

Guidance to completing the

# Single Assessment Framework

BRISTOL

For professionals assessing needs of families for early help

April 2014



# Single Assessment Framework

## Contents

Introduction	3
Principles of the Single Assessment Framework	4
Conducting the Single Assessment	4
Expectations of professionals in SAF completion	5
Best practice in recording	6
Equalities competency	6
The step-by-step guide to completing the assessment questions	7
Management of the Single Assessment	10
Action planning	10
SAF Action Plan	10
Distance Travelled	10
Reviewing the Plan	10
How often must reviews be held?	10
Thresholds	11
Step-up and Step-Down from Social Work	11
Case closure	11
Appendix One – Ethnicity Codes	12
Appendix Two – Step up / Step down arrangements in Bristol	13
Appendix Three – The different agencies that contact First Response and how the team works	15

## Introduction

Bristol's Single Assessment Framework (SAF) 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. This multi-agency assessment allows professionals working with a family to have a shared understanding of the families' strengths and what support they need to thrive. It will mean that families don't have to experience multiple assessments undertaken by a wide variety of professionals.

The SAF is part of a framework for joint and multi-agency working for all children, young people and families with additional needs. We have replaced the Common Assessment Framework (CAF) in Bristol as the early help assessment, with the SAF. We will also be replacing the Initial and Core Assessments within Social Care and meeting the requirements of the 'Education, Health and Care Plan' later in 2014. This guidance is aimed at professionals who are assessing the needs of families for early help.

We expect professionals completing the assessment to comment on all aspects of the National Assessment Framework Triangle (below)

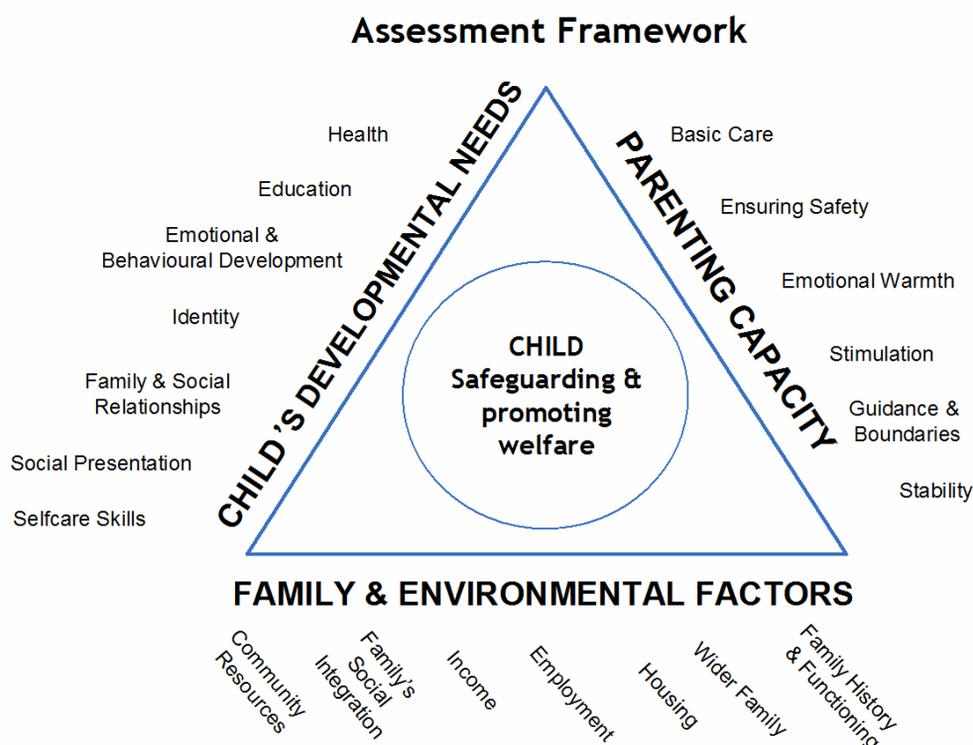
and particularly on the fields that are within their agency's remit, drawing on their specific knowledge and expertise.

Other members of the Team Around the Family (TAF) will bring their own contributions to give a rounded assessment of need.

The revised 'Working Together' 2013 guidance is clear that a good assessment is one that investigates the following three fields, set out in the diagram below:

- the child's developmental needs, including whether they are suffering or likely to suffer significant harm
- parents' or carers' capacity to respond to those needs, and
- the impact and influence of wider family, community and environmental circumstances.

The interaction of these fields requires careful investigation during the assessment. The aim is to reach a judgment about the nature and level of needs and/or risks that the child may be facing within their family.



