

Thresholds of Need and Assessment Protocol

Making decisions that promote good outcomes for children in Ealing

2019/20



Ealing Safeguarding Children Partnership



Foreword

This document sets out our approach to keeping children in Ealing safe and protected from harm. It is designed to help professionals plan for children and young people in the short and longer term. It explains how we make decisions about risk and need and sets out how these inform assessments and plans.

The guidance builds on 'conversations' with colleagues from all agencies over many months and in particular the work that has focused on Early Help. In producing it we have taken the opportunity to learn from practice issues and developments and from serious cases.

The guidance is intended to help professionals embed into their practice a restorative and strengths-based approach. It is designed to ensure that across the continuum of need professionals consider that the right help is given to the right children at the right time and for the right duration.

We have refreshed this document in response to the updates in legislation and safeguarding practice and to the replacement of Ealing Safeguarding Children Board (ESCB) with a new multi-agency partnership Ealing Safeguarding Children Partnership (ESCP) in response to the Children and Social Work Act 2017.

The core partners will be supported by other key organisations in the borough through subgroups that feed into the Partnership and the voice of young people will be heard through input from Young Ealing Safeguarding (YES) group. Further information about the ESCP and working arrangements can be found in the recently published 'Ealing Safeguarding Children Partnership: Arrangements for 2019-20' at www.ealingscp.org.uk

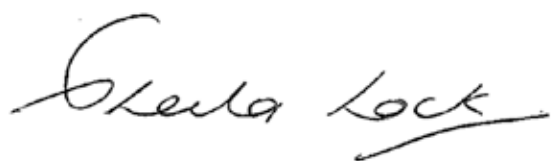
Most children and families welcome help and support from professionals involved in their lives, but we need to recognise that for some children and families who are struggling, professional intervention can add an extra layer of stress which they find challenging, shameful or difficult. Working with children and families should therefore be regarded as a privilege as well as a skilled task and our principles of practice must ensure that we do not delay in offering help where it is needed and where it might avoid problems escalating.

Ealing is also adopting a 'contextual safeguarding' approach based on a model developed by the University of Bedfordshire. This approach seeks to understand and respond to young people's experiences of significant harm beyond their families. We have incorporated contextual themes/risks in this document.

This document is set out in the following way and seeks to mirror the child's journey through our system as well as offering additional resources to support professionals and expand their skill and knowledge base:

Section A: Thresholds of Need
Section B: Assessments
Section C: Additional Resources

We hope this guide continues to be an essential part of your safeguarding toolkit.



Sheila Lock, Chair, on behalf of Ealing Safeguarding Children Partnership



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Principles of practice in Ealing

It is important that all those working with children and their families work to a common set of principles that underpin good practice. These principles are drawn from the development of our work around early help, working locally together and from our systemic approach to seeing the strengths within families and adopting a restorative style.

Our principles include:

- Being child centred - the child/young person's needs are paramount
- Making decisions rooted in evidence
- Recognising that children and young people's needs can, and indeed do change
- Being focused on outcomes
- Respect for all people at all times
- Listening to family members and giving importance to what they say
- Building on strengths as well as identifying difficulty
- Being honest and transparent
- Hearing the voices of children and young people
- Recognising that children and young people may need additional support in the early years as well as in adolescence
- Communicating clearly regarding concerns and what needs to happen to reduce those concerns
- Recognising the importance of a child's family and community
- Understanding families individuality, beliefs, culture and spirituality
- Being committed to anti-discriminatory practice across all services
- Taking a 'Think Family' approach that considers the needs of all children and members of a family
- Offering help early, doing all we can to keep intervention at the lowest possible safe level
- Acknowledging that no one agency can have full information about a child/young person's life, so as agencies we will share information in an appropriate and timely manner.



Contextual Safeguarding in Ealing

Contextual safeguarding has been developed by Dr Carlene Firmin at the University of Bedfordshire, and is an approach to understanding, and responding to young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

In Ealing we have decided to focus on the following areas when developing a response to contextual safeguarding:

- Child Sexual Exploitation (CSE)
- Harmful Sexual Behaviours (HSB) (where the harm is happening outside the family environment i.e. peer on peer abuse)
- Gangs
- Serious Youth Violence
- Child Criminal Exploitation (CCE) (including County Lines)
- Radicalisation (outside of the family environment)
- Abuse in intimate partner relationships between peers (domestic abuse)
- Trafficked young people.

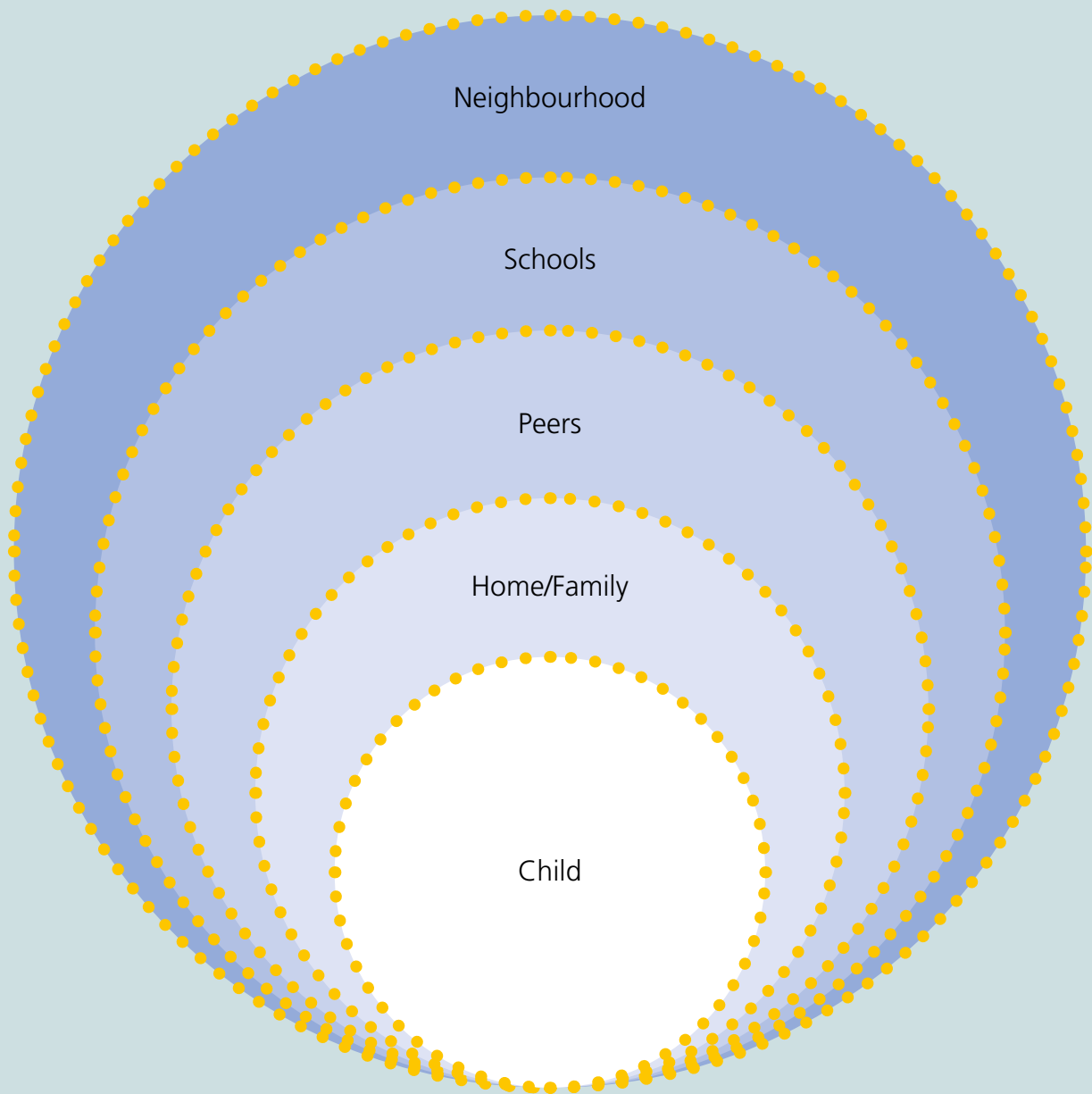
It is also recognised that a large number of young people with contextual safeguarding concerns will have missing episodes (from either home, care or education).

With the support of the University of Bedfordshire we are currently developing a contextual safeguarding framework across Ealing to better support the needs of young people where there are concerns about harm outside the family home. In addition to working with young people differently, we are also working to try and make spaces around the borough safer.

If professionals have concerns regarding harm coming to children outside the family home they should follow the same process as if they had traditional safeguarding concerns

The Vulnerable and Exploited Children & Young People Guidance - including the Vulnerabilities Screening Tool (VST) has been developed to support professionals when considering risks of harm to a young person outside the home. The Guidance and VST can be found at www.ealingscp.org.uk





Contexts of Adolescent Safety and Vulnerability

Image sourced from "Contextual Safeguarding: An overview of the operational, strategic and conceptual framework" November 2017 Carlene Firmin, University of Bedfordshire
Available on ESCP website www.ealingscp.org.uk

Section A

Thresholds of Need

- Introduction
- Early conversations – how we make decisions together
- Helping you identify a child in need of help or protection
- Observations a child/young person may be in need of support
- Consent and Information Sharing
- Understanding Thresholds and Levels 1 - 4 Descriptors
- Safeguarding or Child In Need?
- Assessment Framework Tool
- Thresholds of Need and Response - Levels 1 - 4
- Ealing Referral Flowchart
- Early Help & the Early Help Assessment and Plan (EHAP)
- Early Help Services including SAFE (Supportive Action for Families in Ealing), Parenting and Early Start Ealing Services
- Referrals to Children's Social Care via ECIRS (Ealing Children's Integrated Response Service) - including MASH and decision making
- Criteria for statutory assessment and services

Introduction

This Thresholds of Need guide provides a framework to help practitioners in all agencies identify when a child or young person may need help or protection through a graduated response from universal, early help, targeted early help or specialist and statutory services.

Working Together to Safeguard Children (July 2018) sets out that when a child or young person is believed to be in need of support, effective safeguarding arrangements should aim to meet the following two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each individual and organisation should play their full part; and
- A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children and young people.

This means that all practitioners, including those in universal and adults services have a role to play in identifying emerging problems and sharing information with Children's Social Care. Safeguarding children first and foremost means that if a child or young person has been harmed or abused or is at risk of being harmed or abused, Children's Social Care must be notified immediately for appropriate action to be taken.

Early conversations

How we make decisions together

This framework for making good safeguarding decisions encourages an approach that facilitates early discussion, conversation and dialogue when we have emerging worries about children. This document looks to promote safety and strengths in the family and their existing network to properly address concern on a long-term basis. It also sets out how to recognise signs of harm and what to do when we have immediate concerns for children's safety, to prevent any delay in protecting them and/or gathering evidence where a crime has been committed. The approach recognises that no one practitioner may hold all the information needed to achieve a comprehensive and balanced analysis. It is only by sharing information on a multi-agency basis that a sound evidence base can be established and decisions made about the level of support and/or intervention that might be needed to meet a child's needs and keep them safe.

NB. Please use this Thresholds of Need Guide in conjunction with the London Child Protection Procedures and Practice Guidance where there are safeguarding concerns.

www.londoncp.co.uk

Helping you identify a child or young person in need of help or protection

Protecting children can involve professionals and practitioners having the difficult task of analysing complex information about human behaviour and risk. It is often not straightforward: it involves consideration about past and potential harm and family circumstances.

It is also important to recognise that in order to gain a balanced picture it is vital to obtain information regarding any past, existing and potential safety and strengths. This balance of information regarding family functioning allows the professionals to achieve a comprehensive assessment which applies just as much when issues are first emerging as when a significant incident of harm is identified.

If the concern for a child is more about their general wellbeing, taking action early to address an emerging issue is key to preventing the situation taking hold and having a detrimental, longer-term effect on the child. Also, the initial presenting issue may in fact uncover a safeguarding concern or develop into one. Either way, early identification of a child in need of help or protection and the delivery of appropriate support are essential.

Worried about a child?

If at any time you become concerned that a child has been harmed or is at risk of harm – call ECIRS immediately on **020 8825 8000** (24 hour number). After office hours calls to this number will go to the Emergency Duty Team (EDT).

NB: Where there is an urgent and immediate need to protect a child, dial 999 to contact the Police.

Observations that could indicate a child/ young person of any age may be in need of support:

(This is not an exhaustive list and should be used together with your professional judgement and knowledge of a child, young person and their family. For detailed guidance on indicators of child abuse please refer to the London Child Protection Procedures www.londoncp.co.uk.)

- Observations of a significant change or worrying feature in a child/young person's appearance, demeanour or behaviour
- A change in general wellbeing and social interaction with others, including withdrawing from friends
- Persistent non/late attendance at childcare or school
- Regularly being without necessary equipment or clothing such as a PE kit, a coat in cold weather etc. Or suddenly having new clothing or accessories they didn't have before or may not be able to afford
- A child/young person is observed to be hungry; shows inappropriate food related behaviour or where a packed lunch/ means of buying lunch have not been provided
- Where a practitioner knows of a significant event in the child/young person's life that may have a negative impact such as bereavement
- Where there is family breakdown and the child/young person may need accommodation
- Is frequently going missing from care or home
- Is at risk of or showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- Is disabled and has specific additional needs; or is not reaching expected levels of development
- Has special educational needs (SEN) - whether or not they have a statutory Education, Health and Care Plan (EHCP)
- A child/young person presenting challenging or aggressive behaviour
- Is in a family circumstance presenting challenges or risk for the child/young person, such as: drug and alcohol misuse, adult mental health issues and domestic abuse
- Is misusing drugs or alcohol themselves
- Is a young carer
- Is a privately fostered child/young person
- Has returned home to their family from care
- Is at risk of trafficked or exploited (including but not limited to sexual or criminal exploitation)
- Is at risk of being radicalised or exploited
- A child/young person who is suffering discrimination or disadvantage for reasons such as race, gender, sexuality, religious belief or disability or who becomes discriminatory towards others
- A child or young person who has become homeless/is living in temporary accommodation
- A young person expecting a baby or who is already a teenage parent
- A child/young person experiencing neglect
- Signs that a child/young person may be at risk of child sexual abuse in the family environment
- A child/young person shows signs of mental ill health or expresses suicidal thoughts

Consent and Information sharing

Information sharing is essential for inter-agency work in safeguarding and promoting the welfare of children and young people.

The General Data Protection Regulations (GDPR) and the Data Protection Act 2018 provide the legal framework for information sharing. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information appropriately. (See links to further guidance on page 15)

NB: it is important to note that the GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe. It will be important to consider what information is proportionate and necessary to share with relevant partners.

In all cases where there is no immediate safeguarding concern about a child, consent must be sought from parents/carers before making referrals or sharing information with other agencies. The majority of parent/carers will give consent and appreciate practitioners who are honest and direct with them and inform them what action they intend to take. Consent is usually obtained in writing such as on the Early Help Assessment and Plan form or similar.

If consent is not given, and the child is not at risk of significant harm, the information cannot be shared. Parents should be made aware that this could affect the help and support agencies will be able to provide them.

If consent is not given and the child is at risk of significant harm, the information can be shared, but parents should be informed that this will happen.

There are certain circumstances in which consent or informing parent/carers of a referral is NOT required or in the child's best interests, this is when seeking consent would:

- Put the child at further risk of harm
- Compromise a criminal investigation
- Cause undue delay in taking action to protect the child

Professionals can seek advice from the following if they are unsure about any aspect of information sharing:

- The designated or named safeguarding lead professional or relevant manager in your organisation, as the decision to share personal information about a child or family rests with your organisation. (NB. Please refer also to any organisation specific guidance)
- Ealing Children's Integrated Response Service (ECIRS) on 020 8825 8000
- Ealing's Child Protection Advisers (CPA's) on 020 8825 8930

Young people aged 16 and 17 can give their own consent to information sharing. Children aged 13 -15 can give their own consent as long as they are considered to be able to understand and make an informed decision. (Gillick Competency and Fraser Guidelines). You should use professional judgement and your knowledge of the child to determine this. Guidelines available at www.ealingscp.org.uk

Further Guidance

Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers has been provided by the Department for Education (DfE) July 2018

www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

NB. Please check DfE and London Child Protection Procedures websites for any updates to this guidance post publication (until document next reviewed).

