Bexley Safeguarding Partnership

Effective Support for Children, Young People and Families in Bexley

Shared guidance to help all practitioners working with children, young people, families and carers to provide additional and early help, intensive and specialist support.

June 2017
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Effective Support for Children, Young People and Families in Bexley

In March 2015, the Government published revised statutory guidance, ‘Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children’.

It sets out the legal requirements that health professionals, social workers, police, education professionals and others working with children must follow. It emphasises that safeguarding is the responsibility of all professionals working with children and it provides advice in support of Sections 10 and 11 of the Children Act 2004 where the primary duties for all agencies are set out.

This guide to effective support in Bexley explains the criteria for providing help to children, young people, families and carers. It should be considered as the local ‘threshold document’ required by Working Together 2015 and should be read in parallel to the guidance.

Working Together is defined as statutory guidance and therefore all professionals working with children, young people and families should make time to read the document. Local arrangements to implement the requirements should be prioritised by leaders and senior managers in every agency with responsibilities for children, young people, families and carers to enable them to safeguard children and to act in their best interests.
1. Introduction

This guidance is for everyone who works with children, young people, their families and carers in Bexley. It is about the way we all work together, share information and make sure that children and families are always our main focus and concern when we are providing effective support to them. This advice is to help us to help families to become stronger and more resilient so that they can identify what is difficult and find solutions before their difficulties become so complex that specialist statutory social work help is required.

The advice should be read alongside statutory guidance and the framework for supporting children in need as outlined in the London child protection procedures, published and updated by the London safeguarding children board. These procedures are more detailed and provide practice guidance about expectations for safeguarding practice across London and between boroughs.

All children and young people will receive or be able to access Universal services, such as maternity services at birth; health visiting and children’s centre support in their early years; school and youth services for older children. Universal services seek, together with parents and families, to meet all the needs of children and young people so that they are happy and healthy, able to learn and develop securely.

However, some children, either because of their own additional needs or because of difficult circumstances at home, will need extra help to be healthy and safe and to achieve their potential. In Bexley, we want to offer help and support to these children and to their families at an early point, and with the consent of their parents.

A significant amount of public money is invested in services for children and families in Bexley. This guidance offers a framework for us to work together so that we use our resources more effectively and bring about positive changes for children, young people, their families and carers. To do this we need to work collaboratively and honestly with the child and their family or carer to identify strengths and needs, to find practical and achievable solutions, and to provide the right amount of information, advice and support.

We agree to work with children and families to prevent their needs escalating to a higher level and we will actively seek not to refer to services at a higher level unless and until we have done everything possible to meet their needs at the current level.

In this guidance we explain four levels of need and help: Universal, Additional, Intensive and Specialist. Services for children with additional and intensive needs are sometimes known as targeted services, such as behaviour support or additional help with learning in school, extra support to parents in early years or targeted help to involve young people in youth services.

Children with Additional needs are best supported by those who already work with them, such as children’s centres or schools, providing additional support with local partners as needed.

For children whose needs are Intensive, a co-ordinated multi-disciplinary approach is usually best, involving a Family Wellbeing Assessment (FWBA) and a family keyworker to work closely with the child and family to ensure they receive all the support they require.

Specialist services are necessary when the needs of the child are so complex that statutory and/or specialist intervention is required to keep them safe, protect them from harm or to ensure their continued development. Examples of specialist services include children’s social care, child and adolescent mental health service (CAMHS) tier 3 & 4 or the youth offending service.

By working together effectively with children with additional needs and by providing co-ordinated multi-disciplinary/agency support and services for those with intensive needs, we seek to prevent more children and young people requiring statutory interventions and specialist services.

‘Effective support for children and families’ should also be read by staff working in other service areas such as adult mental health, community health, adult social care, housing and leisure. This guidance sits alongside the Bexley corporate plan which prioritises strong and resilient communities and families.
2. Our vision for effective support in Bexley

In Bexley we believe that every child should have the opportunity to reach their full potential. We believe children should grow and achieve within their own families when it is in their best interests and is safe for them to do so. By working together, we will develop flexible services which are responsive to children and families’ needs.