## Principles of the Single Assessment Framework

We have designed the framework so that the child and their family are at the heart of the assessment with the following person-centred principles:-

- Genuine involvement of children and families in the process to inform decisions and commissioning intentions
- Helping the child and family to think about what they want now and in the future
- Getting all the important people who support the child and family to work together to help make things happen
- Listening to the child about what they want for their life when they leave school
- When planning with the child being assessed the child's wishes and aspirations must be central.
- Strengthening the "voice" of the child through the assessment so that it is possible for anyone reading the assessment to understand what life is like for the child
- Use of ordinary language and images
- Active identification of the child, young person and family's strengths as well as needs.

The framework contains three levels of assessment:

- **Initial Contact** - Request for Help form is used when a child and/or a family are first identified as requiring additional support.
- **SAF Assessment** – the holistic assessment that provides a clear record of the different needs for a child and family. The SAF Assessment form helps to identify the accurate, up to date information about the needs of a child and whether a specialist assessment is necessary. The information about the child can feed into further specialist assessments as and when required.
- **Additional Assessment** – specific, specialist assessments of a child where more detail is required in specific areas for more complex needs, e.g. speech and language, occupational therapy or psychological assessment. This includes an Education Health and Care Plan. It is important that these other assessments are co-ordinated so that the child does not become lost between the different agencies involved and

their different procedures. Regardless of their depth, all assessments should be linked to a plan that sets out what should happen to achieve the identified outcomes for the child or their family.

## Conducting the Single Assessment

Each of the three Bristol areas has an Early Help Team that includes a small core of staff coordinating requests for help to support vulnerable children, young people and their families. These Early Help teams receive any new requests for help from the citywide First Response team. All requests for help are reviewed by Early Help teams and then allocated to the person best placed to take the role of lead professional. The teams are working effectively with the wider early help network (which includes Children's Centres and Bristol Youth Links), schools, contracted family support providers, partners from health, the police and the voluntary sector.

This better coordinated approach means that significantly more children and families will receive the right help, in the right place, at the right time. If you are asked to complete a Single Assessment, you will take on the role of Lead Professional. This means you will co-ordinate the completion of the assessment and delivery of the actions plan to meet the identified needs of the child and family, often with the support of a range of practitioners.

There is an illustrative diagram in Appendix 3 that represents the different agencies that will contact First Response and how the team will work.

Assessment and action planning with a family is an on-going process. However if the Early Help teams ask you to conduct a single assessment, they will confirm the required timescale for completion of the assessment and action plan.

The SAF is generally used with children and young people up to the age of 18. It can be used beyond 18 where appropriate, to help the young person to have a smooth transition to adulthood.

The SAF form is used to record the assessment of a child's needs and their family circumstances, which can be carried out wherever is most appropriate for the child and their family. It is likely that more information can be gathered, and the family will feel more at ease, when it is carried out in the family home.

It is very important that you see the child or young person and parent/carer separately wherever possible.

You may find it useful to map the family patterns, social relationships and emotional bonds within a family using a genogram. This will also help you to ensure that you understand the relationships within the family and that the information recorded about them in the assessment is accurate.

The system that records SAFs will also show if there are any known risks to professionals who may need to visit the family. For example, any known animals in the household need to be identified. If work has been undertaken to reduce or manage the risks please describe it and any changes to the family.

## Expectations of professionals in SAF completion

Sometimes the Early Help teams determine that enough assessment information is already known, and that it is appropriate to move straight to planning actions with the family. If this is the case, the Early Help team will let the Lead Professional discuss this with the family.

Where further assessment information is needed, the Single Assessment form (SAF) should always be used. Regardless of the agency completing the SAF, it is important that:

- Each assessment should be completed with an appropriate depth and quality to reflect the circumstances of the situation and the urgency of the situation. The Early Help team will agree the timescales for completion with you. There will be more information in some sections than others, depending on the professional background of the completer

- Good outcomes for children rely upon positive and solution-focussed discussions between all agencies involved and understanding and appreciating the roles of others to work effectively. Those working with a child and family can access additional knowledge and expertise from suitably qualified and experienced staff from a range of agencies to explore a concern, and decide how best to respond to it.
- The SAF is completed with the child, young person and their family depending on the age and maturity of the young person.

*"...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."*

*Excerpt from Gillick competency & Fraser guide [NSPCC factsheet](#)*

- The views of the child, young person and family as well as those of the professional are recorded.
- Information given is factual or observed and that if not, it is clear where it is opinion.
- Differences in views between the Lead Professional and the family are recorded and any suggestions on how the differences could be reconciled.
- Distance-travelled scores are discussed and discrepancies recorded.
- All documents are stored securely on the Liquid Logic Children's System (LCS). If you have not already been given access to this, you should contact your Early Help team.