Seven golden rules of information sharing:

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Understanding Thresholds

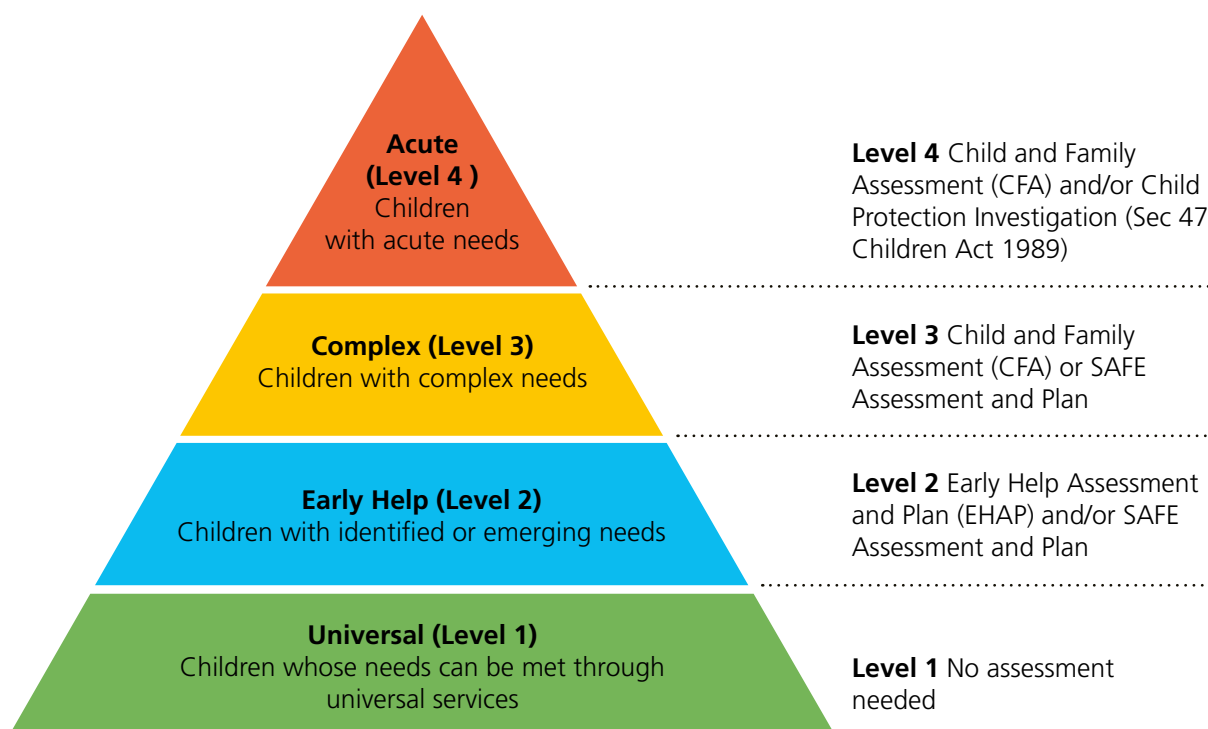
In common with other local authorities, Ealing works to a 'Thresholds of Need' model with descriptors for each of four levels of need. This model aims to assist practitioners in identifying, assessing and responding to the initial and changing needs of a child, young person and family so they get the right help and support at the right time. The model is based on the London Safeguarding Children Board's "Threshold Document - Continuum of Help and Support" www.londoncp.co.uk/files/revised_guidance_thresholds.pdf

It is not intended to be a 'tick box' exercise, but a guide to support professionals in their 'conversations' with each other; decision-making - including conducting further assessments; referring to other services and understanding the likely thresholds for higher levels of intervention. Remember that if there is a combination of indicators of need under Level 2, the case may be a Level 3 overall.

The model is based on the following:

- At all times, professionals working with a child will be alert to their needs/risks, taking action to protect children where necessary.
- The majority of children and young people will have their needs met by universal services including: early years providers and schools; GP's; maternity and health visiting services; youth services and the voluntary and community sector.
- There will be some children, particularly those with very complex needs, who should be enabled to move quickly and effortlessly to the required service response without having to navigate through each level.
- Support and intervention may be provided on either a single or multi-agency basis and will become increasingly targeted and specialist to meet the complexity and level of need.

Thresholds of need and response



Getting Advice - Level 1: Universal

Children are kept safe from harm and will be able to reach their full potential with support from universal services.

What this means:

Families can directly access services that are available to everyone. Some children and families may need extra support from universal services to prevent escalation.

Services at this level include:

Schools, nurseries, childminders, children's centres, youth services, local police, midwifery services, family GP, health visitors, job centre, housing officer, mentors, voluntary sector.

Getting help - Level 2: Early Help

Children with identified or emerging needs; who may be vulnerable and showing early signs of abuse and/or neglect; or their needs are not clear, not known or not being met.

What this means:

By working together as early as possible, we can stop problems getting worse. This level is the threshold for initiating an Early Help Assessment and Plan (EHAP). The EHAP process & lead professional can help identify needs and co-ordinate an appropriate response from universal and/or targeted services.

Services that support at this level include:

SAFE, parenting services, Early Start Ealing 0-19 (Health visiting, community school nursing; SEND and inclusion services) as well as universal services.

Getting more help with complex issues - Level 3: Complex

Children with complex multiple needs who need specialist support, sometimes longer term, to keep them safe and/or promote their wellbeing.

What this means:

Children may have a higher or more complex level of need that requires a multi-agency response offering targeted support to improve outcomes. Includes where support from Early Help services has not improved things. This is the threshold for referral to Children's Social Care. A holistic assessment of need under section 17 Children Act 1989 will be carried out by a social worker to decide what ongoing multi-agency services and support is needed

Services and assessments at this level include:

Children's Social Care e.g. Child In Need support from statutory teams and/or support from outside CSC such as SAFE, other targeted support, services for complex additional needs e.g. ESCAN, Youth Justice, CAMHS etc.

Getting help where there is a risk of significant harm or for acute needs - Level 4: Acute

Children have acute needs and require safeguarding, intensive statutory support or specialist services.

What this means:

Where children are suffering or likely to suffer significant harm; where children need to become legally looked after or are remanded to custody or statutory youth offending services; or need specialised residential, day or outpatient health services due to severe and/or complex health needs.

A referral to Children's Social Care should be made. A single agency (CSC) or joint agency (Police and CSC) Child Protection investigation under section 47 Children Act 1989 will be carried out to assess risk and to ensure children are safeguarded; in other circumstances CSC will take required action where a child needs to be Looked After by the Local Authority or where specialist health services are needed. Multi-agency support in partnership with the family network is needed to build a safety plan that protects the child/ young person and meets complex needs.

Services at this level include:

Children's Social Care including Child Protection Conferences (CPC) & Looked After Children (LAC) services; CAMHS; Youth Justice Service; Police

Safeguarding or a child in need?

Conversation opportunities are the phone calls and meetings that take place between children and their families and between professionals across services. We want professionals who are concerned that something more is needed to improve the outcomes or quality of life for a child, to talk to each other. This encourages sharing of information, creates effective challenge as well as support, and enables a climate of effective safeguarding. We see these conversations as 'vantage points' to take stock of emerging issues, to effectively assess risk, and to share strengths and protective factor information. Conversations need to be constructive and need to follow the practice principles referred to in this guide. Sharing concerns may be a starting point for a conversation but reviewing the support and services available to the child or young person must be made in the context of delivering the best outcomes.

Many conversations will start with the child and their family because an anxiety or uncertainty has arisen regarding the welfare of a child. The value of knowledge and trust that a professional already working with a family has must not be underestimated. Working with a child and their family to address worries as they arise, rather than waiting for concern to escalate is appropriate for the majority of children and can ensure much needed consistency for a family. Providing encouragement, building on strengths and sharing information with or about other services that might help are all key ingredients to promoting children's wellbeing.

We must also recognise that where concerns regarding children exist there is often a story of family life, and there may be involvement from various agencies with family members. Different professionals will each have important knowledge and a crucial role to play in supporting a family. This highlights why conversations are important and why drawing professionals and family together in a coordinated way is helpful to everyone. It also helps create clarity about who is best placed to lead work with the family, and this might not be Children's Social Care, it may be someone already involved or an agency who the family think will work best for them. These approaches are a core element of the approaches allied to this framework such as the early help work.

Most important is knowing when it is appropriate to make contact with statutory services to discuss safeguarding concerns. Sometimes this will be because the Early Help provided is not working and things are not getting better for the child. This should be discussed and agreed with the parents carers and other agencies first. However sometimes it is because of an incident, or an injury to a child, or something a child has said that suggests they are a risk of harm or have been harmed. While the expectation is that all professionals working with children have training to ensure they recognise child protection concerns, they should never be discouraged from seeking specialist safeguarding advice either within their own agency or directly with Children's Social Care, such conversations also assist in determining the right service.

See also chart on page 55 for S17 and S47 indicators.

The assessment framework tool

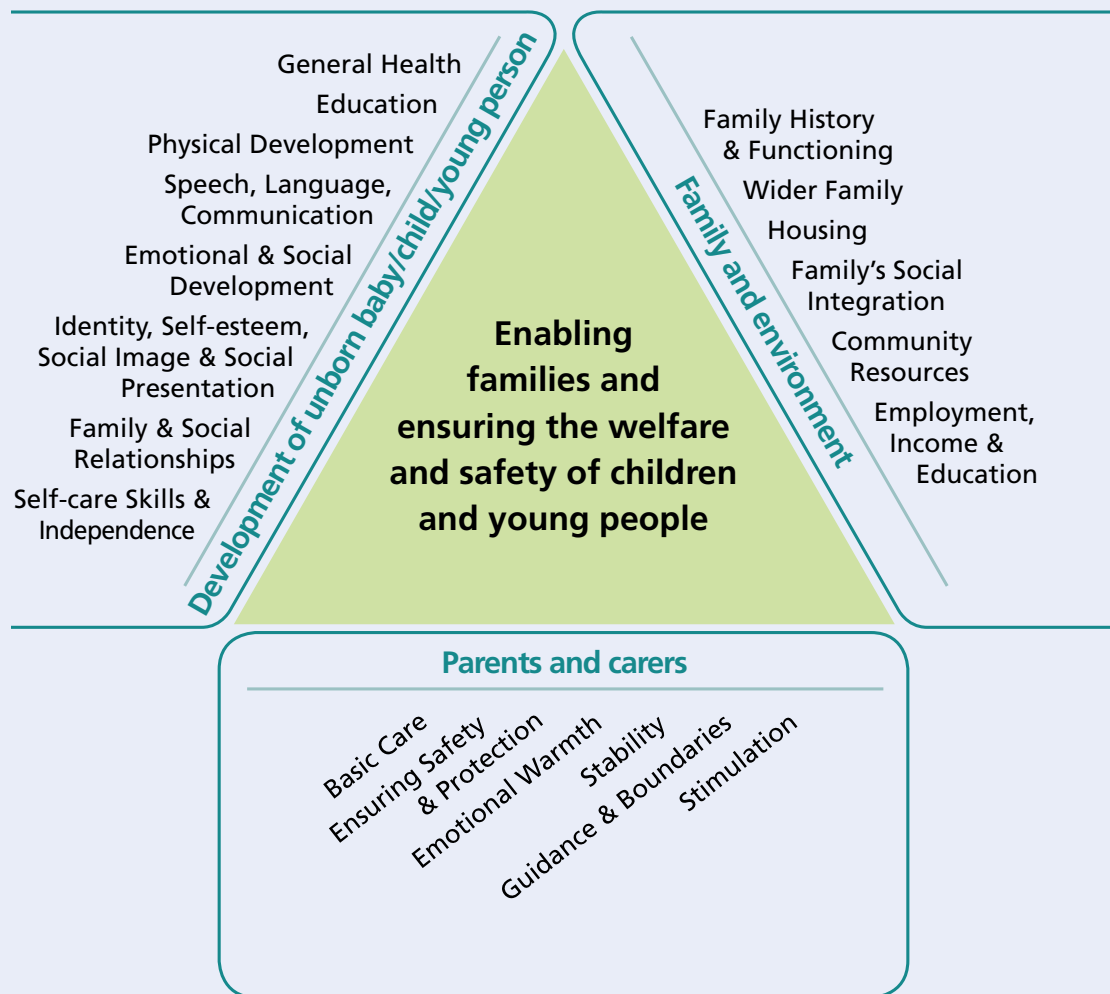
The diagram below is an effective assessment tool, guiding you through a systematic way to undertake an assessment whilst placing the child and their family at the heart of the process.

The framework sets out the key areas of assessment under three main headings: development of the unborn baby/child/young person, parents and carers (looking at parenting capacity), family and environment.

Not all areas will be relevant to each assessment undertaken. However, each area should be considered to ensure a complete assessment of needs.

This framework can be used at any assessment level from use of the EHAP (Early Help Assessment and Plan) right through to a Child and Family Assessment (CFA) used by Children's Social Care.

Assessment framework diagram



Thresholds of need and response Level 1: Universal

Children whose needs can be met through universal services.

Development of unborn baby/child/young person

General health

Good physical health. Healthy diet and exercise. Regular health, dental, optical checks. No misuse of substances. Any sexual activity is safe and appropriate for age.

Abuse and Neglect

Child/ young person is appropriately dressed. Any injuries /bruises are consistent with normal play and activities.
No physical signs of abuse or neglect.

Early Years and Education

Is in education, employment or training. Accessing free early education. Achieving key stages and good attendance. No barriers to learning. Planned progression beyond school/college.

Physical development

Reaching expected levels of development.

Speech, language, communication

Reaching expected levels of development. Engages in positive social interactions.

Emotional and social development

Good mental health and psychological wellbeing. Able to adapt to change and demonstrate empathy and respond appropriately to boundaries and guidance.

Identity, self-esteem, social image and presentation

Positive sense of self and abilities. Feels sense of belonging and acceptance.

Family and social relationships

Good quality early attachments, confident in social situations. Stable families where parents are able to meet the child/young person's needs. Good relationships with siblings and peers and understands about healthy relationships.

Self-care skills and independence

Growing level of competencies in practical and emotional skills e.g. feeding, dressing, developing independent living skills. Good levels of self care and personal hygiene.

Family and environment

Family history and functioning

Stable and supportive family relationships including when parents are separated. No incidents or history of domestic abuse.

Wider family

Formal and informal support networks from extended family and others.

Housing

Stable, clean, warm accommodation with no hazards.

Family's social integration

Good social and friendship networks exist. Child/young person and other family members feel safe in the local community.

Community resources

Access to positive activities, community facilities and support.

Employment, income and education

The family has consistent income to meet the child and family's needs. Where income is low parents manage without undue stress. Legally entitled to live in the UK and full rights to employment and public funds.

Parents and carers (parenting capacity)

Basic care

Parents are able to provide basic needs e.g. food, drink, clothing, medical and dental care. Any parental physical/ mental health or disability does not impact adversely on the child.

Ensuring safety and protection

Parents ensure the child/young person is safe and protected from harm or abuse in the home including having appropriate carers. Parents aware of risks in the community and are confident to raise concerns e.g. exploitation, gang involvement.

Emotional warmth and stability

Parents provide warm, secure and caring parenting meeting the child's needs.

Guidance and age appropriate boundaries

Parents provide consistent, appropriate guidance and boundaries. Parents help child/young person to keep safe online.

Assessment at this level

No EHAP needed

Action

Children, young people and families can access universal services directly.

