



Airedale Academy
Striving for excellence

Child Well Being

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2. Aims

This Document sets out the principles background information and procedures by which Airedale High School will implement the Child Well Being model. It applies to all staff, whether on or off site.

3. Background information

a. The Wakefield Child well Being Model

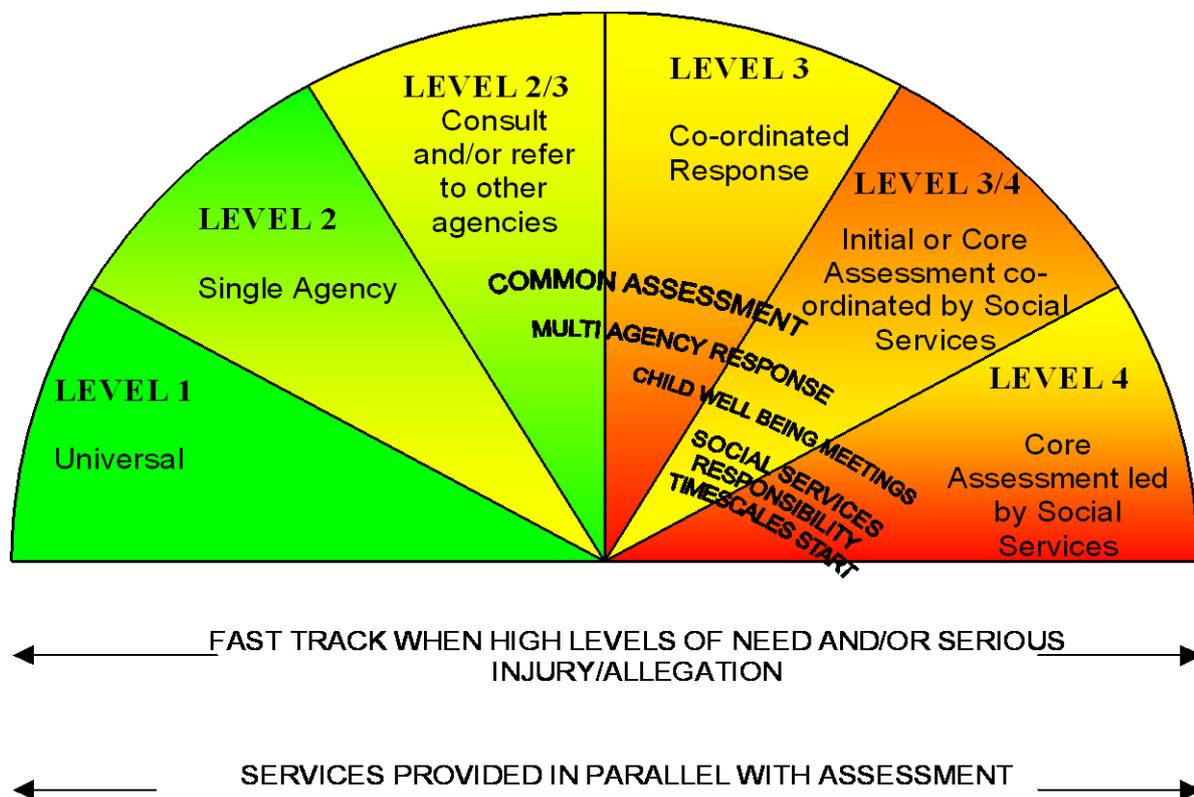
- The Wakefield Child Well being model is part of Wakefield's response to the Every Child Matter's agenda
- The main aim of the model is "to ensure that children are identified and receive services at the appropriate level of intervention, to minimise intervention, maximise empowerment and enable families"
- Airedale High School, the Arts College is fully supportive of the basic principles
 - that the support and protection of children and young people is a shared responsibility and not just the responsibility of one agency
 - that the model enables the provision of a co-ordinated , consistent and effective system linking needs to services