## Best practice in recording

All Single Assessments within Bristol are recorded and managed on one system called the LiquidLogic Children's System (LCS). This provides access to on-line forms for completion of the assessment, action plans and other documents associated to that particular case. It is expected that all recording as part of the SAF process will be completed on this system.

If you have been identified as the best placed person to act as the Lead Professional, the Early Help team will give you details about how to get trained on accessing and using the system. As part of this process you will be asked to sign an access agreement, which sets out the access terms and conditions. Access will not be granted until these agreements have been signed and returned to the Early Help team.

How we record information is very important. Children and young people and their families have a right to see what is recorded about them and should be given the opportunity to comment on and make amendments to assessments.

Some issues to consider:

- The need to separate opinion from fact, practitioners recording needs to create trust
- Use plain English
- Avoid jargon and acronyms – full words should be used
- Recording should be clear and concise
- Recording should make clear whose opinion is being expressed, whether child, family member or professional.



## Equalities competency

Assessing the developmental needs of children is a complex process, which requires all relevant aspects of a child's life experience to be addressed.

For children with [protected characteristics under the Equality Act 2010](#), assessments should address the impact that discrimination may have on a particular child and their family and ensure that the assessment process itself does not reinforce discrimination. Please note:

- All children, irrespective of any protected characteristics, can potentially be subject to abuse and neglect.
- The assessment process should maintain a focus on the needs of the individual child and should include any needs associated with protected characteristics.
- Cultural factors neither explain nor condone acts of omission or commission which place a child at risk of significant harm; all children have a right to grow up safe from harm.
- Professionals should guard against myths and stereotypes of black and minority ethnic families, children with disabilities and lesbian, gay and bisexual young people.
- Anxiety about being accused of discriminatory practice should not prevent the necessary action being taken to safeguard a child.
- Abuse or neglect of a disabled child may be harder to identify, especially if the child has difficulty communicating, so professionals need to be vigilant when undertaking assessments.
- Professionals should be informed about differing family patterns and lifestyles, and to child rearing patterns that vary across different racial, ethnic and cultural groups.
- Professionals should be aware of the broader social factors that serve to discriminate against black and minority ethnic people, people with disability and lesbian, gay and bisexual people.
- Professionals need to understand the effects of harassment, discrimination and institutional discrimination, as well as cultural misunderstanding or misinterpretations.

## Step-by-step guide to completing the assessment questions

### • Assessment details

It is important that you complete this information as fully as possible.

### • Parental Consent for Information Sharing

Before you discuss the child or young person and their family with other agencies it is important that you talk to the child and family about what you will be doing and explain who you will be talking to and why. Information sharing is governed by the [Children Act 2004 section 10](#): and the [local information sharing protocol](#).

### • Reason for Assessment

This should summarise information provided to you as to why an assessment is needed.

### • People who have contributed to this assessment

Anyone else who has been involved in the assessment to be named here, including professionals, family members, friends. See above for guidance about professional information sharing.

### • Additional Carers

Please add any known information and indicate the home address where possible.

### • Other Household Members

If anyone else lives in the household who has not already been named on the form please give their details here.

Include lodgers, long-term visitors and in the 'relationship to family' box say how long they have been in the household and if there is a leaving date. If there is extended family that is key to the assessment please record the addresses of all.

### • When did you see the children and speak to them?

Give dates and locations for when you spoke to the children.

### • Child(ren)'s view?

The child's own perspectives on their life and experiences are essential to a successful assessment. The child's views should be reflected throughout the assessment, so this section provides some guidelines to help explicitly include the child's views. Where possible, do include direct quotes of the child's views.

Children have views about what is happening to them. They attach meaning to events. They have wishes and feelings which must be taken into account and they will have ideas about decisions and how those decisions are implemented.

During the assessment, the responsibility for trying to establish effective communication is firmly with the professionals conducting the assessment. Some simple guidelines for talking with a child include:

- Explaining why you are talking with them
- Ensuring that the professional(s) express themselves simply and clearly and use concepts which are familiar to children
- Matching explanations of new ideas to the children's age and levels of understanding;
- Being aware of the possible impact of emotional distress on children's understanding
- Eliciting children's fears and offer reassurances
- Allowing children plenty of opportunities for asking questions
- Asking children for feedback to see if information and explanations have been heard and understood
- Repeat, simplify, expand and build on explanations if appropriate
- Use communication tools such as drawing, games, prompt cards, books and videos.



## Step-by-step guide to completing the assessment questions... cont.

### • When did you see the Parent/Carer and speak to them?

Parental responsibility: A mother automatically has [parental responsibility](#) for her child from birth. A father usually has parental responsibility if he is:

- married to the child's mother
- listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in)

### • Services that this family have received (now and in the past)

Please go to reasonable efforts to ascertain the information using your judgement about how far back to go. Give details rather than just a name as the information from the person/agency who has been involved will be important to the action plan.