Schools and colleges are an important part of our safeguarding system in Bexley. They have responsibility to identify concerns early, provide help for children and prevent concerns from escalating. All our schools and colleges have designated safeguarding leads who meet regularly to discuss local issues. Bexley primary and secondary heads associations meet regularly with senior social care and education leads to explore and resolve safeguarding issues.

Bexley Police are fully committed to safeguarding and protecting children consistently and effectively. The safety of children and young people is a borough policing priority and an area of constant focus and scrutiny. The police have significant contact with young people and strive to make them safer by diverting them from crime and protecting them from harm wherever possible. Locally there is innovative partnership working between the police and local strategic partners and a commitment to train and develop the workforce so that they are sufficiently focused on the needs and experiences of children and young people.

Local children and families also receive services from a number of health agencies. Their responsibilities include ensuring that those who are vulnerable are identified as early as possible. They do this in a number of ways:

- Universal pathway for 0-19 years which includes health visiting and school nursing to all families through the healthy child programme
- Specialist pathways for children and young people with additional medical and allied health service needs
- Maternity pathway delivered by hospital providers
- Acute pathway.

Wherever possible, health agencies will provide a targeted response in partnership with families who have an expressed or assessed need. This may include working with additional early help services. Health partners acknowledge that integrated early help services and good partnership working are essential to improving outcomes for children, young people, their families and carers.

The London Borough of Bexley and partners have developed the family wellbeing service to help families before their difficulties escalate. Family wellbeing keyworkers support children who are living with domestic violence, the mental ill health of a parent or carer, parental drug or alcohol misuse or the threat of or actual exclusion from school. The family wellbeing service, whilst being accessible only with parental consent, is closely aligned to children’s centres where help and support is available from universal services.

Children’s social care has also established the ‘staying together’ team helping families in crisis to strengthen and to focus on their children’s safety and welfare. Social workers are committed to supporting families in relationships that make change possible. Where children cannot remain with their families or where children’s social care services are working to enable them to return home, the ‘back together’ specialists provide intensive help for parents and advocacy for children to support the changes that must happen before reunification is safe.

The statutory social work service is available for children who have been harmed or who are at risk of harm or significant harm.

In Bexley, practitioners in all services are committed to the following principles which inform the work with children, young people, their families and carers:

- Wherever possible children and families’ needs will be met by universal services
- As soon as any professional is aware that a child has any additional needs he/she will talk to the child and their family and offer advice and support to meet that need
- Families will be encouraged to identify their own difficulties, strengths, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents and carers to make changes. We use ‘Signs of Safety’ locally as our practice framework to help us in our work
- We will offer support and services to help families to find their own enduring solutions. Once improvements happen, services will reduce or end so that we do not create dependence on services
Our aim is always to build resilience in children and their families. We want them to believe in and lead the changes to alleviate their difficulties for the remainder of their lives.

There are several elements that are essential to deliver effective help for children, young people, their families and carers:

**An open, honest and respectful approach to supporting children, young people, their families and carers**

Parents are usually the best people to understand their child’s needs, however parenting can be challenging. Parents themselves deserve support when they request it. Asking for help should be seen as a sign of responsibility and a strength rather than a parenting failure.

In the majority of cases it should be the decision of the parents when to ask for help or advice, but there are occasions when practitioners may need to engage them actively to help them and to prevent their difficulties from becoming more serious.

All practitioners need to work honestly and openly with families, discuss any concerns with them and ensure that they are involved in decision making about next steps. Parental consent should be the accepted norm unless in gaining their consent to share information and to make enquiries would create risk or further risk of harm to a child. It is important that all practitioners acknowledge and respect the contribution of parents and other family members at all times, listening carefully to what they say and making sure they are clear about and understand what is happening. We must be sure that parents and children have copies of clear correspondence, assessments and plans.