- that a vital part of the model is the involvement of children/young people and their families regardless of gender, age, race, culture, disability or sexual orientation.
 - That prevention is better than cure, with our support being pro-active and not always reactive.
- b. CWB at Airedale High School
- The College has closely monitored progress of the CWB pilot scheme in the South East of Wakefield since the start of 2006 and acknowledge the support of Minsthorpe Community college in the development of this policy and procedure document
 - The College has provided a CWB champion to liaise with other schools in the Airedale pyramid and have attended the regular Area Development meetings with the CWB Project Co-ordinator
 - From Summer 2007, following the publication of the pilot Final Evaluation report, the College is committed to the implementation of the model, within the College's structures and procedures responding to the Every Child Matters agenda.
- c. Other relevant documents within Airedale High School, the Arts College
- *Code of conduct*
 - *Child protection policy*
 - *E-safety the acceptable use of the internet and related technologies*
 - *Equal opportunities*
 - *First Aid/Medical*
 - *Induction policy & procedures*
 - *Looked after children*
 - *Pastoral Support plan*
 - *Offsite learning*
 - *Physical restraint*
 - *Rewards and sanctions*
 - *Sex education policy*
 - *Staff recruitment*
 - *Staff code of conduct*
 - *Exams policy*
- d. Other relevant locally or nationally produced documents
- Children's act 2004 – Every Child Matters
 - Education Act 2002 Change for Children
 - Children Act 1989
 - Bichard Enquiry
 - Working together to safeguard children 2005
 - What to do if you 're warned a child is being abused (2005)
 - Safeguarding children in Education; dealing with allegations of abuse against teachers and other staff (2005)
 - Wakefield Child well being model. September 2006
 - Information sharing – Practitioners Guide Dfes 2006
 - The common assessment framework for children and young people: practitioners Guide Dfes 2006
 - Caldi cott Guidance – followed by NHS organisation when considering whether confidential information should be shared
- e. Useful website
www.everychildmatters.gov.uk

4. Levels of intervention

- Airedlae High school has well-embedded procedures for monitoring and assessment of students individual needs in various aspects of their lives in the school.
- The CWB model has four levels of needs/thresholds for intervention to help colleagues establish the appropriate level of need.
- Because the levels are used in all agencies, a consistent multi-agency approach can be made.