### • Child(ren)'s health and development needs

Information for this section is likely to come from a combination of observation and discussion with the child and parent/carer and other professionals. For example, you may need to speak to the child's school to ascertain the progress and achievement in learning or a health professional to discuss health needs.

### • Parenting capacity of parent/carers

Although some basic needs are universal, there are many varied ways of meeting them, and this may be impacted on by culture, class and community. Care must be taken to avoid discrimination and stereotyping.

Good parenting can be more challenging when family resources are limited. Nevertheless, when assessing a family it is important to gather information about how the key responsibilities of parenting are being carried out. Observations of how parents interact with their child are as important as how they describe their role.

Typically, services provided for children and families often focus on engaging with the mother-figure in the family. Practitioners should strive to ensure that father-figures are also involved in assessments.

### • Family and Environmental Factors

Information for this section is likely to come from a combination of discussions with the child and parent/carer, from other professionals, and from service records. The impact of a family's history and experiences may be very helpful in understanding the family's current situation. It is also important to gather as much information as possible about other support available to the family, whether from their wider family network or in their community, to meet the child's needs.

Print

SAF - Single Asses...

- Assessment Details
- Child & Family Info...
- Circumstances
- Analysis
- Signatures & Com...
- DfE Factors Identifi...
- Parental Consent f...
- Authorisation

**Stage: SAF Completer**

Once the Assessment has been completed, please send to the the Early Help Coordinator / FIT Supervisor to review and authorise

## Circumstances

- **Services that this family have received (Now or in the past)**

What services were/are accessed by the family? What work has been undertaken to date? Did it produce any significant cha

Service team name	Service Description	What was the outcome?	Contact Name	Address, T

- **Significant events**

Family chronology of key changes in the family, concerns, incidents that occurred during the assessment

If you are not the Lead Professional wishing to edit this field please provide date, your name and your role (e.g. 9/10 Jo Smith, Health Vis

- **Child(ren)'s Health and Development Needs**

## Step-by-step guide to completing the assessment questions... cont.

### • Risks and strengths analysis

At this point in the assessment it is important to pause and reflect on the information gathered. Our assessments of children and families must be based on **all** the relevant evidence that is available to identify current needs and future risks. Practitioners must ensure that they identify any risks to the child and talk openly and honestly with the parent when assessing perceived risks (unless by doing so you may increase the risks to the child). If you identify a risk of significant harm, you must follow the child protection procedures. Practitioners should also look for the talents and resources within the family as strengths to be built on because they may help mitigate risks.

The SAF includes three simple questions to ask when thinking about a family:



In Bristol, we are in the process of adopting the [Signs of Safety](#) approach to working with children and families where there are concerns about abuse or neglect. This builds upon the questions above. As this approach is implemented in Bristol throughout 2014 and beyond, training will be offered to practitioners.

### • Restricted Information

There may be risks that are relevant to the assessment but which would not be helpful to share directly with all family members. When this is

the case, use the 'restricted information' section so that this information can clearly be recorded, but will not be included on any printed versions of the assessment.

### • Summary of key findings

This summarises your assessment's main findings and your overall analysis. A clear and succinct summary, with good analysis, will help you to develop a focussed plan of action with the family.

### • Service recommendations

If, through the course of your assessment, you can offer specific service recommendations please record them here. If you think another service may be able to meet the needs identified, suggest that here. If none can be identified, please indicate in the box. The family may say what they feel is the best help being offered, and it's important that you record this for further reflection when planning with the family.

### • Other professionals comments

If other professional input has been given, this is an explicit opportunity to include this.

### • Signatures and comments

#### Child's view of the assessment

The views and wishes of the child should be clear throughout the assessment. You should share your reflections and analysis with the child or young person, feed back to them the comments they've made throughout, and discuss with them their view of the assessment. They may choose to add further views at this stage which should be recorded here, ideally in their own words.

#### Parent/Carers view of the assessment

This is your opportunity to share your reflections and analysis with the parent/carer, feed back to them the comments they've made throughout, and discuss with them their overall view. They may choose to add further views at this stage.

#### Signatures

These are the signatures of the parent/carer who has been involved in completing the assessment, the SAF completer (who is the assigned lead professional) and anyone else that has contributed to the assessment. The space for signatures will be available on the printed version of the form and should be uploaded as a document on the case file.

## Management of the Single Assessment

### • Action planning

The Single Assessment Framework covers more than just the assessment aspect of the process. It includes the planning phase.

Everybody thinks and plans their life in different ways. Some people have very clear ideas about what they want and how to achieve it; others take opportunities as they arise.