**Earlier, solution focused and evidence based help**

It is important that any difficulties are identified early so that the child and their family receive appropriate support to strengthen their care and protection of their children.

We will work with families as soon as any difficulties become apparent to help them to identify the things they want to change and the support they need.

The most effective support is tailored to the family’s needs and provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little disruption to family life as possible.

**A multi-disciplinary approach to assessment, support and help.** Safeguarding and promoting the welfare of children is the responsibility of everyone in Bexley who works or has contact with children, young people, their families and carers.

A multi-disciplinary approach ensures that children and families’ needs and experiences are understood by everyone. Partners and professionals who work with children and their families should consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.

**A confident workforce with a common core of knowledge, a shared framework for practice and a good understanding about children’s needs and development**

Appropriate, effective and timely support for children and families cannot be achieved without the professional judgement and expertise that all practitioners working with children bring to their role. We will support individuals and organisations in Bexley to develop confident practitioners who can work in an open, collaborative and non-judgemental way with families to enable them to make choices and changes.
3. Understanding need, support and help

The levels of need in later sections of the document are a means of developing a shared understanding about working locally with families. They also explain the approach we take in Bexley across all our services and partnerships, to enable us to provide the most consistent and effective help. They should be read and understood by all practitioners and managers and should form part of the induction process for new staff in any local agency working with or associated with children, young people, families and carers. The levels of need illustrate how we will respond to the requirements of children and families across Universal, Additional, Intensive and Specialist services.

Multi Agency Guidance: Working in partnership to help

All partners working with children, young people, their families and carers will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people, their families and carers at the lowest level possible in accordance with their needs.

As with all guidance and criteria relating to access for help and support for vulnerable people, the most important and complex task is the making of a professional judgement about next steps. This will always be informed by any known evidence, the views of children and their families and the impact that any risk and uncertainty is likely to have on their safety and wellbeing. The criteria in this document are neither exhaustive or weighted. They should be used to guide professional discussions and not to support fixed and inflexible positions. Their core purpose is to help practitioners and managers make a next steps decision about whether and how a family and its associated network are able to protect and promote the welfare of a child or children.
In Bexley, professionals are seeking to work collaboratively and respectfully with the family (or with young people on their own where it is age appropriate) in order to support them to address their needs at the lowest possible level and at the earliest possible time.

**We agree to work with children and families to prevent their needs escalating to a higher level and we will actively seek not to refer to services at a higher level unless and until we have done everything possible to meet their needs at the current level.**

Pages 21-26 set out more detailed indicators of need as well as explaining how each tier of service might respond. This guidance seeks to give clear advice to all professionals and the public on the levels of need and thresholds for different services and responses in Bexley.

We recognise however that each child and family member is an individual, each family is unique in its make-up and reaching decisions about levels of need and the best intervention requires discussion, reflection and professional judgement.

‘Signs of Safety’ provides a framework for us to do this together, by considering seven domains in any assessment:

- What is the harm (past and present) that we are worried about in respect of a child?
- What are we worried is going to happen to the child in the future if nothing changes?
- What are the complicating factors in this family?
- What are their strengths and positive attributes?
- Is there any existing safety or protection?
- What needs to happen to keep the child safe now?
- What does the family want to happen?

In Bexley, we are committed to developing collaborative working relationships with families to help us to understand the circumstances of each family, to be professionally curious and rigorous in making judgements and to maintain a clear and relentless focus on safety and protection.
4. Consulting with other services, schools and settings

**Consultation** is the act of sharing information to obtain the perspective of another practitioner. It is not a referral to another service unless, during the consultation, it is decided that a referral would be the best course of action. Consultation may take different forms from a telephone call to a series of meetings between two or more practitioners. Consultation is best undertaken by speaking to each other and not just by email. The principle here is that we want more conversations to help us to offer the right response. This should be instead of spending unhelpful energy on gatekeeping which often means families and children do not get the help or advice they need.