Services that may provide support at this level:

- Education settings
- Family Information Service
- Children's centres
- Childcare providers
- Parenting Services
- Early Start Ealing 0-19 (Health visiting, community school nursing, family support workers, Family Nurse Partnership and SEND Inclusion services)
- GP
- Midwifery
- Youth Services
- Police
- Housing
- Voluntary & community

For more information about services see www.ealingfamiliesdirectory.org.uk

For more detailed guidance please see the London Safeguarding Children Board Threshold Document: Continuum of Help and Support at: http://www.londoncp.co.uk/files/revised_guidance_thresholds.pdf

Thresholds of need and response Level 2: Early Help

Children with emerging or identified needs; who may be vulnerable and showing early signs of abuse or neglect; or their needs are not clear, not known or not being met. This level is the threshold for initiating an EHAP as the need for early help through multi-agency support is evident. Response services are universal and targeted services.

Development of unborn baby/child/young person

General health

Missed immunisation or health checks. Minor health problems and concerns about nutrition and hygiene. A child in hospital. Frequent accidents/injuries or attendances at A&E or similar.

Abuse and Neglect

Occasional signs of neglect e.g poor hygiene, tooth decay. Child/young person or siblings sometimes attend childcare/school in dirty clothing or they are unkempt/soiled. Occasional, less common injuries, consistent with parents' account. Parents seek/accept advice on how to avoid accidental injury.

History of sexual abuse within the family or network but parents respond appropriately to the need to protect the child.

Early Years and Education

Reduced access to books, toys and/or school uniform. Not accessing early education. Occasional non-attendance or early indication of truancy. Frequent moves between school/nursery or risk of exclusion. Lower level of attainment, SEN support or at risk of No Education, Employment or Training (NEET). Child's learning is not supported at home.

Physical development

Significantly under or over weight. Slow to reach expected levels of development. Disability or long term serious illness requiring support services.

Speech, language, communication

Child is not meeting expected levels of development in speech and language skills or has identified SEN.

Emotional and social development

Mild behaviour difficulties emerging, lack of concentration, lack of interest in education or other activities. Low level emotional or mental health issues which require intervention from non-mental health specialists e.g. GP.

Vulnerable to emotional problems in response to life events such as parental separation or bereavement. Some evidence of inappropriate responses and actions by child, young person or parent/carer. Bullying or being bullied. Difficulties emerging in expressing empathy, understanding, impact of action on others/taking responsibility for actions.

Identity, self-esteem, social image and presentation

Low self-esteem and lack of confidence – can be clingy, anxious, withdrawn or overfriendly or changes in behaviour. Vulnerable to peer and adult exploitation. At risk of becoming involved in negative activity e.g. challenging or anti-social behaviour; early sexual activity; substance misuse, casual support for extreme views and inappropriate internet use. Has gone missing from home on one or two occasions even if for a short period of time.

Family and social relationships

Ongoing difficulties with peer group, siblings, family or other adult relationships. Victim or perpetrator of bullying or discrimination. Parent has physical or mental health difficulties. Young carer where caring responsibilities impact upon their opportunities.

Self-care skills and independence

Lack of age-appropriate behaviour and independent living skills that increase vulnerability to social exclusion.

Family and environment

Family history and functioning

Parents are meeting the child's needs but need additional support e.g. due to mental health or learning/physical disability. Excessive anxiety about child's health. Isolated incidents of physical or emotional violence in the family mitigated by protective factors in network.

Housing

Inadequate multi-occupancy or overcrowded accommodation. Frequent moves that impact on child. Home has visible health and safety risks.

Community resources

Insufficient facilities to meet needs e.g. transport or access issues. Family socially isolated. High levels of crime/anti-social behaviour in community having a negative impact on child/young person. Limited support/family new to the area.

Employment, income and education

Family struggle with low income and unemployment or have restricted access to public funds e.g. use of food banks.

Parents and carers (parenting capacity)

Basic care

Concerns about parenting capacity identified before a child is born (e.g. due to substance misuse, domestic violence and abuse, mental health issues). High anxiety or struggles about becoming a parent or in the parenting role. Early signs of abuse or early patterns of neglect identified.

Ensuring safety and protection

Concerns around inappropriate sexual behaviour in wider family. Physical care or supervision of child at times is inadequate and concerns around use of physical chastisement (within legal limits). Parental learning disability, parental substance misuse, or mental health at times impacting on parent's ability to meet the needs of the child. Family history of/ involvement in criminal/gang activity. Family in culture where harmful traditional practices have been performed e.g. FGM, Forced Marriage, belief in Spirit possession though parent/carer opposed in respect of child.

Emotional warmth and stability

Inconsistent parenting, lack of emotional warmth, but child development not significantly impaired.

Guidance and boundaries

Inconsistent care e.g. inappropriate childcare arrangements; colludes with failure to attend school. or young inexperienced parents. Lack of routine in the home. Lack of response to concerns raised by practitioners about the child. Child has limited access to leisure activities/spends considerable time alone e.g. watching television. At risk of involvement in negative internet use and is exposed to extremist views online or in the home.

Parents have asked for support to manage their child's behaviour.

Assessment at this level

EHAP and possible SAFE Assessment

Action

Use the EHAP for a multi-agency/ multi-disciplinary approach to delivering early help before needs become more complex and acute.

If needs change or the EHAP identifies the need for intervention by additional specialist or targeted services such as SAFE, contact ECIRS for advice and to make a referral.

Practitioners will be required to have conducted an EHAP and to provide basic identifying details of the child and family.

Children's Social Care would not be involved at this level.

Services that may provide support at this level:

- Education settings
- Family Information Service
- SAFE
- Parenting services
- Educational Psychology
- Primary Behaviour Service
- Educational Welfare
- Mental health and substance misuse services
- ESCAN
- Children's centres
- Childcare providers
- Early Start Ealing 0-19 (Health visiting, community school nursing, family support workers, Family Nurse Partnership and SEND Inclusion services)
- GP
- Midwifery
- Youth Justice Service
- Youth Services
- Community Safety/Prevent
- Police
- Housing
- Voluntary & community

For more information about services see www.ealingfamiliesdirectory.org.uk

Thresholds of need and response Level 3: Complex

Children with multiple complex needs that are likely to require longer-term intervention from statutory and/or specialist services. High level additional unmet needs will usually require a targeted and integrated response.

Development of unborn baby/child/young person

General health

Physical or mental health condition or disability which significantly affects their everyday functioning and access to education. Concerns about weight/diet and dental decay. Child has chronic health problems not treated or badly managed, missed appointments.

Child/young person's substance misuse is affecting their mental and physical health and wellbeing.

Mental health issues emerging requiring specialist intervention in the community e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming; suicidal thoughts without plan or intent; schizophrenia, bipolar, post traumatic stress or OCD.

Abuse and Neglect

The child/young person shows physical signs indicating Neglect. Child or siblings attend childcare/school in dirty clothing inappropriate for the weather and/ or unkempt/soiled. Parents/Carers are reluctant to address concerns. Child/young person has injuries e.g bruising, scalds, which are accounted for but more frequent than to be expected for child of similar age.

Concerns around possible inappropriate sexual behaviour from parent/carer.

Suspicion of physical, emotional or sexual harm/exploitation or neglect perpetrated by peers or adults in the community (not connected to family).

Early Years and Education

Persistent late/non-attendance at childcare or school. Poor or no home/school links. Short-term exclusion or risk of permanent exclusion, persistent truancing or no education provision with risk of becoming involved in crime, substance misuse, or exploitative relationships with peers or adults. Little or no improvement in achieving targets despite additional support. Has an Education, Health and Care Plan.

Physical development

Expected levels of development are unlikely to be met. Infant/child appears to have poor growth due to nutritional neglect. Newborn affected by maternal substance misuse.

Speech, language, communication

Child/young person is not achieving expected level of development in speech and language skills.

Emotional and social development

Very limited interests/no access to books, toys or educational materials and little stimulation/interaction. Finds it difficult to cope with or express emotions appropriately. Significant difficulties with managing change, dealing with a loss or trauma (i.e. bereavement).

Disruptive/challenging/high risk behaviour at school, home or in the neighbourhood which is unresponsive to early interventions e.g. running away, increased frequency and patterns of missing from home or school, underage sexual activity, drug use. Such behaviours increase the risk of child being sexually or criminally exploited.

Risk of radicalisation or involvement in extremism.

Lack of empathy and understanding of impact of actions on others. Is a repeat victim or perpetrator of bullying including sexual and online.

Behaviour is aggressive and/or out of control and early support been unable to help. Starting to commit offences/re-offend or be a victim of crime.

Identity, self-esteem, social image and presentation

Concern about quality and frequency of social interaction, language, understanding and expressive language development. Appears regularly anxious, stressed or phobic.

Very low self esteem or overconfident and takes risky behaviour including involvement with peers or adults who treat them badly or encourage self destructive, anti-social or criminal behaviour.

Subject to persistent discrimination e.g. racial, sexual, homophobic or discrimination due to illness or disability.

Family and social relationships

Family relationships or those with other adults are a cause for concern. Significantly poor relationships with peers, siblings and difficulty sustaining relationships/issues of attachment/isolation. Child's outcomes adversely impacted by caring responsibilities.

Self-care skills and independence

Lack of age appropriate independent living skills or neglect of self care, likely to impair development or lead to alienation from peers. Disability prevents self-care in a significant range of tasks. Lacks a sense of safety and often puts themselves in danger.

Family and environment

Family history and functioning

History of domestic violence including acrimonious divorce/separation impacting on the child. Risk of relationship breakdown between parent and child. Persistent relationship difficulties with siblings.

Very low self esteem or overconfident and takes risky behaviour.

Privately fostered children - where LA not notified or where concerns about existing PF arrangement.

Historical periods of child and/or sibling being accommodated by the Local Authority and a crisis may result in breakdown of care.

Family has poor relationship with extended family/no support network which has an adverse effect on the child.

Housing

Housing conditions impacting directly on health and welfare of children. Family at risk of homelessness.

Employment, income and education

Extreme poverty impacting directly on welfare of children. The child's legal status (as an asylum seeker or illegal migrant who may have been trafficked) or the family's legal status puts them at risk of involuntary removal from the UK. Limited finance/no recourse to public funds increases their vulnerability to criminal activity and exploitation.

Assessment at this level

EHAP and/or Child and Family Assessment (CFA) or SAFE Assessment

Action

Refer to ECIRS. An EHAP to support referral if completed.

A referral to ECIRS may result in a response by Level 3 services or in the case of a safeguarding concern, be escalated to Level 4 Children's Social Care.

Appropriate Level 3 services such as SAFE will work with the family either alone or within a multi-agency/multi-disciplinary response to the family's needs.

Where Children's Social Care becomes involved a CFA (Child & Family Assessment) will be undertaken by a social worker, leading to a Child in Need Plan.

Community Resources

Child/young person or family experiencing harassment, discrimination or are a victim of crime. Young person feels unsafe to go into neighbourhood spaces beyond immediate locality. Child/young person or family involved in gang activity/serious youth violence/crime in neighbourhood.

Parents and carers (parenting capacity)

Basic care

Parental learning disability, substance misuse, mental health or lifestyle is impacting on parent's ability to meet the needs of the child.

Ensuring safety and protection

Physical care or supervision of child is inadequate. Incidence of serious and/or persistent violence in the family increasing in severity/frequency, history of previous assaults. Parents use physical discipline or other harsh method. Concerns about inappropriate sexual behaviour from the parents/carers. The family home has been used for drug taking/dealing/prostitution or illegal activity. Concern the child may be subject to harmful traditional practices e.g. FGM, HBV ('Honour' based violence), Forced Marriage and belief in harmful traditional practices.

Emotional warmth and stability

Relationship with parents characterised by inconsistency/lack of stimulation/poor interaction/lack of positive role models. Child has multiple carers; may have no significant or positive relationship with any of them/child has no other positive relationships.

Guidance and boundaries

Parental non-compliance and disengagement. Parent provides inconsistent boundaries or responses. Child is missing but not reported missing by parent. Parent indifferent to smoking, underage drinking, drug use and early sexual relationships.

Services that may provide support at this level:

- Education settings
- Family Information Service
- SAFE
- Parenting Services
- Children's Social Care
- Educational Psychology
- Primary Behaviour Service
- Educational Welfare
- Mental health and substance misuse services
- ESCAN
- Children's centres
- Childcare providers
- Early Start Ealing 0 -19 (Health visiting, community school nursing, family support workers, Family Nurse Partnership and SEND Inclusion services)
- GP
- Midwifery
- Youth Services
- Youth Justice Service
- Community Safety/Prevent
- Police
- Housing
- Voluntary & community
- Food Banks

For more information about services see www.ealingfamiliesdirectory.org.uk

Thresholds of need and response Level 4: Acute

Children are suffering or likely to suffer significant harm and need safeguarding or they have acute needs requiring statutory intensive support. E.g. need to be looked after; are remanded into custody or statutory youth offending services; or need specialised health services due to severe and/or complex health needs. This level includes the threshold for child protection requiring Children's Social Care intervention.

Development of unborn baby/child/young person

General health

Complex disability which cannot be maintained in an early years or a mainstream setting. Serious physical and mental health problems requiring specialist intervention including in-patient treatment e.g. serious self harm or suicide attempt. Refusing medical care, placing child's health and development impairing or causing significant risk to. Child's weight/diet/lack of exercise is adversely affecting their health and causing significant harm.

Abuse and Neglect

The child/young person shows physical signs of neglect such as thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay attributable to care provided by parents/carers. Child/young person consistently wears dirty or inappropriate clothing and are suffering significant harm as a result. Child/young person has injuries e.g. bruising, scalds which are not accounted for or child discloses and implicates parents or family members.

The child is at risk or is experiencing physical, sexual or emotional abuse or long term neglect in the family environment.

Persistent and high risk substance misuse/dangerous sexual activity and/or early teenage pregnancy/sexual exploitation/sexual abuse or self-harming. Evidence of physical, emotional or sexual harm/exploitation perpetrated by peers or adults in the community (not connected to the family)

Child is suspected to have suffered or be at risk of Female Genital Mutilation (FGM)

Early Years and Education

Chronic non-attendance, truanting/no parental support for education. Significant periods of missing from school. Permanently excluded, frequent exclusions or no education provision.

Physical development

Child/young person has not met expected levels of physical development.

Speech, language, communication

Child/young person has not met expected levels of development in speech, language or communication.

Emotional and social development

Expected levels of development are significantly delayed or impaired. The child has experienced such persistent /severe bullying that their wellbeing is at risk. Severe emotional/behavioural issues (including in response to bereavement) that are a risk to the child e.g. self harming; disclosing suicidal thoughts) or others resulting in serious risk to the child and others. Goes missing from home and is engaging in risky behaviours including serious criminal/gang activity. Concern they may be being sexually exploited. Child is suspected of being groomed to or is already engaging in radical & extremist activities or may be at risk of travel to a conflict zone. Young person placed or remanded or sentenced to custody.

Identity, self-esteem, social image and presentation

Child has very low self esteem and their vulnerability has been exploited by others who are causing them harm.

Family and social relationships

Children who need to be looked after outside of their family. Forced marriage of a child/young person under 18. Child being adversely affected by unsupported caring responsibilities over a long period.

Self-care skills and independence

Severe lack of age appropriate independent living skills likely to result in significant harm e.g. bullying, isolation, inappropriate self-presentation.

Family and environment

Family history and functioning

High levels of domestic violence that put the child directly at risk. History of risk due to parent's prior actions in relation to siblings. Family have abandoned or evicted 16/17 year old dependant.

Housing

No fixed abode or homeless/imminently homeless/housing conditions posing serious risk to welfare. Family members are being detained and at risk of deportation. The child is an unaccompanied asylum seeker. Evidence that a child has been trafficked or exposed to /is involved with criminal activity to generate income for the family or to support themselves.

Community Resources

At risk of significant harm due to community reaction to engagement in crime or persistent anti-social behaviour. Family chronically socially excluded and child seriously affected.

Employment, Income and Education

Parents/carers spend household income on their own priorities over what is needed for their children.

Parents and carers (parenting capacity)

Basic care

Parents are unable to care for the child or rejects/abandons them. Parents physical or mental health or disability affects their ability to provide adequate and safe care for the child. Evidence or suspicion of long-term neglect, parents fabricating or inducing illness.