Ultimately, the aim of any assessment of a child and their family will be to identify ways of improving the situation for that child. Effective person-centred planning should identify what is needed in order of priority, and who needs to help deliver it. Planning should also be a continuous process – allowing for new information and needs to be included.

### • SAF Action Plan

This involves working with the family to reflect upon the information gathered through the assessment. By completing an Action Plan with the family everyone focuses on planning what action is needed so that the family can achieve their full potential. The plan should clearly state the goals for the child / young person and family, and what steps are going to be taken to reach these.

The SAF Action Plan form helps record the following for the family:-

- What is important to the child(ren) and family.
- What the child(ren) and family would like to see change.
- How the support that is agreed will be put in place.
- How money will be spent on the child(ren).
- How others will support the child and family to help the child.

The answers to these are developed into the Action Plan. It should be clear to anyone reading the action plan, who is going to do what by when.

### • Distance travelled

Separate guidance will be made available on the distance travelled scoring, undertaken initially at first action plan and then scored at subsequent reviews.

The tools and guidance used for this are currently being reviewed and will be linked to in this guidance when available.

### • Reviewing the Plan

The SAF Family Action Plan is designed to provide the review capability of the previous action plan. The review is formed around three key questions:

1. Has the Action Plan made any difference?
2. Was it helpful? / Not helpful?
3. What needs to change?

As with assessment and support planning, the most important person at a review meeting is the child (or children). It is essential that a child has a real say in the decisions that affect their life.

Before the review, the child(ren) and family should know what is going to be talked about at the review. During the review, the child must be listened to and the child(ren) may take along someone they trust to speak on their behalf. After the review the child will have a written copy of the decisions that were made at the review.

If the implementation of the plan is making a difference and the family increase their independence, it may be appropriate to begin shaping the actions that support the gradual withdrawal of some forms of support for them.

We measure the progress being made by the child and family using a Distance Travelled Tool. Guidance on using the tool is available separately.

### • How often must reviews be held?

Reviews should be held within a timeframe suitable to the plan for that family, taking into account the urgency and complexity of the plan. At the first review, the professional leading the review will work with the family and other professionals to determine the review schedule. Reviews must be held at least annually.

If a lot is happening or there is a problem, reviews maybe held more often. If the family feels that they would like a review, e.g. they are unhappy or wish to change arrangements, they can ask for a review to take place.

## Thresholds

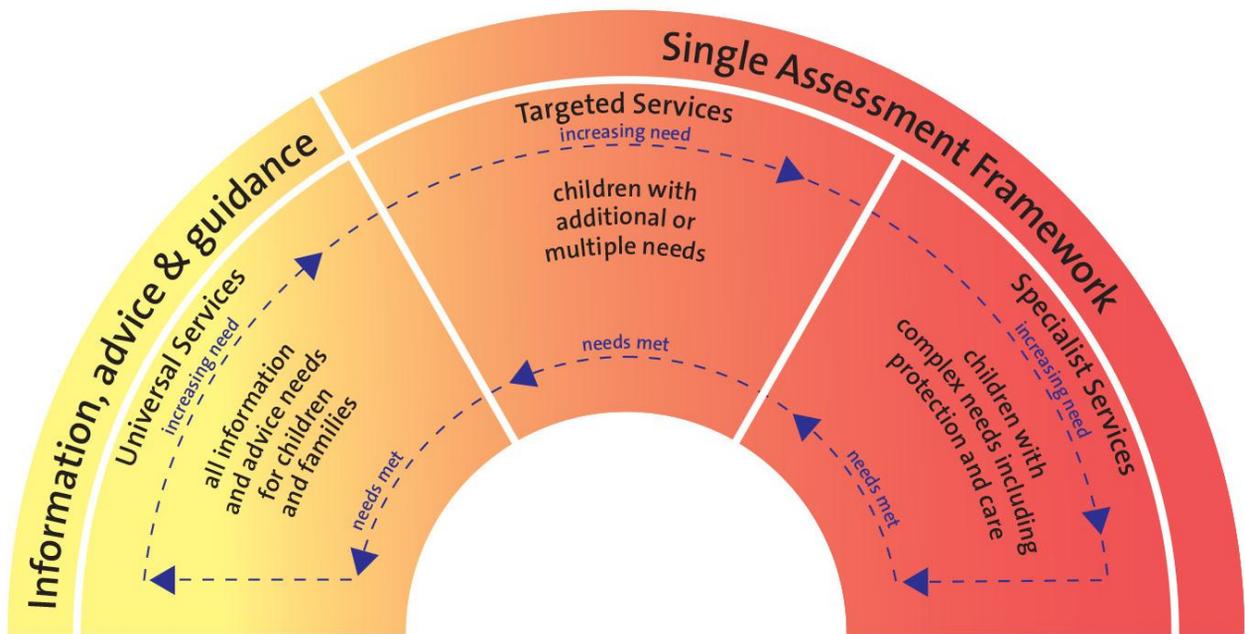


Fig 1 – Levels of need and support

Children and families may experience a range of needs at different times in their lives. Families are dynamic and life is sometimes unpredictable. We use a model (Fig 1 above) in Bristol to show the levels of needs and support experienced by children and families as lying across a continuum. This shows how they may experience a range of different needs at different times, so will move backwards and forwards within the continuum as their needs are met and new needs are identified.