Wakefield Child well being model. Continuum of Need



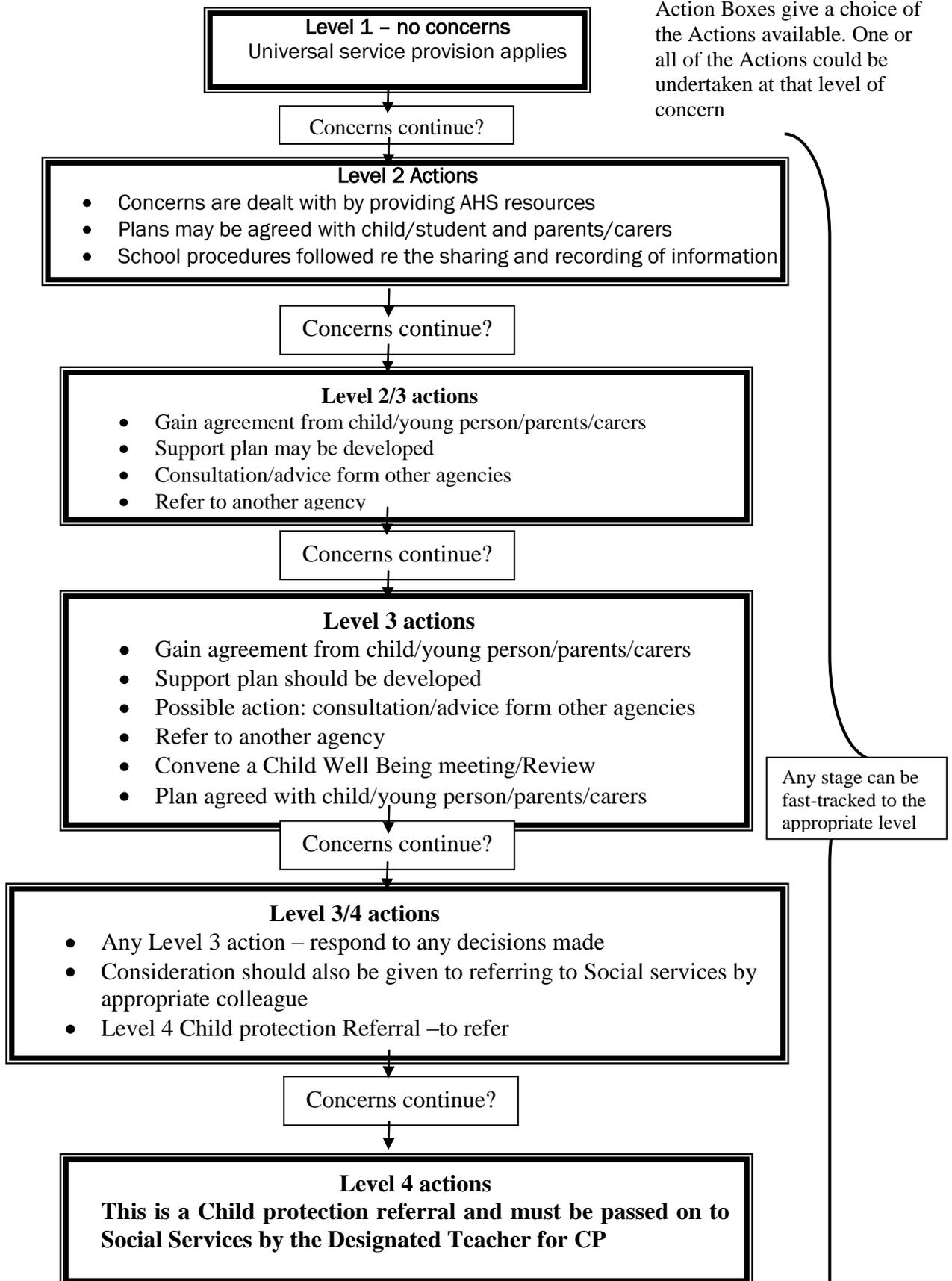
5. Outline of the meanings of the four levels and the appropriate action to take.

Levels	Actions to take
<p>Level 1 – Universal All children and young people aged 0-18 years (for children with disabilities, this is extended to 19 years)</p>	<p>Level 1 Universal services – these are services that are available for all children and young people, such as the G.P. or schools. At this level , no additional concerns exist, no additional action needs to be taken</p>
<p>Level 2 – vulnerable children, early prevention Children from households where the carer(s) is/are under stress, which may affect the child's/young person's health and/or development. Children whose health and development may be adversely affected</p>	<p>Level 2 At this level the school would normally use it's own resources but may wish to complete a written checklist or call a PSP to clarify their thinking. Pupils would normally be raised at the half-termly Vulnerable pupils meetings, in order to alert all internal staff to any issues and also to share information. Concerns would be normally be shared with parents/carers at this stage Concerns about children can often be reduced at this stage by giving advice, providing information, support and advocacy to both children and carers as appropriate.</p> <p>Level 2/3 If the concerns from level 2 have not been reduced or the needs cannot be met the school, then it would be good practice to complete a PSP to clarify what the child's needs are and who might be able to meet these. At this stage it may be appropriate to contact other agencies to seek advice about how to respond or whether to make a referral to JCM.</p>
<p>Level 3 – children in need, family support Children whose health or development is being impaired or there is a high risk of impairment</p>	<p>Level 3 if the PSP and/or consultation process with other agencies indicates the need for a co-ordinated response, the agency identifying the concerns must complete a Common Assessment and may convene a Child well Being Meeting</p> <p>Level 3/4 If the needs are at level 3 and one of the following applies:</p> <ul style="list-style-type: none"> • the child/family are not appropriately linked to services • and/or are not benefiting from the help provided • and/or the concern persists <p>, this is the threshold for a referral to be made to Social services using the Common</p>