Ensuring safety and protection

Evidence or suspicion of physical, emotional, sexual abuse or neglect. Child is at risk of emotional or physical harm due to violence in the home. Parents involved in crime or who are unable to restrict access to home by dangerous adults. Parent considers child/young person to be to blame for sexual or criminal exploitation. Evidence the child may be subject to harmful traditional practices e.g. FGM. HBV, Forced Marriage and belief in Spirit possession.

Emotional warmth and stability

Parent's mental health problems or substance misuse places the child's development at significant risk. Evidence of emotionally abusive relationships placing the child's development at significant risk.

Guidance and boundaries

Parents unable to provide satisfactory parenting which puts the child's development at significant risk. Serious anti-social behaviour within the local community of child/young person. Child beyond parental control/is offending/or has no one to look after them. Frequent periods of missing from home which are not reported by the parent.

Assessment at this level

A Child and Family Assessment (CFA). An EHAP can be used to inform the CFA.

Child Protection investigation where relevant

Action

If there is a concern that a child has been harmed or is at risk of immediate harm, call ECIRS on **020 8825 8000** (24hrs). ECIRS will take action to safeguard the child.

For cases where children and young people face the possibility of going into care, a referral will be made to the Multi Agency Support Team (MAST) for intensive support for the child/young person and their family to try to prevent this from being necessary.

Services that may provide support at this level:

- Children's Social Care
- Educational Psychology
- Mental health and substance misuse services
- ESCAN
- Early Start Ealing 0 -19 (Health visiting, community school nursing, family support workers, Family Nurse Partnership and SEND Inclusion services)
- GP
- Midwifery
- Youth Services
- Youth Justice Service
- Community Safety/Prevent
- Police
- Housing
- Voluntary & community
- Food Banks

For more information about services see www.ealingfamiliesdirectory.org.uk

For more detailed guidance please see the London Safeguarding Children Board Threshold Document: Continuum of Help and Support at: http://www.londoncp.co.uk/files/revised_guidance_thresholds.pdf

Referral Process Flowchart Levels 2,3 & 4

Level 2

Concerns that a child is in need.

Level 3

Concerns that a child may have complex needs or other factors exist that may turn into a safeguarding issue.

Level 4

Concerns that a child is suffering or is likely to suffer significant harm or has other acute needs requiring statutory or specialist services.

Appropriate referral and response

Non-urgent

Early help through an EHAP.

Non-urgent

Referral to ECIRS. EHAP provided if completed.

Urgent

Referral to ECIRS.

Information sharing and consent

Seek consent to initiate an EHAP.

Seek consent to make a referral to ECIRS. Family should be informed a referral is being made unless this could place a child at significant risk of harm and/or could cause significant delay.

Inform the family that a referral is being made to ECIRS unless this could place a child at significant risk of harm and/or could cause significant delay.

What happens next

Progress the EHAP seeking advice from the Family Information Service or ECIRS if necessary.

ECIRS assess the level of need and risk. Where appropriate the referral will also be subject to the MASH process with information sharing from agencies such as Police Health, Community Safety, Probation. This information will contribute to the risk assessment and final decision.

Possible outcomes

EHAP process provides enough support to the child and family and the need/risk can be managed at this level.

Professionals or the family can escalate to ECIRS if concerns increase. EHAP will support the referral.

Universal services can support family if no longer a need for Early Help.

ECIRS consider and make a one of the following decisions:

1. Advice and information to be provided to the referrer/professional network/family and no further action identified.
2. An Early Help worker from SAFE to be allocated to the child and a SAFE assessment and Plan completed.
3. A Children's Social Care (CSC) social worker to be allocated to complete a Child and Family Assessment (CFA). This may result in CSC continuing to provide support through a Child in Need Plan, or if the family no longer need statutory intervention, support from Early Help or Universal Services.

A Children's Social Care social worker will be allocated to carry out a Child and Family Assessment and/or when appropriate a joint (Police and CSC) or single agency (CSC) section 47 investigation. This may result in a Child Protection Conference being held where a decision will be made as to whether a Child Protection Plan is needed.

In some situations a CFA may result in CSC providing support through a Child in Need Plan or a child will become Looked After by the Local Authority.

At any time concerns/risks can change and be escalated/de-escalated



Early Help and the Early Help Assessment and Plan (EHAP)

What do we mean by Early Help?

We believe that all children have a right to be healthy, happy and safe, to be loved, valued and respected and to have high aspirations for the future. We also recognise that children live in families and families live in communities. Ensuring that there are good local services is at the heart of the Ealing approach. We work closely with our partnership, communities and families to make this happen.

Safeguarding is everyone's responsibility and by working together effectively and earlier we will reduce the number of children and young people requiring statutory interventions and reactive specialist services.

We are committed to ensuring that all children will have their needs met by universal services wherever possible, but we also recognise that some families at times, may need additional support for their children and that a smaller number of children may have their needs best met by living apart from their families.

This is never a static process: situations change and as a result so does need and risk. We need to understand that at times children's support may Step up and they may need more services and may Step down as interventions have impact, and their needs change.

Early help means early intervention – at the point when a problem or issue is emerging. At this point, appropriate help delivered in a timely and efficient way has the best chance of ensuring a long-term positive result, reducing or eliminating the need for statutory intervention.

Early help should be offered to children and families experiencing some difficulties that are adversely affecting the child's development and life; but do not meet the threshold levels for intervention by Children's Social Care.

If a single service can provide all the support needed, or if the threshold of need level is Level 1: Universal – the child and their family can access the required service directly and where appropriate or possible – with the support of professionals they are already working with, i.e. from school or health services.

Where there is a need for multi-agency or multi-disciplinary, or targeted support, that crosses over into threshold Levels 2 and 3 – an EHAP (Early Help Assessment and Plan) should be initiated and completed to achieve the desired results.

EHAP (Early Help Assessment and Plan)

The EHAP is a way of working whereby the child and their family engage with practitioners to assess their needs and work out an action plan for how those needs will be met. The action plan is reviewed and updated until needs are satisfactorily met and the process ends.

The process begins by the practitioner identifying that a child may have needs which may impact on their development and their life; which cannot be met by a single service and require a multi-agency, multi-disciplinary or targeted approach to reach the desired result.

The practitioner becomes the EHAP Initiator once they have spoken to the child and their family, obtained consent to initiate the EHAP process, recorded the child and family's identifying details on the EHAP form and registered the EHAP with the Family Information Service.

The EHAP Initiator then convenes a TAF (Team Around the Family) meeting, inviting the child, family and appropriate practitioners from services most likely to be needed (based on presenting issues). At the meeting a Lead Professional is agreed and this person will progress the EHAP, working closely with the family.

An EHAP in progress (or once completed) offers important insight into the family's own perception of their situation, the assessment of need carried out by practitioners closest to the child and their family, the presenting issue(s), family situation, family structure, ethnicity etc. The EHAP will show what measures and actions were decided and what progress has been made.

Delivering early help through the EHAP process is crucial to address a concern before it becomes more serious and detrimental to the child's development and life. It also plays a vital role in providing Children's Social Care teams with a better understanding of the child and family, should the threshold of need escalate to a need for Level 3 or Level 4 services. This reduces duplication and increases efficiency by informing services what measures have already been tried, what worked best, and what was less successful. This will ensure any subsequent service delivery or decisions about the case are based on actual experience and a better understanding of the child and their family.

Find out more and make the EHAP a part of your working practice

The EHAP Pack contains all the necessary information and forms to enable you to use the EHAP process and is available to download at www.ealing.gov.uk/EHAP or in print by emailing your details to EHAP@ealing.gov.uk

Early Help Services - including SAFE (Supportive Action for Families in Ealing), Parenting and Early Start Ealing 0-19 Services

Ealing Council and our partners recognise the importance of prevention and early intervention in giving every child the best start in life and ensuring they reach their full potential. This is reflected in the commitment to delivering effective early intervention and prevention as a core part of our offer to local children and families, embedded across services in the borough. Early intervention is about getting additional, timely and effective support to children who need it, enabling children to flourish and preventing costly long-term interventions and negative outcomes.

Supportive Action for Families in Ealing (SAFE) service

The SAFE service works with children and families at the early intervention stage, whose needs do not meet the threshold level for Children's Social Care i.e. there is no immediate danger or risk to the child and the needs are not complex.

SAFE is a multi-agency and multi-disciplinary service made up of social workers, family support workers, CAMHS workers, domestic abuse specialists, counsellors, school and family workers, psychologists, and family therapists. Substance misuse support is contracted through Ealing RISE service where needed. Cases are referred to SAFE following screening by ECIRS for both professional referrals as well as self-referrals.

SAFE will carry out a 'SAFE Assessment and Plan' which shares characteristics and features of both the EHAP and the Child and Family Assessment (CFA) processes, with minor variations to suit the thresholds of need at which SAFE offers support and intervention.

A SAFE Assessment and Plan is progressed at TAF (Team Around the Family) meetings with the aim of fully including the child and family as with the EHAP. The family share in discussions about their needs and the action plan for support. Where needs are more acute – these are documented using the same level of detail as a CFA.

If safeguarding concerns become apparent or develop during the SAFE Assessment and Plan then the case will be escalated to the relevant Children's Social Care team.

SAFE services can only be accessed via ECIRS and upon completion of an EHAP.

For further information on SAFE contact:

- Family Information Services (for information only) on Telephone: 020 8825 5588; Email: children@ealing.gov.uk
- Referrals (through ECIRS only) on Telephone: 020 8825 8000; Email: ECIRS@ealing.gov.uk
- SAFE West team: Telephone: 020 8825 9800 or Email: safewestteam@ealing.gov.uk
- SAFE East team: Telephone: 020 8825 7606 or Email: actonsafe@ealing.gov.uk

SAFE Parenting Service

Ealing's Parenting Service model recognises the importance of multi-agency working to support families in the early identification, prevention and intervention for behavioural difficulties and to provide greater provision of consultation, training and parenting expertise to professionals working with children and families in Ealing.

Ealing's Core Parenting Offer has 5 component parts:

1. Consultation Service - Advice, information & guidance for families and specialist services on the range of parenting issues
2. Parenting Workshops delivered in schools, nurseries and children's centres
3. Delivery of Parenting Groups (generic & targeted programmes)
4. 1:1 Parenting Support in the home
5. Peer Supervision for parenting facilitators

Referrals to the Parenting Service can be internal from teams within Children's Services or external from all other agencies, including self-referrals.

Internal referrals from MAST, CAMHS (Single Point of Access (SPA), Neuro-Developmental Service (NDS): Email: parentingserviceadmin@ealing.gov.uk

External referrals from EHAP professionals, schools, GPs, self-referrals and all other agencies go via ECIRS on 020 8825 8000 or ECIRS@ealing.gov.uk (secure email).

Early Start Ealing (0 – 19)

Early Start Ealing is an area-based service working together to deliver integrated services for children and their families - including for children who may not meet expected levels of development or those identified with Special Education Needs and/or Disabilities.

The focus is on prevention, promotion and early intervention to improve health and early learning as well as early help/ongoing family support where it is needed.

Early Start Ealing teams work with GPs, midwives, schools, family support services in flexible ways and in various settings e.g. children's centres or the community. Teams include:

- Health visitors and infant feeding champions
- Community staff nurses
- Community nursery nurses
- Family support and family outreach workers
- Specialist workers including nurses from the Family Nurse Partnership, Speech and language therapists, social workers and SEND family support workers, supporting children with special educational needs or a disability.

Services include:

- Breastfeeding support groups; Health visitor services (including antenatal, newborn baby visits and child development checks); Baby and child health clinics; Support with postnatal depression; Speech and language support; Parenting support and groups; Support for teenage parents; Play and activity-based sessions for children; Community school nursing.

Criteria for Statutory Assessment and Services

Under the Children Act 1989 local authorities have a general duty to provide services for children in need for the purposes of safeguarding and promoting their welfare.

Children's Social Care will carry out an assessment to decide on services and intervention when the following thresholds are met:

Child in Need (Section 17 Children Act 1989)

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable standard of health or development, or whose health or development is likely to be significantly or further impaired without the provision of such services; or a child who is disabled. (from Working Together 2018)

Child Protection (Section 47 Children Act 1989)

Some children are in need because they are suffering or likely to suffer significant harm. This is the threshold that justifies compulsory intervention. Under section 47 Children Act 1989 where a local authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm, it has a duty to make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse or neglect. This includes female genital mutilation, 'honour' based violence and extra familial threats including radicalisation and sexual or criminal exploitation. (from Working Together 2018)

Child needing accommodation (Section 20 Children Act 1989)

Some children in need may require accommodation because there is no one who has parental responsibility for them, because they are lost or abandoned, or because the person who has been caring for them is prevented from providing them with suitable accommodation or care. Under Section 20 Children Act 1989, the local authority has a duty to accommodate such children in need in their area. (from Working Together 2018)

Care and Supervision Orders (Section 31 Children Act 1989)

Some children may be looked after by Ealing on a mandatory basis as a result of a Care Order under Section 31 being granted to the council because a court believes a child is suffering or are likely to suffer significant harm and the harm is attributable to the care being given to the child not being what it would be reasonable to expect a parent to give them; or that the child is beyond parental control. A Supervision Order requires Ealing to advise, assist and befriend any child the court makes subject to such an order.

Referrals to Children's Social Care via Ealing Children's Integrated Response Service (ECIRS)

If at any time you become concerned that a child has been harmed or is at risk of harm – call ECIRS immediately on 020 8825 8000 (24 hour number). After office hours calls to this number will go the Emergency Duty Team (EDT).

Where there is an urgent and immediate need to protect a child, contact the Police on 999.

Ealing Children's Integrated Response Services (ECIRS)

ECIRS is the single point of entry for professionals and members of the public to make referrals (urgent and non-urgent) about children and young people (pre-birth to 18 years). It is also the route into SAFE for families who wish to self-refer.

A single point of entry provides an effective way of ensuring a child gets the right help at the right time as soon as a concern is raised. It also reduces any delay in information sharing between different services which guards against children 'slipping through the net'.

The ECIRS team has a Team Manager, Deputy Team Managers, Social Workers, Family Support Workers and Information and Access Officers. When an individual first calls ECIRS they will speak to an Information and Access Officer who will obtain an overview of the enquiry. In the case of a safeguarding referral, the caller has the opportunity to speak to a Social Worker who will note the concerns and advise on the next steps.

The ECIRS service also includes the Ealing Multi-Agency Safeguarding Hub (MASH).

Ealing Multi Agency Safeguarding Hub (MASH)

The MASH contributes a multi-agency perspective to referrals when assessing the level of need and risk (operating within its own information sharing agreement which enables information sharing without consent, where appropriate). Referrals are considered by professionals from a number of agencies dependent on the nature of concern. This may include the Police, Ealing RISE, Adults Services, Health Visitor, Youth Justice, Probation, Safer Communities and will always include a qualified Social Worker.

Professional referrers are expected to gain parental consent to share information prior to making a referral for further services, unless it is a child protection concern and/ or to do so would place the child at risk of further harm. (See information sharing and consent p14)

Professional referrers should normally carry out an early help assessment using the Early Help Assessment and Plan (EHAP) where there is not an immediate child protection issue. The idea of this is that all services, especially those closest to the child and family, are fully engaged and supportive in trying to provide early help wherever possible and appropriate.

If an early help response is no longer able to safeguard appropriately, a referral should be made to ECIRS and the EHAP provided to support the referral:

Contact ECIRS: Telephone: 020 8825 8000 (option 1)

Email: ECIRS@ealing.gov.uk (secure email)

Fax on 020 8825 9127

What happens when a referral is made to ECIRS?