The continuum is consistent with the revised "[Working Together](#)" 2013 guidance.

We've produced this framework to develop a common understanding amongst professionals of children's needs and vulnerabilities. This includes shared assessment procedures to make sure that all agencies work together.

In Bristol, the guiding document for people who are working with children and families is called '[Threshold Guidance: help for practitioners working with children and young people](#)'. This is to help professionals when they think a child needs additional support or protection, but are not sure what kind of service is appropriate. This guidance should help identify whether a child has additional needs, and if so what kind of assessment may support in understanding their needs and subsequently meeting them.

### Step-up & Step-down from Social Work

Sometimes the action plan put in place is not working. This is when family or professionals become stuck and are unable to move the situation on, or where the situation is deteriorating and it is appropriate to consider if the case should be "stepped-up" to Social Care. In the same way the social care team can "step-down" a case. The arrangements for how and when this should happen are in Appendix two.

### Case closure

If the action plan is supporting the family to move towards realistic completion of their goals, it may be that the family are increasingly able to take responsibility for their own change and no longer feel that they need a formal action plan to be in place.

Other reasons for closing the case could include that some agencies continue to support the family, but that a co-ordinated response is no longer needed. The case may also be closed because the family no longer wish to engage with the process or the family have moved out of the area.

If it is agreed that the case should be closed this should be agreed with the child/young person and parent/carer(s) and other practitioners involved. Ensure that case closure form is completed on the SAF system.

## Appendix One Ethnicity Codes

Ben	Bengali	Oth	Other	Ch	Christian	11	White – UK	44	Malaysian
Can	Cantonese	Pun	Punjabi	Hi	Hindu	19	White – Other	45	Pakistani
Eng	English	Pol	Polish	Je	Jewish	21	Black – African	46	Sri Lankan
Fre	French	Por	Portuguese	Mu	Muslim	22	Black – Caribbean	80	Other Ethnic Group
Ger	German	Spa	Spanish	No	No Religion	23	Black – UK	85	Dual Heritage
Gre	Greek	Syl	Sylheti	Ot	Other	29	Black – Other	90	Unclassified
Guj	Gujarati	Tur	Turkish	Ra	Rastafarian	41	Bangladeshi		
Hin	Hindi	Unc	Unclassified	Si	Sikh	42	Chinese/Hong Kong		
Ita	Italian	Urd	Urdu	Un	Unclassified	43	Indian		

## Appendix Two

### Step up / step down arrangements in Bristol

#### Social Care and Early Help Step up / Step down Arrangements in Bristol

This protocol supports Early Help and Social Work teams to consider appropriate thresholds for cases that need to Step Up or Step Down from Early Help. These arrangements also apply for Disabled Children Service.

#### Urgent Step Ups:

Where a practitioner involved in an Early Help case has an immediate Child Protection concern, i.e. where there is immediate physical risk to a child or young person, they must contact First Response immediately, in keeping with South West Child Protection Procedures and then inform Early Help. Examples of when practitioners should go direct to First Response:

- If a child / young person discloses harm/abuse
- If a child / young person presents with injuries and the explanations do not seem plausible
- If someone else discloses that a child / young person has been harmed/abused

#### Stepping Up:

The SAF Step Up process is appropriate when:

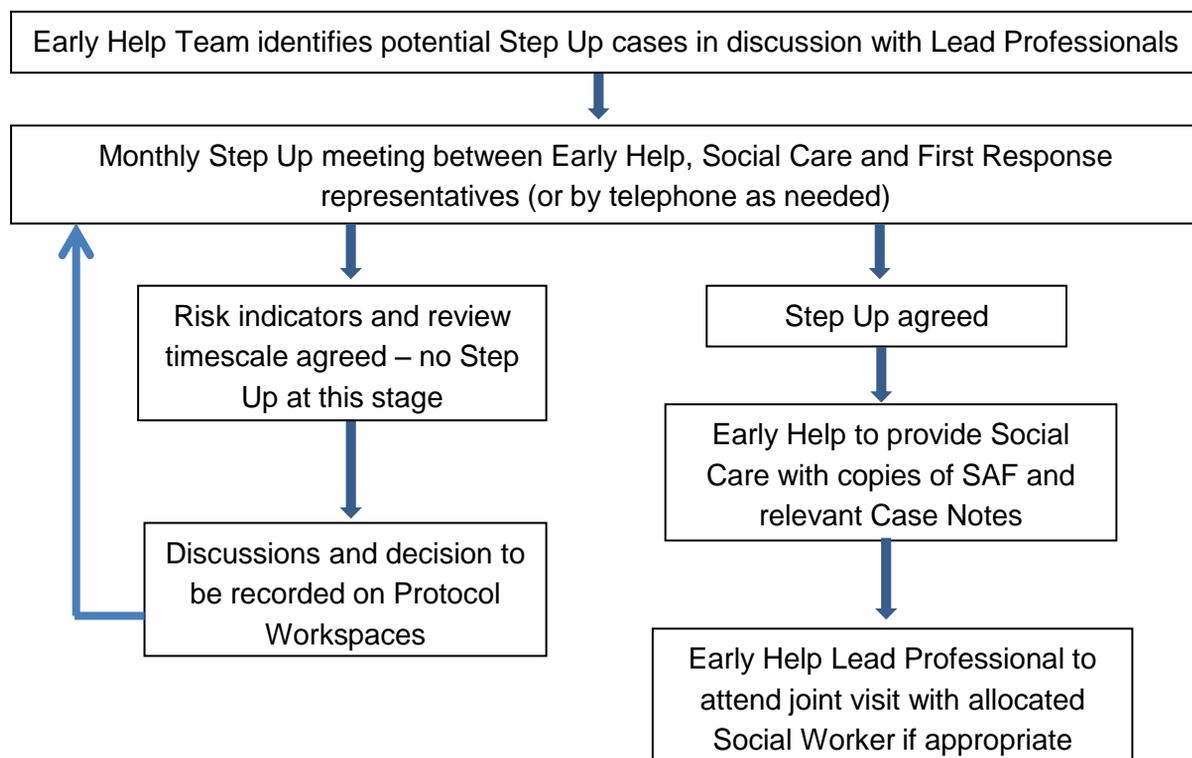
- SAF action plans are not working
- The family or professionals become stuck and are unable to move the case on
- Situations deteriorate and concerns increase but it is not clear whether the case meets Duty Team thresholds.

Lead Professionals in all agencies (including the commissioned providers e.g. Action for Children, Barnardo's, LPW, CYN, etc.) should, firstly discuss the situation with the Early Help Co-ordinator or EH Social Worker and together consider the appropriate alternative responses available.

If a Step Up meeting is agreed the Early Help team will support Lead Professionals to prepare relevant information and/or attend the meeting.

Monthly meetings (times to be agreed in each area) will be held between Early Help, Social Care, and First Response nominated representatives (overleaf) to discuss potential Step Up cases and to agree the indicators that would result in a Step Up.

See Flowchart below:



*This protocol is aimed at cases already in the Early Help System. However, the Early Help Team are happy to support any professionals who want to discuss referral pathways and thresholds when considering situations where there is a lack of clarity and additional information is required to make a decision.*

## Monthly meetings - Current Nominated Individuals:

### SOUTH

Social Work Teams:	Senior Practitioner
Early Help:	EH Social Worker or EH Co-ordinator
First Response:	Deputy Manager for South

### NORTH

Social Work Teams:	Senior Practitioner
Early Help:	EH Social Worker
First Response:	Deputy Manager for North

### EAST CENTRAL

Social Work Teams:	Senior Practitioner
Early Help:	EH Social Worker
First Response:	Deputy Manager for East Central

(Nominated individuals must send a substitute if they are unable to attend the monthly meeting.)

## Stepping Down:

If a Social Worker is looking to close a case but has identified that the family would benefit from some further support, a Step Down to Early Help can be considered.

