 'rest' in hospital for 72 hours. Patients can be compulsorily treated – including with medication – under Sections 2, 3 and 4. Patients are free to leave hospital when it is deemed they have made a recovery, or if the Section Order comes to an end.

Self-Assessment

A means by which people set out their own estimation of their needs for support, usually on a standardised form.

SENDA

Special Educational Needs and Disability Act 2002 – brought the requirements of the Disability Discrimination Act 1995 to education, linked with the Revised Code of Practice for Special Educational Needs 2001.

Service User / Person who uses Services

An individual who uses, requests, applies for or benefits from health or local authority services. They may also be referred to as a client, patient or consumer.

Useful link: Social Care Institute for Excellence

Single Agency Working

Where only one agency is involved may still be the consequence of inter-agency decision-making and therefore may be part of a joined-up plan.

Appendix F (continued)...

Social Care Institute for Excellence (SCIE)

SCIE – pronounced 'sky' – is charged with reviewing research and practice in social care. It will produce best practice guidelines for staff and services, setting out which methods do not work as well as effective ones.

Useful link: SCIE

Social Exclusion

This term is used to describe people or areas that suffer from a combination of factors that include unemployment, high crime, low incomes and poor housing. The government's approach to regeneration is based on tackling the problems posed by social exclusion as a whole, rather than simply focussing on its individual elements. Work is co-ordinated by the Social Exclusion Unit.

Useful link: Cabinet Office – social exclusion unit

Social Regeneration

Process of tackling the social problems that lead to deprivation, such as crime and drugs. The process is different from physical regeneration, which tackles run-down buildings and communal areas, and economic regeneration, which is aimed at creating jobs and wealth.

Useful link: Regeneration-UK – social and community regeneration links

Social Services Inspectorate (SSI)

Part of the social care group in the Department of Health, the SSI advises ministers and government departments on all matters relating to personal social services. It also assists Local Authorities, voluntary organisations and private agencies in the planning and delivery of effective and efficient social care services; runs a national programme of inspection, evaluating the quality of services provided, and monitors the implementation of government policy on social services.

Useful link: Department of Health – social services inspectorate

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.

Special Educational Needs Co-ordinator (SENCO)

Teacher who has responsibility for 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.

Special Health Authorities

Health authorities with unique national supra-regional functions that cannot be effectively undertaken by other kinds of NHS bodies (i.e. Nice).

Stakeholders

People who have an interest in an organisation, its activities and its achievements, including customers, partners, employees, shareholders, owners and government regulators. Modern consultation is usually "stakeholder focused".

Statutory Authority

An organisation that is required by law to provide public services and receives central of local government funding, for example Health Authorities and Local Authorities.

Statutory Services

Refers to service provided by the Local Authority as a matter of course. Examples of statutory services include benefits, social services, hospital treatment on the NHS and schools.

Strategic Health Authority

Unveiled in the Shifting of the Balance of Power reforms announced in April 2001, the 28 authorities (created from the 95-odd District Health Authorities) have provided from April 2002 strategic management support for Primary Care Trusts and hospitals in improving NHS performance.

Useful link: Shifting the Balance of Power

Substance Abuse / Misuse

The use of a mood-altering substance in such a way that it is either socially unacceptable or impairs, social, medical and/or occupational functioning.

Useful link: DrugScope

Supported Housing

Catch-all term for accommodation for vulnerable people with care needs. Examples include sheltered housing for older people, homeless hostels, and accommodation for people with learning difficulties and mental health problems.

Useful link: Supporting People – briefing paper

Support for Disabled People: A New Contract for Welfare

Publication released in October 1998, setting out the government's intended reforms to services, benefits and legislation affecting disabled people.

Useful link: Support for Disabled People: A New Contract for Welfare

Appendix F (continued)...

Supporting People

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

Useful link: Supporting People – how will it work?

Sure Start

Sure Start is a cornerstone of the government's drive to eradicate child poverty in 20 years, and to halve it within 10. It aims to improve children's life opportunities by working with parents and parents-to-be in deprived areas and providing better access to family support, advising on nurturing, health services and early learning. There are already more than 150 local Sure Start programmes across England and Wales, rising to at least 500 by 2004. Ministers are investing £580m for the three years from April 2001.

Useful link: Sure Start Homepag

Teaching Assistant (TA)

An adult who is not a teacher who assists in class. They may have a range of qualifications, experience and expertise and often support pupils with special educational needs and/or behavioural difficulties.

Unallocated Case

A case that requires the attention of a named social workers or other key worker but has no allocated worker, most likely due to staff shortages.

Victoria Climbié Inquiry

This Public Inquiry, set up by the Health Secretary, was charged with finding out why Child Protection Services failed to prevent the murder of 8-year-old Victoria Climbié. It was led by former Chief Inspector of Social and Caring Services, Lord Herbert Laming. The recommendations were published in February 2002. This was the first "tripartite" inquiry into the death of an abused child in Britain, as it has investigated the role of Social and Caring Services, the NHS and the Police with regards to the Children's Act, the NHS Act and the Police Act. It is also known as the Laming Inquiry.

Useful link: The Victoria Climbié inquiry

Volunteer

Usually refers to a person who gives a portion of their time, or a period of time in a year, to an organisation as a worker or helper without payment.

Vulnerable Children

Disadvantaged children who would benefit from extra help from public agencies to allow them to make the most of their opportunities in life.

Walk-in Centres

Nurse-led drop-in centres managed by the NHS that provide minor treatments, self-help advice and information on the NHS, Social and Caring Services, and other local Healthcare organisations.

Useful link: Department of Health – walk-in centres

White Paper

Statement of policy issued by the government. White Papers often form the basis of new legislation, and are usually preceded by a consultative Green Paper.

Useful link: Explore parliament – white paper

YISP:

The YISP (Youth Inclusion and Support Panel) is a multi agency group that seeks to prevent offending and anti -social behaviour by offering voluntary support to high risk 8-13 year olds and their families. Currently operating in the Downham area and shortly extending to the New Cross (NDC). Children must fall into the age group and have two or more prevailing risk factors e.g offending, anti social behaviour.

Youth Court

A Magistrate's Court sitting for the purpose of holding trials for children and young people other than those relating to the most serious offences.

Youth Justice Board

Set up under the Crime and Disorder Act 1998, the Youth Justice Board advises the Home Secretary on the operation and performance of the youth justice system. Its work includes monitoring the Youth Court, Youth Offending Teams and secure accommodation, and disseminating good practice.

Useful link: Crime and Disorder Act 1998

Youth Offending Team

First introduced in 1999, Youth Offending Teams bring together staff from Social and Caring 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 council Chief Executives.

Useful link: Crime and Disorder Act 1998

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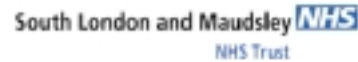
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