The referrer will be asked to provide the following information:

- Child's basic details (name, address, DOB, ethnicity etc.)
- Details of siblings if known (name, gender and age)
- Details of parents and/or other adults in the household and any other adult who may have parental responsibility for the child
- A summary of the contact your agency has had with the child (where applicable)
- An overview of the child/family's EHAP (if one exists)
- If anyone has spoken to the child – what they said (with timelines and context where possible)
- Your assessment of the child's development and progress
- Clarify whether parental consent to share information has been obtained (consent to share information is not required where obtaining consent could: cause a risk of further harm; could compromise a criminal investigation or cause undue delay in taking action to protect a child/young person.

What will ECIRS do next?

The key question which guides the response from ECIRS is: how serious and how immediate is the concern? (See Flowchart on page 29)

Decisions about threshold of need and response will always be made taking account of the age/vulnerability of the child; previous history, any disability or developmental delay and all available relevant information.

ECIRS will screen cases to identify whether Children's Services should take further action under its powers under: S17, S47, S20 or S31. (see page 35 for definitions)

Decisions about statutory intervention and social work services

Decisions regarding the threshold for statutory intervention rest with a qualified Social Work Manager. Ealing's Multi Agency Safeguarding Hub (MASH) (see above page 36) assists in the making of Threshold decisions. The Social Work Manager is required to record and evidence the basis for their decision on the child's file.

ECIRS will make referral to one of the Multi Agency Support Teams (MAST) if there is a need for a Child and Family Assessment (CFA) or a Child Protection investigation (sometimes jointly with the Police).

ECIRS is also able to access specialist and/or targeted services such as SAFE, Children with Disabilities, Youth Justice Service, Unaccompanied Minors Team/Children's Housing Support Team.

Following a decision being made the referrer will receive feedback from ECIRS or the relevant social work team to let them know the outcome of the referral.

See Section B for further assessment processes.

Section B

Assessment Protocol

- Introduction and Assessment Framework
- Ealing Assessment Process
- Children in specific circumstances/specialist assessments or themes:
 - Neglect
 - Looked After Children who return home from care
 - Unborn children – Pre-birth Assessments
 - Young Carers
 - Private Fostering Arrangements
 - Children with Disabilities
 - Children with Special Educational Needs
 - Children and young people involved with the Youth Justice Service
 - Children who go missing from care, home or school
 - Children at risk of FGM
 - Asylum seeking and migrant children
 - Children with Mental health needs
 - Domestic abuse
 - Children and young people at risk of radicalisation and exposure to extremism
- Contextual Safeguarding Risks: Children Missing from Home or Care; Child Sexual Exploitation (CSE); Harmful Sexual Behaviour; Gangs; Serious Youth Violence; Child Criminal exploitation (CCE); County Lines; Trafficked Children; Peer on Peer abuse
- Vulnerabilities Screening Tool and Vulnerable and Exploited Children and Young People Guidance

Introduction and Assessment Framework

This Assessment Protocol sets out arrangements for how Ealing Children's Services will further assess, plan and respond once a child or young person has been referred. It is consistent with the assessment requirements under the Children Act 1989 and Working Together 2018 and related legislation covering specialist assessments.

This section also includes information and tools to aid specific or additional assessments for children and young people at any level, where there are special circumstances or issues to be considered. This includes: young carers; children with disabilities or special educational needs; pre-birth assessments; children at risk of female genital mutilation; radicalisation and exposure to extremism; domestic abuse; children and young people vulnerable to harm outside the family home e.g. missing from home, care or school; criminal or sexual exploitation; trafficking; gangs and/or serious youth violence.

Key principles agreed on assessments are:

- Assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child/young person from within and outside the family.
- High quality assessments are child centred, focused on actions and outcomes for children; are holistic in approach, addressing the child's needs within their family and any risks the child faces in the wider community.
- Where a child/ young person is in need of more than one assessment, that these are co-ordinated so that the child and family does not get lost between different agencies procedures.

Ealing will use the National Assessment Framework Triangle model (see page 28) to consider how the different aspects of a child /young person's life and context interact. This framework can be used at any assessment level.

Detailed procedures on assessment and good practice can be found in the Children's Social Care Policy and Procedures Manual proceduresonline.com/ealing



Ealing's assessment processes

The following sections describe the assessment processes across all of Ealing Children's Services teams including ECIRS, MAST (Multi Agency Support Teams), SAFE and other specialist teams or services.

ECIRS (Ealing Children's Integrated Response Service)

When you contact or refer to ECIRS there are a number of actions based on the legal framework set out in sections 17, 20, 31 and 47, Children Act 1989, that can be taken.

1. If the statutory criteria for initiating an investigation under Section 47 Children Act 1989 are established i.e. the child has suffered or is likely to suffer significant harm; a MAST team or the Children With Disabilities team will undertake a Child Protection investigation. These investigations can also be undertaken jointly with the Police.
2. In children in need Section 17 Children Act 1989 cases where there is a risk to the child's development, ECIRS will refer to the relevant social work team to undertake a Child and Family Assessment (CFA). Teams include MAST (Multi Agency Support Team), Unaccompanied Minors Team/Children's Housing Support Team and Children With Disabilities (CWD).
3. Where a child or young person has to be provided with accommodation in an emergency under statutory legislation the case will be transferred from ECIRS to a MAST team.
4. Where there is no immediate danger or risk to the child and the needs are not complex, SAFE may be asked to offer support - if the threshold for statutory assessment is not met and early intervention may help. A needs assessment will be carried out using the SAFE Assessment and Plan.
5. Take No Further Action (NFA) if the referral does not meet the threshold for intervention by Children's Social Care. In such cases the referrer will often be advised by ECIRS to complete an EHAP or will be signposted to universal services from the Family Information Service (FIS).

ECIRS will, where required, do a brief piece of work to gather more information to assist the screening process and where appropriate take to the MASH.

MASH (Multi-Agency Safeguarding Hub)

The MASH multi-agency discussion happens daily. Its purpose is to ensure early identification of potential significant harm through information sharing between relevant agencies within 24 hours of a police incident where children are involved. The follow-up action may be referral for Early Help, a Child and Family Assessment or a Child Protection investigation.

Missing young people are also reviewed at a weekly MASH meeting to identify possible safeguarding issues, including contextual safeguarding risks. Those in attendance or represented in the MASH meeting are the ECIRS Duty Manager and Senior Social Worker, a Health Visitor, the Police, Youth Justice, Probation and Safer Communities Team.

The MASH operates within its own multi-agency information sharing agreement which enables information sharing without consent if the case warrants this.

Child and Family Assessment (CFA)

When a CFA is required in the first instance ECIRS will:

- Discuss the concerns with the referrer and record the discussion
- Review the EHAP provided with the referral
- Confirm that the referrer has parental consent to share information (consent to share information is not required where obtaining consent could: cause a risk of further harm; compromise a criminal investigation or cause undue delay in taking action to protect a child)
- Consult records already held by Children's Services on its databases
- If required, contact other agencies to gather information
- Send out an acknowledgement of a referral within three working days
- Send the referrer a letter to let them know what the outcome of the enquiry is. The timing of this letter will depend on the determination of threshold level and response
- The case will then be referred by ECIRS to the relevant MAST or other Level 3 service as appropriate
- For safeguarding cases a referral will be made to the appropriate MAST Team for the locality in which the child lives

NB. In urgent situations referral to the appropriate MAST Team will happen before all the above actions have been completed.

Standards of working practice

Once a referral reaches a social work team e.g. MAST the manager and social worker should within three working days, plan the assessment to include:

- What information is required
- What issues need to be explored
- What further information is required from other agencies
- How detailed the assessment should be
- By what date it should be completed

Other points to note:

- It is important that the worker is clear about the purpose of the assessment and shares this with the family. This may require the Social Worker to speak to the referrer again to clarify or request more detailed information.
- For Child Protection Enquiries where there are allegations of significant harm (including physical, emotional, sexual abuse and neglect) the social worker should meet the child and family within 24 hours.
- The social worker must inform the family of the concerns raised, the plan for the assessment and seek their agreement to this. For assessments under Section 17 of The Children Act, the family must be visited within 10 working days of the referral being received.
- Wherever possible and subject to parental consent, children will be seen on their own to ensure their views and experiences inform the assessment. However, where there are child protection concerns, children can be spoken to without the consent of their parents or carers.

- Interpreters will be used for any family where English is not the first language and where there may be difficulty understanding the concerns and any planned actions.
- The manager will set internal review points for the assessment to ensure that it reflects the child's needs and is completed within statutory timescales.
- Referrers may be called upon to attend strategy meetings, Child Protection Conferences, Child in Need or Team Around the Family (TAF) meetings where necessary.
- Assessments can take up to a maximum of 45 working days under existing government guidance, but many will be completed in less time.
- The assessment period is proportionate to the risk and needs identified.
- Once a CFA is completed, the family will be sent a copy of the assessment and the referrer and other agencies involved will be informed of the outcome to the extent that it is appropriate for the Council to share details.
- There may be occasions when the full detail of a CFA cannot be shared with family members, for example in domestic abuse cases where full disclosure could increase the risk to the children or adult victim.

Child Protection (S47) Investigation

The manager of a social work team e.g. MAST, Unaccompanied Minors Team/Children's Housing Support or Children With Disabilities or SAFE can make a decision that the evidence of the case warrants a Child Protection investigation. In addition to completing a CFA the social worker will:

- Have a strategy discussion or strategy meeting with the Police within three working days (or one working day where serious risk of harm; allegations of penetrative sexual abuse or where immediate action was required by either agency) to decide if immediate action to protect the child is necessary and decide if a joint investigation is needed with the Police or if Children's Social Care will carry out a single agency investigation.
- Other agencies involved with the family should be included in any discussion and/or meeting.
- See the child(ren) within 24 hours where there are allegations of significant harm.
- Some allegations/cases may require further information to be gathered before seeing the child.
- Have a strategy meeting to address allegations or concerns about physical abuse, neglect, emotional abuse, child sexual exploitation/ sexual abuse, forced marriage, 'honour' based violence or female genital mutilation or other forms of gender-based abuse or concern about fabricated or induced illness in a child. In these cases, it is usually more important to gather relevant information and make a measured, planned decision about when/how to see the child and/or family.
- Discuss, agree and record any reasons for a delay in seeing the child e.g. to obtain important information or manage the risk resulting from intervention.

If a strategy meeting is convened this should be attended by the Police, the referrer, relevant health professionals and school staff as well as the Social Worker and their manager, who chairs the meeting.

For some complex investigations (e.g. sexual abuse/exploitation/allegations against staff or volunteers) the strategy meeting is chaired by a Child Protection Adviser.

When the investigation is complete, decisions will be made as to whether the concerns are substantiated or not and whether the child is likely to suffer significant harm. And if so, whether a child protection conference should be convened – this must happen within 15 working days of the first strategy discussion/meeting.

Multiple assessments

Being subject to more than one assessment can be stressful for a child and their family when different professionals ask for the same information again and again. This is one of the reasons professionals are now required to have carried out an EHAP for the child and family before making a referral to ECIRS (except where Child Protection issues warrant swift action).

It means a single assessment of need has been carried out to engage multi-agency services, lessening the stress and demand on the family to undergo several assessments and giving them a Lead Professional with whom to keep in contact, ask questions etc.

However, specific additional needs of the child may result in the child needing other assessments such as an assessment of special educational needs or health concerns.

To lessen the stress of multiple assessments, professionals are asked to always keep the family informed of what to expect and to explain why another assessment is necessary.

Any professional about to recommend or refer on to a service where a service-specific assessment will be necessary should:

- Ask the family for permission to share information with the professional or service carrying out the other assessment(s) so that information relevant to those assessments doesn't have to be given by the family more than once
- Be sensitive to the possible stresses on the family and demonstrate empathy and give encouragement
- Where assessments need to be carried out simultaneously - negotiate with professionals completing the other assessment to minimise duplication of information or actions and reduce the risk of appointments at the same or inconvenient times.



Children in Specific Circumstances

A statutory social work assessment can be informed by other specialist assessments. It may also trigger another agency assessment or provide a contribution to them. Specialist assessments should be co-ordinated so that the child and family experience a joined-up assessment process and a single planning process focused on outcomes.

Highlighted below are some key areas where specialist assessments may be required or where consideration to specific issues is needed throughout assessment at any level.

Please also refer to the **London Child Protection Procedures** for further guidance:
www.londoncnp.co.uk

Early Help and Supportive Action for Families in Ealing (SAFE) Assessments

Early Help Assessments are carried out using the Early Help Assessment and Plan (EHAP) process (see page 31). SAFE assessments are a modified version of Child and Family Assessment (CFA) to reflect the threshold of need level at which these are undertaken and are informed by the EHAP where this has been carried out. (see page 31)

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to;

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care givers); or
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to a child's basic emotional needs. (Working Together 2018)

The Child Neglect toolkit and checklist

The Child Neglect toolkit and checklist are designed to assist you in identifying and assessing children who are at risk of neglect. It is to be used when you are concerned that the quality of care of a child you are working with suggests that their needs are being neglected. It will help you to focus on the areas of neglect which should inform the assessment and help you put your concerns into context and identify strengths and resources.

Both the Child Neglect Checklist and the fuller Toolkit can be used to inform decision-making, assessments and planning. See **www.ealingscp.org.uk**

Looked After Children who return home from care

Children who have been looked after by Ealing return home under different circumstances. All children returning home from care in Ealing will continue to have an allocated social worker. Prior to return, Social Workers will carry out an assessment under the relevant legislation to establish whether it is safe for a child to return home and whether reunification with their family

is sustainable over time. The decision that a young person over 16 can return home has to be authorised by the Executive Director for Children, Adults and Public Health. For Children's Social Care procedures on children returning home from care see:

proceduresonline.com/ealing

Unborn children - pre-birth assessments

Specialist pre-birth assessments may need to take place before a child is born where there are concerns about the welfare of an unborn child because of the mother's lifestyle during pregnancy or because there are concerns about whether the parent/s will be able to adequately care for the child once born.

Pre-birth assessments are carried out by a specialist team within Ealing's MAST service and will normally begin at around 12 weeks when the pregnancy is confirmed. Where possible the assessment will be completed at least four weeks before the expected delivery date but in circumstances where late notification of pregnancy or concerns have arisen, the assessment may go on past this.

The assessment will consider the domains outlined in the Assessment Framework described above (page 19) and will look at:

- The age of the pregnant woman and the circumstances leading to the pregnancy
- If a pregnancy has been concealed what the reasons are for this
- Previous pregnancies and/or children of both parents
- How the mother and father feel about the unborn baby
- What preparations the parents have made for the birth
- The parent's engagement with services
- Maternal behaviour during the pregnancy i.e. substance abuse during pregnancy
- The impact of Mental Health
- Identification of FGM
- Where there are other children in the household, a Child and Family Assessment will be carried out looking at risks to the unborn child and likely impact of the child's birth on the family.

For first-time parents, their parenting capacity has not yet been tested, so any judgements about this is provisional and the assessment will consider what might change following the birth, including any factors that might increase or decrease risk to the child.

Following a pre-birth assessment, if no further action is required, consideration will be given to referring parents to universal services or early help services to provide support.

Agencies involved in supporting the family will be made aware of any potential strengths / risk factors and advised to re-refer if they have any concerns about the family.

Where following assessment there are ongoing concerns about the unborn child, a Strategy meeting will take place 13 weeks before the expected date of delivery and the case will go to Child Protection Conference 10 weeks before expected date of delivery in line with London Child Protection Procedures.

Young Carers

Young carers are children who have daily care responsibilities for a family member with a disability (physical or mental), long-term illness or with substance misuse issues. Young carers are particularly vulnerable as many are 'hidden'. Being a young carer can have a dramatic effect on the life of a child and impact on their own physical and emotional health and wellbeing, education and social development.

If a Local Authority considers that a young carer may have support needs, it must carry out an assessment under S17 Children Act 1989. It must also carry this out if a young carer or the parent of a young carer requests this. The Young Carers (Needs Assessment) Regulations 2015 require that local authorities will look at the impact of caring upon the child/young person to see if their caring role is excessive and/or inappropriate. This will be done as part of a 'whole family' approach, where an adult is being assessed under the Care Act 2014.