	<p>assessment and the referral form.</p> <p>It is acknowledged that it is not always easy to decide the level of need. The thresholds of intervention offer guidance but if there is any doubt, advice will be sought from Social care direct by the Student Services Manager or nominated colleague. If a referral is made then Social Services will then become lead professional.</p>
<p>Level 4 – children in need, statutory intervention Children experiencing significant harm or where there is a likelihood of significant harm Children at risk from removal from the home.</p>	<p>Level 4</p> <p>If a child/young person is experiencing significant harm or there is a likelihood of significant harm, child protection procedures must be followed. Refer to Student Services Manager and School policy</p>

6. Chart to show the 4 levels and appropriate action to take

Unless otherwise stated, the Action Boxes give a choice of the Actions available. One or all of the Actions could be undertaken at that level of concern



7. Threshold criteria for each of the 4 levels

The list given for each level is not exhaustive, but are specific examples to aid in the level of intervention. This section is based on the Child well being Model agreed by the Wakefield District Safeguarding Board

Level 1 – Universal

As this category relates to all children, they would not meet the criteria for assessments and the expectation is that referrals would not be made.

Level 2 – vulnerability	Possible indicators	Possible interventions
<p>Children from households where the carer(s) is/are under stress, which may affect the child's/young person's health and/or development. Children whose health and development may be adversely affected</p>	<ul style="list-style-type: none"> • children/young people with isolated, unsupported carers. • families with a high number of children or more than 2 children under 5 • children/young people or parents with mental or physical health difficulties • children/young people who present management problems to their parents • children/young people in families where there is poor hygiene and/or safety • children/young people identified by school as needing additional educational support • children/young people with irregular attendance at school • children/young people with a minor disability requiring extra support • children/young people who have started involvement in criminal activities • children/young people involved in contact/residence disputes • children/young people of parents where there has been some domestic violence • children/young people experimenting with drugs or substances • young carers • children/young people who may be developing mental health problems • children/young people of parents involved in substance misuse • children/young people who demonstrate age inappropriate sexual behaviour • children/young people at risk of social exclusion 	<p>If more than one of these indicators apply to the child/young person, discuss your concerns with the family, making sure that it is recorded appropriately.</p> <p>Action that could be taken:</p> <ol style="list-style-type: none"> a. Take no further action b. Offer advice and information c. Discuss with Pod-4u staff, refer to support mentor d. Request review at half termly vulnerable pupil review meeting e. Consult with on-site agencies f. Refer to outside agency (through support mentor/Student Services Manager)

Level 3 vulnerability	Possible indicators	Possible interventions
<p>Level 3 applies to Children in Need as defined by the Children Act 1989</p> <p>A child shall be taken to be in need if:</p> <ul style="list-style-type: none"> • he/she is unlikely to achieve or maintain, or to have the opportunity of maintaining a reasonable standard of health or development without the provision for him/her of services by a Local Authority • his/her health is likely to be significantly impaired or further impaired without the provision of such services • he/she is disabled, Children Act , section 17 	<ul style="list-style-type: none"> • children/young people where failure to meet their needs could lead to long term problems with regard to their health and development • children/young people with a significant emotional and/or behavioural disorder • disabled children/young people where parents/carers feel they need additional support • children/young people with chronic ill health or terminal illness, where parents/carers feel they need additional support • children/young people previously on the Child protection register and there are new concerns • siblings of a child/young person on the CP register • children/young people at risk of being part of a family breakdown • children/young people regularly absent from school and where there are contributory social factors • children/young people where misuse of substances by their parents/carers adversely affects their health and/or development • children/young people recently discharged from care • children/young people who experience significant mental health problems • children/young people in a household where there are repeated incidents of domestic violence or where a child has been present at a significant incident • multiple of level 2 indicators 	<p>If more than one of these indicators apply or persist, discuss your concerns with the family, making sure that this is recorded and a copy passed to the Student Services Manager.</p> <p>Action that could be taken:</p> <ol style="list-style-type: none"> a. Offer advice and information b. Discuss with Pod-4u staff, refer to support mentor c. Consult with on-site agencies d. Refer to outside agency (through support mentor/Student Services Manager) e. Convene a Child well being meeting. the meeting must include family and key agencies, who can contribute to a planned response to address identified needs f. If concerns persist refer to Social Care Direct