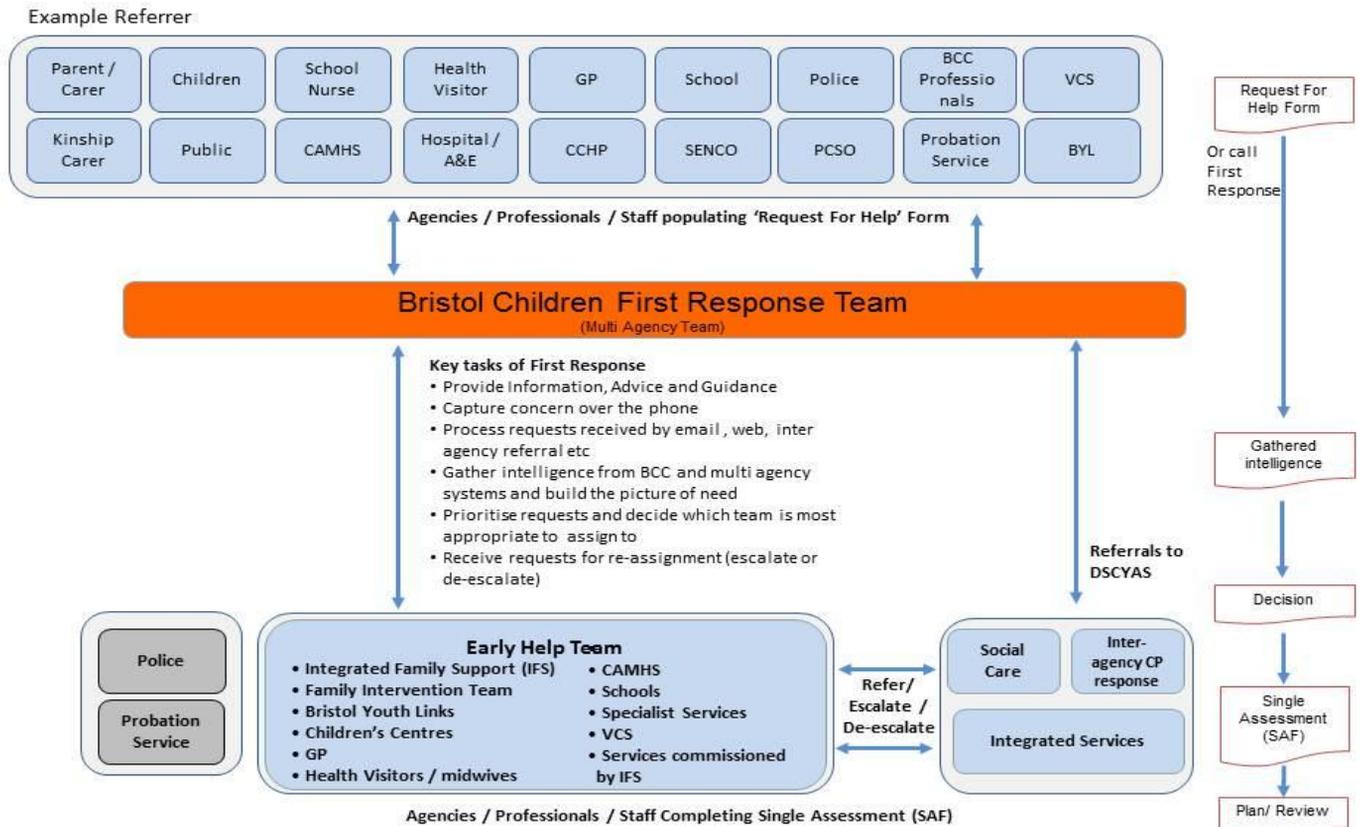
The Social Worker should contact the Early Help Coordinator or Early Help Social Worker to advise that they are seeking to Step Down a case. They should give as much notice as possible and an initial outline of involvement and the issues that the family are still needing support with.

If Early Help support is available and a Step Down is agreed, the Social Worker will:

- Talk to the family about what Early Help could offer (and share the Early Help leaflet with them).
- Provide Early Help with a copy of the most recent assessment (with any sensitive information redacted) and a Closing/Transferring Summary which outlines current strengths and concerns, and work carried out so far.
- Provide contact details for any other agencies currently or recently working with the family.
- Be available for a joint meeting with the family and the Early Help Lead Professional if required.

## Appendix Three

### The different agencies that contact First Response and how the team works



#### Key:

- |                    |                                                                 |
|--------------------|-----------------------------------------------------------------|
| BYL                | – Bristol Youth Links                                           |
| SENCO              | – Special Educational Needs Coordinator                         |
| PCSO               | – Police Community Support Officers                             |
| VCS                | – Voluntary & Community Sector                                  |
| HV                 | – Health Visitor                                                |
| CAMHS              | – Child and Adolescent Mental Health Services                   |
| Integrated Service | – 0 – 25 year olds with disabilities, SEN, complex health needs |
| Specialist         | – e.g. Domestic Violence (DV) / Abuse Services                  |
| SEN                | – Statement of Educational Needs                                |
| IFS                | – Integrated Family Support Service                             |
| FIT                | – Family Intervention Team (troubled families)                  |
| CP                 | – Child Protection                                              |

## An important reminder

If you are concerned about a child or young person, or think they need support, contact First Response on 0117 903 6444.

If it is out of office hours and you are worried about a child or young person call the Emergency Duty Team - 01454 615165.

If the child is at immediate risk ring the Police on 999.

If you would like this information in a different format, for example braille, audiotape, large print or computer disk, or community languages, please call 0117 922 1116.