If there are immediate concerns about the wellbeing of a young carer – professionals should make a referral to ECIRS who will give advice and progress the referral appropriately.

Private Fostering Arrangements

A private fostering arrangement is one that is made privately without the involvement of a Local Authority, for the care of a child under the age of 16 (under 18, if they are disabled) by someone other than a parent or 'close relative' with the intention that it should last for 28 days or more. A close relative is defined in the Children Act 1989 as a grandparent, uncle or aunt (whether by full-blood, half-blood or by marriage or civil partnership), sibling or step-parent.

Private foster carers may be from the extended family, be a friend of the family or someone previously unknown to the child. Local Authorities do not formally approve or register private foster carers. However, it is the duty of the Local Authority to ensure they are satisfied that the welfare of children who are privately fostered is being satisfactorily safeguarded and promoted. Examples of situations where private fostering arrangements happen:

- Children living with a friend, or the family of girlfriend/boyfriend
- Children who have come to the country for medical treatment, exchange holidays or language courses
- Children being cared for while a parent is in prison or hospital.

Professionals who work with children may come across private fostering arrangements as part of their day-to-day work. If this happens they should contact ECIRS. ECIRS will refer to the Unaccompanied Minors Team/Children's Housing Support Team who will undertake an assessment. If there is a safeguarding concern, the case will be referred to the relevant MAST Team.

Children with disabilities

Disabled children have the right to a statutory Child in Need assessment under section 17 Children Act 1989. If the Local Authority determines that there are no needs to be met under section 17 of the Children Act it must then consider whether there are needs arising from disability which it has a duty to meet under the Chronically Sick and Disabled Person's Act 1970 (this will be done within the same assessment).

Referrals go through ECIRS, who will decide if the child should be referred to the Children With Disabilities (CWD) Team based within Ealing Service for Children with Additional Needs (ESCAN)

or another social work team. The CWD team take responsibility for assessment of children and young people up to the age of 18 who have a disability which has a severe or profound impact on their day to day lives. This will usually be children/young people who are likely to have life-long support needs. This includes children with a physical or learning disability, complex health needs with autism. If the child does not come under the CWD team remit, the assessment will be carried out by one of the MAST teams.

Children with a disability are assessed according to the impact the impairment has on their quality of life and that of their family. Help is designed to be family-centred and promote independence and social inclusion.

In cases where the child has a health issue, a referral can be made direct to the relevant service through the child's GP or other health professional working with the child. This includes referrals to Occupational Therapy, Physiotherapy and Community Nursing Service etc. Self-referrals can only be made to Speech and Language Therapy.

Parents and carers of a child with disabilities have the right to request a statutory carer assessment under Section 17ZD of the Children Act 1989 (Section 97 of the Children & Families Act 2014 amended the Children Act 1989 by adding s17ZD) This assessment can be carried out by any social worker undertaking a Section 17 assessment

Detailed information about services and support for children with disabilities can be found at: **www.ealinglocaloffer.org.uk**

Children with Special Educational Needs

A statutory Education, Health and Care need assessment is a co-ordinated multi-disciplinary assessment carried out for children and young people age 0-25 with severe and complex special educational needs - under the Children and Families Act 2014. The co-ordinated assessment determines whether an Education, Health and Care (EHC) Plan is needed. An EHC Plan is a legal document setting out the education, health and care needs of the child, the outcomes expected, and the education, health and care provision required to achieve the outcomes.

Detailed information about the SEND process can be found at Ealing Local Offer site: **www.ealinglocaloffer.org.uk**

Children and young people involved with the Youth Justice Service (YJS)

The Youth Justice Service will as part of their assessment process, check if a young person is known to Children's Services. They will also consider whether the child has specific needs and would benefit from a referral to SAFE or MAST teams. In cases where the child or young person has suffered abuse or neglect or is at risk of significant harm, they will be referred to ECIRS.

The YJS assessment will consider the young person's education, training and employment (ETE) status and any special educational needs. The YJS officer will liaise with colleagues in schools, colleges and the SEN Team where appropriate. Physical and mental health is also part of the assessment process - checks will be made with health colleagues in relation to any concerns the child may be presenting with.

Young people known to the Youth Justice Service (YJS) may also be subject to specialist assessments required by the courts, police or other agencies.

Children at risk of Female Genital Mutilation (FGM)

FGM involves procedures that include the partial or total removal of the external female genitalia. FGM is a deeply rooted practice in parts of the world with concentrations in countries in the Horn of Africa, areas of the Middle East and Asia. It can affect girls and young women in the UK in families who support the practice for a variety of complex reasons.

FGM is a criminal offence – it is child abuse and a form of violence against women and girls. Child protection procedures should be followed when there are concerns that a girl is at risk of or is already the victim of FGM.

Identifying girls at risk /indicators

It is important that all professionals make themselves aware of the range of possible indicators that a child may be at risk of FGM/or has already undergone FGM. Please refer to the Multi agency statutory guidance below and the London Child Protection Procedures (Chapter 25 www.londoncnp.co.uk)

Multi agency statutory Guidance on FGM

Multi-agency guidelines on FGM for those with statutory duties to safeguard children and vulnerable adults can be found at:

www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

Mandatory duty to report FGM

Since 31 October 2015, social workers, health professionals and teachers have a mandatory duty to report to the police any known cases of FGM, when a disclosure has been made or there is visual confirmation for all under 18s. Procedural information can be found at:

www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

Taking action

If you are worried that a child is at risk of FGM or has been subjected to FGM you should:

As a regulated health and social care professional or teacher:

If a child discloses that FGM has already happened to them:

- Talk to your Safeguarding Lead and discuss actions needed.
- As this is a disclosed case, you will need to follow your mandatory duty. Therefore, you will need to call the non-emergency 101 number
- Write down the crime reference number
- Your safeguarding lead will follow up with a referral to ECIRS
- Make a note of all your actions and keep a record of any conversation with the child/and/or family

If you suspect a girl is at risk of FGM:

- Follow your usual safeguarding procedures in your setting
- Discuss with your safeguarding lead
- Safeguarding Lead may contact ECIRS for further advice
- Make a note of all your actions and keep record of any conversation with child and/or family

Others with concerns:

- Discuss with the safeguarding lead in your organisation
- Your safeguarding lead will contact ECIRS on 020 8825 8000 to discuss the concerns

Further information

The National FGM Centre has lots of information and resources for professionals (including an FGM assessment tool for social workers). www.nationalfgmcentre.org.uk

Unaccompanied migrant children and child victims of trafficking and modern slavery

The cohort of unaccompanied migrant children and child victims of modern slavery includes a wide range of children in a variety of circumstances. Some will have been trafficked or persecuted and may have witnessed or been subject to horrific acts of violence. Other migrant children may have been sent in search of a better life, or may have been brought to the UK for private fostering and subsequently exploited or abandoned when the arrangement fails.

Where a referral concerns a young unaccompanied child migrant, regardless of the category, this will always satisfy the criteria for referral to Children's Social Care for assessment by the relevant social work team e.g. Unaccompanied Minors team or MAST. Social workers will follow relevant procedures and guidance taking into account the need to access specialist legal advice and support. Children's Social Care procedures can be found at: proceduresonline.com/ealing

Children with mental health needs

The Child and Adolescent Mental Health Service (CAMHS) at West London NHS Trust provides multi-disciplinary mental health assessment and treatment for children, young people (aged 0 -18) and their families living in the London Borough of Ealing.

Referrals are accepted from GPs, health visitors, social workers, educational psychologists, other health professionals and schools.

There are many different specialists/multi-disciplinary teams who are experts in children's and young people's emotional wellbeing and mental health. **Tier 3** services offered include:

- ✓ Family and Young People Service
- ✓ Adolescent Community Service
- ✓ Neurodevelopmental Service
- ✓ Learning Disability Services
- ✓ Eating Disorder Service
- ✓ Crisis Service (known as Alliance)

In addition, CAMHS clinicians work within the following **Tier 2** multiagency teams:

- Supportive Action for Families in Ealing (SAFE)
- Brighter Futures
- Building My Future
- Early Intervention Project
- Intensive Therapeutic and Short Breaks Service Ealing (ITSBS)
- Ealing CAMHS Learning Disability Service
- CLiPS and Clinical Psychology at Ealing Primary Centre

The core hours for most services are 9am – 5pm, Monday to Friday. However, Alliance offers support outside of these hours and over the weekend.

For more detailed information including how to access services for advice and/or making a referral visit: www.egfl.org.uk/CAMHS.

Additional information can be found on the Trust website www.westlondon.nhs.uk/service/camhs/

The CAMHS Threshold Guide (See page 56) details a range of problems affecting children and young people which may require assessment and appropriate intervention from one of these services/teams.

Domestic abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It is not just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse. Abusive behaviour can occur in any relationship. It can continue even after the relationship has ended. Both men and women can be abused or abusers.

Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their own relationships.

Where a professional has concerns about risk of harm to a child from domestic abuse, the Barnardo's Domestic Violence Risk Indicators Matrix is a useful tool to aid assessment. It sets out the appropriate response depending on threshold level 1- 4 e.g. Initiate an EHAP; Refer to ECIRS etc. (See page 61)

The SafeLives (DASH) Risk checklist is a tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage their risk.

www.safelives.org.uk/node/516

The Vulnerabilities Screening Tool can be used where there are concerns about abuse in intimate partner relationships between peers (www.ealingscp.org.uk).

Children at risk of radicalisation and exposure to extremist ideology

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism which may lead them to conduct acts of terrorism. Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

Section 26 of the Counter-Terrorism and Security Act 2015 (Act) places a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism (the Prevent Duty). Specified authorities include local authorities, NHS, schools and also providers of certain services to those authorities.

There is no standard profile of a child or young person likely to become involved in extremism or act violently in support of extremist ideas. The process of radicalisation is different for every individual and can take place over an extended period or within a short time.

Children and young people may be vulnerable to a range of risks as they pass through childhood and adolescence. They may be exposed to new influences and potentially risky behaviours, influence from peers or older people in their network or from the internet/social media.

Ealing's Prevent programme is designed to work closely with families, the local community and professionals. It aims to help children, to prevent them from being drawn into terrorism or extremism.

Staff from all agencies with concerns about a child or young person's vulnerability to extremism or risk of radicalisation are expected to:

- Make a clear written record of the concerns they have heard and/or witnessed.
- Contact the Ealing Prevent team on 020 8825 9849 to explore these concerns and the context for the young person e.g. sources of information; friendship groups; interests; access to IT and other relevant background and protective factors.
- Ealing Prevent may advise you to make a formal referral to ECIRS.
- Where there are low level concerns – these may be managed by universal services and the family themselves.
- ECIRS and Prevent will work together to ascertain whether the Prevent threshold has been met. If met, Ealing Prevent may refer to the Channel Panel (a multi-agency panel designed to safeguard vulnerable individuals from being drawn into extremist or terrorist behaviour).
- Where there is imminent threat of harm to others, the Police (999) or Terrorist hotline (0800 789 321) must be contacted.

Contextual safeguarding risks

There is an increasing recognition that significant risk of harm can occur outside the family home. Particularly as young people move towards adolescence, the influence that their parents/carers/families exert on them decreases and the influence of peers becomes increasingly important.

Vulnerabilities Screening Tool (VST)

The VST was designed to help professionals from across the partnership consider risk to young people outside of the home environment. The VST is to aide, not replace, professional judgement and should be used in conjunction with the London Child Protection Procedures, where appropriate.

The VST should be completed when there is a concern that a child may be at risk of harm outside of the family home. Such forms of harm may include but are not limited to: Child Sexual Exploitation (CSE); Harmful Sexual Behaviours; Missing from Home or Care; Trafficking; Gangs; Serious Youth Violence; County Lines; Radicalisation.

The VST is primarily a professional's tool and should be completed by a professional who has a good understanding of/relationship with the young person. In some instances, it may be beneficial to complete the tool with the young person (if they are willing to do so) or with their parent or carer.

Any completed VST should be stored on your agencies record keeping system. The VST is intended to be a live document and should be updated regularly.

If a referral to ECIRS is required, please attach the VST to the referral to assist the referral process. Contact ECIRS on 020 8825 8000 or email ECIRS at ECIRS@ealing.gov.uk (secure email). Vulnerable and Exploited Children and Young People Guidance and the Vulnerabilities Screening Tool can be found at: www.ealingscp.org.uk

Child Sexual Exploitation (CSE)

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them. Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online.

Harmful Sexual Behaviour (HSB)

Harmful sexual behaviour is defined as 'One or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults.' (Rich, 2011)

Children who go missing from home, care or school

Children who go missing even for a short period can be vulnerable to significant harm. There are particular concerns about the links between children who go missing and the risk of exploitation. Children who are looked after and go missing from their placements can be especially vulnerable. A child going missing from school could also be an indication that the child has experienced harm or abuse or is at serious risk. In addition to the impact on academic achievement you should consider if there are other risk factors such as exploitation, extra familial harm, potential forced marriage or female genital mutilation (FGM) which may be influencing the absence from school. Ealing Local Guidance 'Safeguarding children missing from care, home or education' can be found at: www.ealingscp.org.uk

Gangs

Gangs are defined as 'a relatively durable, predominantly street-based group of young people who:

1. See themselves (and are seen by others) as a discernible group
2. Engage in criminal activity and violence
3. Lay claim over territory (not necessarily geographical but can include an illegal economy territory)
4. Have some form of identifying structural feature; and
5. Are in conflict with other, similar, gangs.' Centre for Social Justice (CSJ) 2009

Serious Youth Violence

Can be defined as "any offence of Most Serious Violence or Weapon Enabled Crime, where the victim is aged 1 to 19" where Most Serious Violence is defined as Homicide and Child Destruction, Attempted Murder, Wounding or other act endangering life, Grievous Bodily Harm (Part), Causing Death by Dangerous/Careless/ Inconsiderate Driving, Causing Death by Aggravated Vehicle Taking.

Youth Violence is any offence of Most Serious Violence and Assault with Injury or Weapon Enabled Crime, where the victim is aged 1 to 19" where Assault with Injury is defined as Actual Bodily Harm and other injury and racially or religiously aggravated ABH and other injury.

Child Criminal Exploitation (CCE)

Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children is broader than just county lines and includes for instance children forced to commit theft.

County Lines

The Police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “deal lines”. It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as ‘cuckooing’.

Trafficking

Children and young people can be abused and neglected by adults who traffic them in, out of and/or around the UK in order to exploit them.

Child trafficking is child abuse and should be treated within a child protection context. It is also a crime, where children (under 18's) are the victims of organised or opportunistic criminality and exploited for sex, forced labour, domestic servitude or criminal activities. In the UK, trafficking is regarded as a form of modern slavery.

Trafficking can occur between and within countries, so professionals need to be mindful of children who may be transported short distances or harboured in local addresses.

If you suspect that a child may have been trafficked/be at risk of being trafficked discuss your concerns with your manager. Professionals should consider carefully any involvement with “family members/carers” before making a referral to ECIRS as to do so may heighten the risk of harm or abduction to the child/young person.

(For detailed information and guidance on trafficking – including links to key procedures see Ealing's local policy, procedure and guidance ‘Safeguarding Children Who May Have Been Trafficked’ at www.ealingscp.org.uk)

Peer on Peer abuse

Peer on peer abuse occurs when a young person is exploited, bullied and / or harmed by their peers who are the same or similar age; everyone directly involved in peer on peer abuse is under the age of 18. It includes Domestic Abuse where young people aged 16 and 17 experience physical, emotional, sexual and / or financial abuse, and coercive control in their intimate relationships; Child Sexual Exploitation including another young person; Harmful Sexual Behaviour; Serious Youth Crime / Violence - where offences of the most serious nature including murder, rape and GBH occur between young people under 18. It is important professionals carrying out assessments understand that the child who is perpetrating the abuse may also be at risk of harm.