Level 4 vulnerability	Possible indicators	Possible interventions
<p>Level 4 applies to children experiencing significant harm or where there is a likelihood of significant harm.</p> <p>A child shall be taken to be in need of protection where a Local Authority:</p> <p>a. is informed that a child who lives or is found in their area is ...i) the subject of an emergency protection order ...ii) is in police protection</p> <p>b. has reasonable cause to suspect that a child who lives or is found in their area is suffering or likely to suffer significant harm. The authority will make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare. Children Act 1989</p>	<ul style="list-style-type: none"> • children/young people who allege, or who it is alleged have suffered or are likely to suffer sexual, physical or emotional abuse • children/young people whose parents/carers are unable to provide care whether for physical, social, intellectual or emotional reasons, resulting in the impairment of child/young person's welfare or deeming them to be at risk or suffering from significant harm • children/young people whose behaviour is sufficiently extreme to place them at risk of removal from home e.g. control issues, risk taking, dangerous behaviour to themselves or others, involvement in sexual exploitation • children/ young people of school age, who disappear or are missing from home regularly or for long periods • children/young people who are assessed as having a mental health disorder • children/young people in households where parents/carers have mental health, substance dependency or domestic violence issues, which put children at risk of significant harm. • young people under the age of 16 who are homeless 	<p>If any of these indicators exist, a referral would be made to Social care Direct, who ensure that an assessment of need is undertaken and an appropriate response is made. The referral will be made by the Student Services Manager or designated colleague</p>

8. Seeking advice from other agencies

As part of its role in the community, colleagues in Airedale High school frequently work with other agencies, businesses, etc

Under the Child Well being model, the following list is a guidance to the basic principles when seeking advice from other agencies.

1. Advice and consultation sought under the CWB model is a positive outcome of multi-agency working, in that it is an efficient way of obtaining additional information about a child/student
2. The process is not a way of transferring ownership of a "problem". However the transfer of ownership could be one of the outcomes following of from advice being given.
3. The colleague contacting other agencies must make sure that they make it clear whether the contact is being made to seek advice/information about an individual or offered services or whether a referral is being made
4. Unless the child/young person is at risk of significant harm, the usual practice is for parents/carers to be made aware that advice is being sought and then kept up to date with progress.
5. In child protection cases, it may be appropriate to not contact parents/carers, if it believed that by doing so, the child/young person would be at increased risk of significant harm or that a serious criminal offence had been committed. Referral should be made to Student Services Manager, or nominated colleague, who will refer to Social Care Direct as appropriate.
6. Before contacting another agency, ensure that basic information on the child/young person is available e.g. address, dob
7. Record any advice/outcomes in the appropriate way and place.

9. Sharing information between agencies

a) Sharing personal information

Within the CWB Model, sharing information is imperative in order to:-

- Undertake an assessment of the child/young person's needs in order to provide appropriate services
- Make decisions about the development of services, using non-personal information
- Information should be shared in the spirit of openness but having regard for confidentiality

b) Agreement to share information

- It is good practice to obtain agreement to share personal information wherever possible UNLESS this would lead to the child being placed at risk of significant harm. In this case the Student services manager would be responsible for sharing information.
- It is good practise to obtain agreement in writing but that is not always practical. Verbal consent is valid but should always be clearly recorded appropriately.

c) Keeping Information safe

It is vital that the guidelines outlined in the Data Protection Act are adhered to, so that information given to or received from other agencies is kept secure

d) Fraser competency

- It may be appropriate for a young person to give consent to share information for themselves. The decision is based on the professional's understanding that the young person is of an age capable of understanding fully the nature of what is proposed.
- A competent young person's refusal to give their consent should not be overridden, except in exceptional circumstances e.g. if they are at risk of significant harm
- Within the school, it is still considered good practice, in the vast majority of case, to ensure that parents/carers are informed of the situation

e) Contact point

- From 2008, Contact point will be available for use by identified colleagues within the school as an online directory containing basic information about individual children/young people.
- Contact point will also have the facility to indicate if a colleague(s) from any agency has information to share.

f) Service directory

The directory is a comprehensive information bank of all types of childrens' services and young peoples services in the area.

The Pod-4u and the Student Services Manager have a hard copy.