Section C

Further Guidance and Resources

- S17 and S47 Indicators chart
- CAMHS Thresholds chart
- Allegations against Staff or Volunteers (ASV) & LADO arrangements
- Complaints (including Professional disagreement and escalation and complaints from children, young people and families)
- Glossary
- Barnado's Risk Indicators Matrix
- Useful references and resources and links to Toolkits to aid Assessment
- Key contacts

Section 17 and Section 47 Indicators Chart

Section 47

Any allegation of abuse or neglect or any suspicious injury into an infant who is pre-mobile (not yet mobile / crawling / walking).

Allegations or suspicions about a serious injury or sexual abuse of a child. (including sexual exploitation and serious injuries obtained outside of the family home).

Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children).

Inconsistent explanations or an admission about a clear non-accidental injury (including from teenagers).

Repeated allegations or reasonable suspicions of non-accidental injury.

A child being traumatised injured or neglected as a result of domestic violence (including between peers of a similar age).

Repeated allegations involving serious verbal threats and/or emotional abuse (including threats from outside the family home).

Allegations / reasonable suspicions of serious neglect.

Medical referral of non-organic failure to thrive in under-fives.

Direct allegation of sexual abuse made by child or abuser's confession to such abuse.

Any allegation suggesting connections between sexually abused children in different families or more than one abuser (including sexual exploitation).

An individual (adult or child) posing a risk to children (including gang involvement, harmful sexual behaviours including online).

Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.

No available parent and child vulnerable to significant harm (e.g. an abandoned baby).

Suspicion that the child has suffered or is at risk of significant harm due to fabricated or induced illness.

Where a child is the subject of parental delusions.

A child at risk of sexual exploitation or trafficking (including criminal exploitation).

Registered sex offender or convicted violent offender subject to MAPPA moving into a household with under 18 year olds.

Pregnancy in a child aged under the age of 13.

A child at risk of FGM, 'honour' based violence forced marriage or other gender based harm.

Missing children who are at risk of sexual exploitation and/or physical violence (including criminal exploitation).

Section 17

Allegation of physical assault with no visible or only minor injury (other than to a pre-or non-mobile child).

Any injury / incident triggering concern (e.g. a series of apparently accidental injuries or a minor non-accidental incident).

Any incident / injury triggering concern (e.g. a series of apparently accidental injuries or a minor non-accidental incident).

Repeatedly expressed minor concerns from one or more sources (including changes in behaviour, disruptive behaviours, changes in appearance, missing for short periods of time regularly).

Level 3 domestic violence (see Barnardos Domestic Violence Matrix p.61).

Allegation concerning serious verbal threats to children (including threats made by those outside the family home).

Allegations of emotional abuse including that caused by minor domestic violence (including intimate partner violence between peers).

Allegations of periodic neglect including insufficient supervision; poor hygiene, clothing or nutrition; failure to seek / attend treatment or appointments; young carers undertaking intimate personal care.

Suspicions of sexual abuse (e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour, carer).

No available parent, child in need of accommodation with no specific risk if this need is met.

Missing children who do not go missing frequently or for long periods and there are no concerns about their social contacts.

Ealing CAMHS Threshold Guide

The levels indicated are NOT absolute thresholds and are NOT an exhaustive list of conditions. In addition it is not an exhaustive list of providers. They are a guide to assessment and appropriate intervention.

PROBLEM CATEGORY	EALING TIER 2 Children with emotional difficulties in need of psychological support	EALING TIER 3 West London NHS Trust (the referred child must have an Ealing GP, be under 18 and need a specific mental health assessment or treatment, as detailed below)
Depression/Low Mood	Early evidence of mood disorders	Serious indicators of depression
Self-Harm	Early evidence of deliberate self-harming behaviour, including suicidal ideas that are not intended to be acted on	Suicide attempt, suicidal ideation, repeated self-harm
Eating Disorders	Emotional problems related to eating e.g. fussy eating	Weight loss, Anorexic behaviour, Bulimic pattern
Anxiety Disorders	Early onset of anxiety disorders including phobias, mild Obsessive Compulsive Disorder (OCD) symptoms	Significant anxiety, especially OCD and severe/ entrenched phobias
Attention Deficit Hyperactivity Disorder (ADHD)	Concern about attention span	Assessment for ADHD, and treatment of ADHD
Behaviour Problems	Behaviour management problems, parent training	Not as sole reason for referral: Behaviour problems when part of complex set of problems or to assess for possible other conditions
Anger Problems	Anger management problems	Not as sole reason for referral: seen when anger is part of complex picture or to assess possible other conditions
Sleep Problems	Sleep problems	Not as sole reason for referral: seen when sleep problems are part of complex picture or to assess possible other conditions
Low Self-Esteem	Self-esteem issues	Not as sole reason for referral: seen when as part of complex picture or to assess for other conditions
Substance Misuse	Substance use / misuse – referrals made through Ealing Children’s Integrated Response Service	Young person experiencing problematic drug / alcohol misuse related issues – referrals to be made directly to the EASY project using the DUST form
Enuresis and Encopresis (Bedwetting and Soiling)	Issues related to Encopresis and Enuresis following paediatric assessment	Not as sole reason for referral: seen when enuresis is part of complex picture or to assess possible other conditions
Bereavement, Loss and Trauma	Early negative consequence from loss, bereavement, transition and abuse	For pathological grief reactions, Post Traumatic Stress Disorder, serious and sustained reactions to life events
Divorce and Separation	Low impact mental health difficulties e.g. reaction to separation / divorce	Not unless the reactions indicate a mental health disorder
School-Based Problems	School focused concerns about mental health issues related to a child if other relevant support agencies not involved	Not unless there is clear evidence of, or need for assessment for a specified mental health problems
Severe Learning Difficulties	Where there are concerns about possible emotional, behavioural or mental health problems (ESCAN)	Children with severe learning difficulties where there are concerns about complex mental health problems
School Refusal	School refusal where early evidence of a potential mental health issue has been identified and education support services have been involved	Not unless there is evidence of, or need for assessment for a specific mental health problem
Psychosis	Not appropriate here	Assessment and treatment of all psychotic disorders
Autistic Spectrum Disorder (ASD)	Children with ASD have the right to the same range of services as the rest of the population – above Tier 2 Thresholds apply	Assessment of children for autistic spectrum disorders, including concerns about co-morbid mental health problems

Allegations against Staff or Volunteers (ASV) & LADO arrangements

All services and organisations have an obligation to employ safer recruitment procedures - either following advice given in Ealing's Child Protection Procedures or by developing their own safer recruitment policy.

Services and organisations also have an obligation to ensure appropriate safeguarding training is delivered to all staff and volunteers working with children including: guidance on appropriate behaviour around children; data protection and the taking and storing of digital images.

Procedure to follow:

If an allegation is made against a member of staff or a volunteer it is a requirement of Working Together to Safeguard Children 2018 that Ealing Council's named Local Authority Designated Officer (LADO) is informed within one working day and prior to any further investigation taking place. This procedure must be followed if any person has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or towards children in a way that indicates he or she may not be suitable to work with children.

It is important to note that having a sexual relationship with a child if in a position of trust in respect of that child, is an offence even if consensual (sec 16-19, Sexual Offences Act 2003).

The **LADO** is a senior member of staff who:

- Is involved in the management and oversight of individual cases which meet a certain threshold
- Provides advice and guidance to employers and voluntary organisations
- Liaises with the police and other agencies
- Monitors the progress of cases to ensure they are dealt with as quickly as possible, following a consistent, thorough and fair process.

Further Information

Ealing LADO takes responsibility for ASV where staff/volunteers are working in Ealing. If staff/volunteers work across boroughs, then the location of the head office would determine which local authority would take the lead.

Contact LADO: 020 8825 8930 or asv@ealing.gov.uk

The complaints procedure may be followed if you are dissatisfied with the handling arrangements of the ASV. (See Complaints page 58)

A series of guidance notes are available about the ASV process and can be found at: www.ealingscp.org.uk

Complaints, Professional Disagreement and Escalation

All agencies in the Ealing Safeguarding Children Partnership are committed to providing safe, timely and high-quality services.

Complaints

Where there are concerns about the quality of a service, these should go through the Customer Care/ Complaints teams of the relevant agency.

Complaints about Ealing Children's Services can be made to:

Customer Care Team (Children's Services), 1st Floor, Perceval House, 14-16 Uxbridge Road, London W5 2HL Tel: 020 8825 8100 Email: complaints_childrens_services@ealing.gov.uk

Complaints from children, young people and families

If a child or family wishes to complain they can do so under the Children Act 1989 Representation Procedure (Children) Regulations 2006.

If a child or young person needs the support of an advocate to help them get their voice heard, they can contact Coram Voice Always Heard service on 0808 800 5792 www.coramvoice.org.uk

Professional Disagreement and Escalation

At times there may be genuine differences of opinion about how to respond to a referral or how to help a child or family. Ealing Safeguarding Children Partnership has adopted the London Child Protection Procedures guidance on conflict resolution. www.londoncp.co.uk/chapters/profess_conflict_res.html

In essence there are four steps:

1. Professionals should attempt to resolve differences through discussion and/or meeting within a working week or a timescale that protects the child from harm (whichever is less).
2. Most day-to-day inter-agency differences of opinion will require a LA children's social care team manager to liaise with their (first line-manager) equivalent in the relevant agencies, e.g. police detective sergeant, named or designated safeguarding children health professional or designated safeguarding children teacher.
3. If agreement cannot be reached following discussions between the above first line-managers within a further working week or a timescale that protects the child from harm (whichever is less), the issue must be referred without delay through the line management to the equivalent of service manager/detective inspector/head teacher or other designated safeguarding children senior professional. Alternatively (e.g. in health services), input may be sought directly from the designated safeguarding children doctor or nurse in preference to the use of line management.
4. If professional differences remain unresolved, the matter must be referred to the heads of service for each agency involved.

NB. It is important that if any professional thinks the actions taken or proposed will not adequately safeguard or help a child or family that they raise these concerns immediately.

Glossary

CFA	Child and Family Assessment - Local Authority assessments of a child and family's needs carried out by a social worker.
CAMHS	Child and Adolescent Mental Health Service - A specialist service offering assessment and treatment for children and young people with emotional, behavioural or mental health difficulties.
CCG	Clinical Commissioning Group (CCG). Clinically led statutory NHS bodies responsible for the planning and commissioning of health care services within their local area.
Children	Refers to a child at any age up to 18 years, including those who are unborn.
Contextual Safeguarding	Contextual Safeguarding is an approach to understanding and responding to young people's experiences of significant harm beyond their families.
CPA	Child Protection Advisors (CPA) support and advise around on individual cases relating to child protection.
CPC	Child Protection Conferences (CPC) are held where, following a strategy discussion and Section 47 child protection enquiries, concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer significant harm.
CPP	A Child Protection Plan will make clear to the parents what changes they need to make to ensure a child does not suffer significant harm.
CSC	Children's Social Care services support and protect vulnerable children, young people and their families and have statutory duties.
CSE	Child Sexual Exploitation (CSE) a form of sexual abuse in which a young person is used for money, criminal status and power.
Early Start Ealing 0 -19	Delivers integrated services for children and families, with a focus on prevention, promotion and Early Intervention including for children who may not meet expected levels of development or those identified with Special Education Needs and/or Disabilities.
ECIRS	Ealing Children's Integrated Response Service – single point of entry for professionals and the public to report concerns about a child.
EDT	The Emergency Duty Team (EDT) responds to out-of-hours emergency referrals when ECIRS is not available.
EHAP	Early Help Assessment and Plan – Process by which the needs of a child or young person are assessed and an action plan to meet those needs is agreed and progressed. An EHAP is used when the child/family require multi agency support.
EHCP	Education Health and Care Plan- Describes a child or young people's special educational needs, the support they need and the outcomes they would like to be achieved.
ESCAN	Ealing Service for Children with Additional Needs (ESCAN) brings together services from children's social care, health and education to provide a single point of contact for families with children with additional needs and disabilities.

FIS	Ealing's Family Information Service (FIS) provides children, young people and families aged 0-19 (up to 25 for young people with additional needs) living in the borough with the information, advice and guidance on local services and support available, such as help with finding childcare, services for young people and leisure activities.
IRO	Independent Reviewing Officers chair reviews for children who are looked after/ in care.
LADO	The Local Authority Designated Officer (LADO) deals with allegations against staff and volunteers.
MARAC	A Multi-Agency Risk Assessment Conference (MARAC) is a multi-agency meeting in which domestic abuse victims who have been identified as at high risk of serious harm or homicide are referred to.
MASH	The Multi-Agency Safeguarding Hub (MASH) brings together a team of professionals from different disciplines and partner agencies where there are concerns about the safety or well-being of a child.
MAVES	The Multi-Agency Vulnerabilities and Exploitation Panel has oversight of contextual safeguarding cases, information, intelligence and activity across each Local Authority area and across borough boundaries.
NEET	Not in Education Employment or Training - Anybody who is not in any of the form of education or training and who is not in employment is considered to be NEET.
PR	Parental Responsibility is defined in section 3(1) Children Act 1989 as being 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property'. When certain decisions have to be taken about a child, all those with Parental Responsibility for the child are allowed to have a say in that decision.
SAFE	Supportive Action for Families in Ealing (SAFE) are a multi-agency service that works with children, young people and families with targeted needs that require a professional response beyond that which can be delivered by a single agency.
SEN	Special Educational Needs - A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.
SEND	A child or young person has special educational needs and disabilities (SEND) if they have a learning difficulty and/or disability that means they need additional health and education support.
TAC/ TAF	The Team Around the Child/ Family meeting brings together parents and professionals, regardless of agency boundaries, into a small, individualised team for a child/young person identified as requiring further support.
YJS	The Youth Justice Service (YJS) aims to prevent young people aged between 10 and 17 years from offending, and to reduce re-offending by young people already known to the police and the court.

Barnardo's Domestic Violence Matrix

Scale 1: moderate risk of harm to the child/ren identified

A child assessed at this level will have additional needs that may be addressed with the support of a single service or agency or through a multi-agency approach and use of an EHAP.

If an EHAP is initiated, the action plan must include planning for the safety of the child/ren and mother. And referral of the abuser to an appropriate perpetrator programme.

These actions must then be followed up.

Scale 2: moderate to serious risk of harm to the child/ren identified

A child assessed at this level will have additional needs that require a multi-agency approach and therefore an EHAP to be initiated.

Scale 3: safeguarding, serious risk of harm to the child/ren identified

In threshold scale 3, protection factors are limited and the children may be suffering or be at risk of suffering significant harm. Intervention and support for the child/ren and their mother will require local authority children's social care planning, using a Section 17 children in need assessment.

In Ealing, a referral should be made to ECIRS who will refer to case to the Children's Social Care MAST Team for a Child and Family Assessment under Section 17 of the Children Act 1989.

This may escalate to a child protection investigation under Section 47 of the Children Act 1989.

Scale 4: initiate child protection procedures, severe risk of harm to the child/ren identified

Threshold scale 4 assesses the domestic abuse as severe with increased concern regarding children's wellbeing due to additional contributory risk factors. In threshold scale 4, protective factors are extremely limited and the threshold of significant harm is reached.

A referral should be made to ECIRS and followed up in writing. ECIRS will refer the case to the Children's Social Care MAST Team who will carry out a child protection investigation under Section 47 of the Children Act 1989 and if necessary a child protection conference.

All actions and contacts with the children, mother and the abuser including information given and received should be recorded thoroughly.

For more guidance, refer to the London Safeguarding Children Board's ***Safeguarding Children Abused through Domestic Violence*** guidance, available at www.londoncp.co.uk/chapters/sg_ch_dom_abuse.html

Domestic Violence Risk Assessment Matrix

DVRIM: Level of risk Moderate Scale 1.

CAF: Level 2 Threshold of need child with additional needs.

Child/ren & families with additional needs. CAF completed - Single Practitioner targeted support – Child/ren under 7yrs/or with special needs increases risks. The younger the child/ren the higher the risk to their safety. Consider protective factors.

Evidence of Domestic Violence	Y	S
1 - 3 minor incidents of physical violence which were short in duration.		
Victim did not seek medical treatment. Intense verbal abuse.		
Risk factors/ Potential vulnerabilities	Y	S
Child/ren were not drawn into incidents.		
Control by abuser is not intense.		
Protective factors	Y	S
Child/mother relationship is nurturing, protective and stable.		
Significant other in child's life - positive and nurturing relationship.		
Presence of child/ren was a restraint for the abuser.		
Abuser accepts responsibility for abuse and violence.		
Abuser indicates genuine remorse and is willing to seek support for abusive behaviour.		
Victim has positive support from family/ friends & community.		
Victim appears emotionally strong (not worn-down by the abuse).		
Victim sought appropriate support and/or is willing to accept help from other agencies.		

BME (Black, Minority, Ethnic) Issues: Across all scales

Ask yourself the following questions: If this parent...

- 1 Cannot speak, read or write English
- 2 Fears that the 'State' is authoritarian
- 3 Lacks strong social networks
- 4 Lives in temporary housing
- 5 Is living below the poverty line
- 6 Has a child who is of a different appearance and culture to them
- 7 Is living in a close-knit community in London
- 8 Has a perspective on parenting practices underpinned by culture or faith which are not in line with UK law & cultural norms
- 9 Recognises his/her faith or community leader as all powerful
- 10 Puts a very high value on preserving family honour and, if this young person...
- 11 Is compromised in relation to his/her community
- 12 Has strong allegiance to a group or gang

If you need further information, please refer to the BME checklist, downloadable from the LSCB website.

DVRIM: Level of risk Moderate to Serious Scale 2.

CAF: Level 2 Threshold of need child with additional needs.

Child/ren & families with additional needs. CAF completed – Lead professional-integrated support Child/ren under 7yrs/or with special needs - at higher risk of emotional/physical harm – limited self-protection strategies - can raise threshold to Scale 3. Consider protective factors.

Evidence of Domestic Violence	Y	S
History of minor/moderate incidents of physical violence - short duration.		
Victim received minor injuries - medical attention not sought.		
Evidence of intimidation/bullying behaviour - pushing / finger poking / shoving / to victim but not towards child/ren - Destruction of property.		
Intense verbal abuse-consistent use of derogatory language.		
Risk of isolation - Abuser attempts to control victims' activities, movements & contact with others.		
Risk factors/ Potential vulnerabilities	Y	S
Child/ren were present in the home during an incident but did not directly witness.		
Potential likelihood of emotional abuse of children.		
BME (Black, Minority, Ethnic) Issues: See Grey Box.		
Disability issues within family - positive support networks.		
Mental health issues - not prolonged or serious. Abuser or victim seeking appropriate help.		
Age of abuser and/or Victim - both have supportive resources and are not isolated.		
Protective factors	Y	S
Child/mother relationship is nurturing, protective & stable.		
In spite of abuse, victim was not prevented from seeing to the needs of her child/ren.		
Significant other in child's life - positive and nurturing relationship.		
Older child/ren use coping/ protective strategies.		
Victim attempted to use protective strategies with older child/ren.		
Victim is prepared to take advice on safety issues.		
Victim has insight into the risks to her child/ren posed by the abuse.		
Victim has positive support from family/friends and community.		
Abuser willing to engage in services to address his abusive behaviour.		

DVRIM: Level of risk Serious Scale 3.

CAF: Level 3 Threshold of need child with complex needs.

Child/ren in Need - Children's Services may consider Section 17 but Safeguarding intervention may be necessary if threshold of significant harm is reached. Professional case planning Child/ren aged under 7yrs/or child/ren with special needs can raise threshold to scale 4

Evidence of Domestic Violence	Y	S
Incident(s) of serious and/or persistent physical violence in family. Increasing in severity/frequency and/or duration - History of previous assaults.		
Victim and/or children indicate that they are frightened of abuser - put in fear by looks, actions, gestures and destruction of property (emotional & psychological abuse).		
Recent separation - repeated separation/r reconciliation/ongoing couple conflict.		
Stalking/harassment of mother/children - Increased risk of isolation.		
Abuse through the use of texting/social networking sites.		
Abuser breaching bail conditions/civil protective orders / non-contact orders.		
Victim required medical treatment but not sought /or explanation for injuries implausible.		
Recurring or frequent requests for police intervention.		
Incident(s) of violence occur in presence of child/ren - consider duration of exposure.		
Threats of harm to mother/and or children.		
Excessive jealousy/possessiveness of abuser - domineering in relationship.		
Financial control maintained by abuser.		
Abuser has history of domestic violence in previous relationships.		
Risk factors/ Potential vulnerabilities	Y	S
Mental health issues - abuser and/or victim-raises concern.		
Substance abuse by abuser and/or victim-raises concern.		
Abuser's and/or victim's infidelity is a source of conflict/anger.		
Strong likelihood of emotional abuse of child/ren - may display behavioural problems.		
Child/ren unable to activate safety strategies due to fear or intense control by abuser.		
Lack of safe significant other as a positive support to child.		
Child contact issues - domestic abuse occurring at contact.		
Older children /Adolescent - increased risk of intervening in abuse and emerging concerns re self harm.		
Abuser suspected of using physical abuse towards child/ren.		
Abuser shows lack of insight/empathy into how his behaviour affects children/victim.		
Abuser's minimisation of abuse-lack of remorse /guilt.		
Abuser is Boyfriend/Father figure. Family unit has step-siblings.		

Abuser's abuse of pets/animals/used to intimidate.		
Emerging concerns about emotional stability of abuser's relationship with child/ren / limited parenting capacity & lack of protective abilities.		
Emerging concerns about emotional stability of child/mother relationship (parenting capacity and protective concerns).		
Emerging concerns of neglect of child/ren's emotional and physical needs-missed health appointments/poor living conditions.		
Abuser's use of avoidance/resistance to engage in services increases risk level to children.		
Victim fears statutory services - avoidance & resistance to engage increases risk to children.		
Family/relatives/neighbours reports concerns re victim/children.		
Victim has experienced domestic violence in previous relationships.		

BME (Black, Minority, Ethnic) Issues: See Grey Box.

Adult learning difficulties-abuser and/or victim-raises concern.		
Disability issues within family - isolation.		
Age disparities of Abuser/Victim - under 25 with limited support with personal vulnerabilities.		
History of childhood abuse/disruptive childhood experiences - abuser and/or victim.		
Collusion issues present in extended families/ friends - not supportive for victim/children.		
Recent life crises/stress factors - i.e unemployment, financial problems, illness, death.		

Protective factors

	Y	S
Older child/ren use protective strategies.		
Victim will seek positive support from significant other.		
Victim - attempts to use protective strategies but abuser's violence & control is intense.		
Victim will engage with supportive services and seek safety advice - be alert to abuser's control interfering with her level of commitment to engage.		
Limited protective factors are present - serious level of violence and psychological abuse of victim, emotional abuse of child/ren and Domestic Violence risk factors predict recidivism.		
Use of kinship placements as a protective factor - be alert to domestic violence having occurred or occurring in extended families.		

Y = Yes S = Suspected

DVRIM: Level of risk Severe Scale 4.

CAF: Level 4 Threshold of need child with acute needs - at risk of being a 'looked after' child

Child in need of Protection – Children's Services consider if Section 47 enquiry and core assessment intervention are required. Child/ren may be at risk of being 'looked after'.

Evidence of Domestic Violence	Y	S
Repeated serious and/or severe physical violence - life threatening violence. Attention to the frequency, duration and severity of violent behaviour children exposed to.		
Use/assault with weapons.		
Abuser's violation of protective and/or child contact orders.		
Criminal history of abuser, gangland connections, generalised aggression, history of anti-social behaviour, aggression towards previous partners/ family members, military service/ training. Intense stalking/harassment behaviour of abuser - Increased risk of isolation.		
Recurring or frequent requests for police intervention.		
Victim requires treatment for injuries sustained - Medical attention required but not sought or injuries explanation is implausible.		
Threats to kill or seriously injure victim and/or children.		
Victim is very frightened of abuser - believes intent of threats - Retaliatory violence a concern.		
Victim is intensively controlled/may present as submissive - worn down by abuse.		
Victim is pregnant/victim is abused in post natal period/recently separated with new baby raises risk level.		
Confirmed emotional/psychological/abuse of mother.		
Sexual assault/suspected sexual abuse of victim.		
Incidences of violence witnessed & occurred in presence of children - distressed/aftermath of incident. Child/ren have directly intervened in incidences.		
Child/ren summon help/discloses-immediate heightened risk to this child of being 'punished' / adverse reaction from abuser and / or mother-assess adult's reaction to child's disclosure. Child/ren may disclose another form of abuse to draw attention to the situation.		
Child/ren have been physically assaulted/abused.		
Confirmed emotional abuse of child/ren.		
Suspected/confirmed sexual abuse of child/ren.		
Abuser is a perpetrator of child abuse but may not have been prosecuted. Known to MAPPA.		
Victim has been identified by DASH-MARAC process as high risk.		
Risk factors/ Potential vulnerabilities	Y	S
Mental health issues - abuser and/or victim - raises significant concern.		
Substance abuse by abuser and/or victim - raises significant concern.		
Abuser's and/or victim's infidelity is a source of conflict/anger - Victim's infidelity gives rise to risk of severe reactive violent response from abusive partner-extreme jealousy/possessiveness. Concerns of neglect of child/ren's emotional and physical needs/poor living conditions.		
Substantial risk of repeated serious domestic violence.		
Threats or attempts to abduct children.		
Children exhibit sexualised behaviour and/or sexually harmful behaviour.		
Adolescent - increased risk of intervening in abuse and self harm-emerging concerns re mental health issues.		
Child/ren in family has previous care history. Physical abuse of child/ren by abuser and/or victim.		
Victim uses physical abuse on children as an alternative to harsher physical abuse by abuser.		
Recent suicidal or homicidal ideation/intent by abuser.		
Victim suicidal/attempted suicide/self harming - especially BME victims.		
Victim minimising risks to children/remains in abusive relationship, protection orders not sought, or activated.		
Victim/child has poor general health.		
Abuser shows lack of empathy/insight into how his abusive behaviour is affecting child/ victim.		
Abuser's minimisation of abuse-lack of remorse/guilt.		
BME (Black, Minority, Ethnic) Issues: See Grey Box.		
Age disparities - Abuser and/or victim under 25 with limited support with personal vulnerabilities.		
Collusion issues present in extended families/ friends - not supportive for victim and children.		
History of childhood abuse/disruptive childhood experiences abuser and/or victim.		
Abuser uses threatening aggressive behaviour towards professionals.		
Agencies unable to work constructively with family 'Assessment Paralysis'.		
Abuser/victim use of avoidance/resistance to engage - misuse of complaints procedures.		
Protective factors: See Scale 3.		
	Y	S



Believe in children
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 London, East and South East
www.barnardos.org.uk

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Useful references and resources

Key Legislation and Guidance

A key and accessible website to visit for all legislative guidance is www.legislation.gov.uk.

- **Working Together to Safeguard Children Guidance 2018:** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf
- **Keeping children safe in education – statutory guidance – Oct 2019:** www.gov.uk/government/publications/keeping-children-safe-in-education--2
- **Children Act 1989:** www.legislation.gov.uk/ukpga/1989/41
- **Children Act 2004:** www.legislation.gov.uk/ukpga/2004/31/content
- **Care Act 2014:** www.legislation.gov.uk/ukpga/2014/23/contents
- **Children and Families Act 2014:** www.legislation.gov.uk/ukpga/2014/6/contents
- **Children and Social Work Act 2017:** www.legislation.gov.uk/ukpga/2017/16/contents/enacted
- **Equality Act 2010:** www.legislation.gov.uk/ukpga/2010/15/contents
- **Counter Terrorism and Security Act 2015:** www.legislation.gov.uk/ukpga/2015/6/contents/enacted
- **Serious Crime Act 2015:** www.legislation.gov.uk/ukpga/2015/9/contents/enacted
- **Mental Capacity Act 2005:** www.legislation.gov.uk/ukpga/2005/9/contents
- **Modern Slavery Act 2015:** www.legislation.gov.uk/ukpga/2015/30/contents/enacted
- **Data Protection Act 2018:** www.gov.uk/data-protection
- **General Data Protection Regulations (GDPR):** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf

Policies and Procedures

- **London Child Protection Procedures:** www.londoncp.co.uk
- **Children’s Social Care Policies and Procedures Manual (Tri.x):** proceduresonline.com/ealing
- **Schools:** Ealing Grid For Learning (EGFL) www.egfl.org.uk

Links to toolkits and resources

- **Early Help Assessment and Plan (EHAP) resources:** www.ealing.gov.uk/EHAP
- **SafeLives DASH Risk checklist:** www.safelives.org.uk/node/516
- **Barnardo’s DV Matrix** (included in this document)
- **Ealing Vulnerable and Exploited Children and Young People Guidance - including Vulnerabilities Screening Tool:** www.ealingscp.org.uk
- **FGM toolkit:** www.nationalfgmcentre.org.uk/fgm-assessment-tool/
- **Neglect Toolkit:** www.ealingscp.org.uk
- **Prevent Toolkit for Schools:** www.egfl.org.uk/services-children/safeguarding/anti-radicalisation-prevent-duty
- **Contextual Safeguarding Network:** www.contextualsafeguarding.org.uk
- **Gillick Competency and Fraser Guidelines:** <https://learning.nspcc.org.uk/research-resources/briefings/gillick-competency-and-fraser-guidelines/>
- **National Institute for Care and Health Excellence (NICE) Guidelines – Child Abuse and Neglect:** www.nice.org.uk/guidance/ng76
- **HM Government ‘What to do if you’re worried a child is being abused’ March 2015:** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

Other sources of information

Ealing Safeguarding Children Partnership website: www.ealingscp.org.uk

Ealing Council

- Ealing Council website: www.ealing.gov.uk
 - Ealing Grid for Learning (Schools information hub) www.egfl.org.uk
 - Ealing Family Information Service (and Directory of services for families) www.ealingfamiliesdirectory.org.uk
 - Local Offer for Children with Disabilities and SEND: www.ealinglocaloffer.org.uk
 - Young Ealing (Ealing Integrated Youth Service website): www.youngealing.co.uk
 - Ealing Family Services Directory: www.ealingfamiliesdirectory.org.uk
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Health

- NHS Ealing CCG: www.ealingccg.nhs.uk
 - West London NHS Trust: www.westlondon.nhs.uk
 - CAMHS: www.westlondon.nhs.uk/service/camhs
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Metropolitan Police

- www.met.police.uk
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Community and Voluntary Sector

- Ealing Community and Voluntary Sector (ECVS): www.ealingcvs.org.uk

Key Contacts

Ealing Children's Integrated Response Service (ECIRS)

Tel: 020 8825 8000
Email: ecirs@ealing.gov.uk (secure email)
Fax: 020 8825 9127

Emergency Duty Team (Children and Adults) – 24 hours

Tel: 020 8825 8000

SAFE

Tel: ECIRS on 020 8825 8000 for referrals
Email: ecirs@ealing.gov.uk (secure email)

Family Information Service (FIS) - for information about all services for children, young people and families in Ealing

Tel: 020 8825 5588
Email: children@ealing.gov.uk
Web: www.ealingfamiliesdirectory.org.uk

Early Help Assessment and Plan (EHAP)

Tel: 020 8825 5588
Email: EHAP@ealing.gov.uk
Web: www.ealing.gov.uk/EHAP

Allegations against Staff and Volunteers – Contact Ealing LADO

Tel: LADO: 020 8825 8930
Email: asv@ealing.gov.uk

Child Protection Advisors (Duty line)

Tel: 020 8825 8930

Integrated Youth Services (Including Youth Justice; Connexions; Play and Youth Services)

Tel: 020 8825 6524

Ealing Council

Tel: 020 8825 5000
Web: www.ealing.gov.uk

Police

Emergency: 999
Non-Emergency: 101

Ealing Service for Children with Additional Needs (ESCAN)

Tel: 020 8825 8700

Ealing Safeguarding Children Partnership

Tel: 020 3882 7083

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Any feedback, comments or suggestions for future editions should be made to **children@ealing.gov.uk** in the first instance.