The directory is a useful tool for requesting help/advice from appropriate agencies

g) Partner Agencies

The success of the Child well being model relies on the different agencies being mutually supportive, working with mutual respect and understanding.

The list of agencies below is comprehensive but not exhaustive. It can be used as a "check off list" for sources of help and advice or for invitations to be sent re PSP/CWB meetings

Wakefield Family Services

E.W.S

Social services Family Support teams / Initial assessment teams / Intensive support teams

Reach team

Social Care Direct

Visually impaired/ Hearing impaired

Young peoples Service

Other external agencies (to add to)

Police

School nursing

Connexions

CAFCASS

10. Pastoral Support Plan

- The school uses the Pastoral support Plan as it's main means of sharing information about an individual child/student with both external agencies and colleagues within the college. It can also be used to help colleagues in the assessment of a child's/young person's needs.
- The PSP has been cross-checked with the CAF form. It contains the 3 elements – Development of the Child; Parents and Carers; Family and Environmental and has the flexibility to allow for other information
- The PSP will normally be developed by the Year learning Manager or Support/Behaviour mentor. Other colleagues may develop a PSP e.g. School nurse

11. The Common Assessment Framework

- The Common Assessment framework has been developed as a means of drawing together the core information needed to make an assessment of child/young person's needs
- The Common assessment framework is to be used across agencies to help practitioners assess needs at an earlier stage to develop a shared understanding of the child/young person's needs, so that these can be met more effectively.
- National implementation is taking place between 2007/08. The Electronic Common assessment database is being developed to ensure that the pathways for the completion of assessment forms are clear; that all assessments are stored in one place and that the information is accessible.
- Once developed, additional information can be entered but only with the knowledge of the colleague originally developing the CAF
- The child/young person's parents/carers will usually be involved, contribute to the information and will be able to see the CAF form
- Colleagues should only complete those aspects of the form they are able to but, if necessary, can consult other colleagues both within and outside the school

12 Child Well Being Meetings

At this school, Child Well Being meetings will usually be called by the Student Support Manager or other nominated colleague.

A CWB meeting will be called when:-

- We have exhausted the services and resources which the school can provide but the need/concern remains
- We have already consulted with other agencies, which may be able to offer assistance
- Telephone sharing of information is not enough
- The family's needs cannot satisfactorily be linked to the services provided by the school
- There is a need to arrange close co-ordination of different agencies with the family

The purpose of the meeting is to:-

- Allow everyone present to share information
- To analyse information and draw a clear plan of action
- Identify, tasks, roles and timescales
- Identify who will be the lead professional

A review meeting should take place every 3 months to monitor and if necessary amend agreed action points

A multi-agency meeting is usually a CWN meeting but if multi disciplinary meetings are already in place (e.g. children in need meetings), then they can be adapted to accommodate CWB meetings. Child well being meetings can be called by any agency. In order to ensure the success of the CWB model, appropriate colleagues must make every effort to attend such meetings called by other agencies.

Standard proformas for all aspects of the CWB model, including invitation letters, draft agendas, reviews, pre-assessment check list, CWB plan, are available from the Student Support Manager

13. Lead Professional

The Lead Professional is a key element of integrated support

Where a child/young person already has an attached Social Worker, they will usually take on the Lead Professional role

However in some circumstances, it will be appropriate for an AHS member of staff to take on the role

The Lead Professional:-

- Acts as a single point of contact for the child or family
- Coordinates the delivery of the action agreed
- Reduces overlap and inconsistency in the services received
- - Fuller details of the role are available from the Student Services Manager

14. Useful definitions

1. Vulnerable children – children/young people at risk of social exclusion - Children from households where the carer(s) is/are under stress, which **may** affect the child's/young person's health and/or development. Children whose health and development **may** be adversely affected
2. Children in Need – They are children who are provided services under the Children Act 1989, i.e.
 - he/she is unlikely to achieve or maintain, or to have the opportunity of maintaining a reasonable standard of health or development without the provision for him/her of services by a Local Authority
 - his/her health is likely to be significantly impaired or further impaired without the provision of such services
 - he/she is disabled