Whenever consultation takes place it is important that practitioners follow the principles of information sharing and confidentiality. If the consultation is internal (between practitioners in the same organisation) practitioners should ensure that they follow their own agency procedure for information sharing.

If the consultation is external (between practitioners from different organisations), the guidance [Government advice on information sharing](https://www.londoncp.co.uk/chapters/sharinginfo.html) should be used to decide whether information should be shared. In most cases, unless the child would be at significant risk, the child and their family should be aware that the consultation is taking place and where appropriate, be given the opportunity to be involved.

**Principles of consultation**

- Consultation should be open to all agencies who work with children, young people and their families
- Consultation should take place when there is a clear benefit to the child or young person and their family
- Consultation is an important part of helping agencies and practitioners to work together to achieve the best possible outcomes for children and young people
- Consultation is a two way process and demonstrates an acknowledgement of different but equally valid knowledge and expertise
- You should be able to explain to the family why you feel it would be helpful to consult with other agencies. Families should whenever possible be aware of and involved in consultations and informed of the outcomes and decisions taken as a result
- Information should be shared in the spirit of openness, transparency and honesty between practitioners, the child and their family. However it is important that you have due regard for the principles of confidentiality
- All consultations should be recorded to ensure clarity and to enable you to evidence any decisions that have been made.

**Children’s social care consultation**

If you have concerns about a child and want an opportunity to talk these through with children’s social care before deciding the best course of action, please contact the MASH on **020 3045 5440** and ask for a consultation with a social worker in the MASH team.

Whatever the outcomes or decisions, the consultation must always be recorded by the MASH team. The names of the professionals having the consultation must be included. If, following a consultation, a professional wishes to make a formal referral, they should do this separately.

At any time when a family is being offered support and help from any agency, it is important that practitioners feel they can ask for help and advice and draw on the expertise of others. All practitioners, services, schools and settings who work with families should feel able to consult with one another at any time before deciding on a course of action or way forward.

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1 There is also London Safeguarding Guidance [www.londoncp.co.uk/chapters/sharinginfo.html](https://www.londoncp.co.uk/chapters/sharinginfo.html)
## 5. Levels of need and help

(In a 2018 version of this document, a list of community organisations will be added for reference)

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<th>Needs</th>
<th>Services (examples)</th>
<th>Outcome</th>
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<td><strong>Level 1 Universal</strong></td>
<td>All children and families who live in the area have core needs such as parenting, health and education</td>
<td>Early years, education, primary health care, maternity services, housing, community health care, youth centres, children’s centres and leisure services. Children are supported by their family and in universal services to meet all of their needs</td>
<td>Children and young people make good progress in most areas of development</td>
</tr>
<tr>
<td><strong>Level 2 Additional</strong></td>
<td>Children and families with additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviour, or to meet specific health or emotional needs or to improve their material situation</td>
<td>Parenting support, School holiday and short breaks provision for disabled children, Extra health support for family members; behavioural support, Housing support, Additional learning support, CAMHS tier 2 support to schools (usually via the CHeWS service), SEN support and help to find education and employment, Speech and language therapy, Children’s centres, Targeted youth work. Services provided on a voluntary basis to families (these may be offered by volunteers and/or commissioned through a voluntary organisation).</td>
<td>The life chances of children and families will be improved by offering additional support.</td>
</tr>
<tr>
<td><strong>Level 3 Intensive</strong></td>
<td>Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who: • have a disability resulting in complex needs, • exhibit anti-social or challenging behaviour, including the expression of radicalised thoughts or intentions, • suffer some neglect or poor family relationships, • have poor engagement with key services such as school and health, • are not in education or work long-term</td>
<td>Due to the complexity of needs, especially around behaviour and parenting, a shared professional and co-ordinated plan is developed with the family. The assessment and plan is led by a family keyworker and the service is provided ONLY with the consent of the parents/carers. A wide range of services might be involved in meeting the family’s needs, eg CAMHS tier 3, adult mental health or drug/alcohol team. Families needing substantial support to care for a disabled child, usually with the help of a social worker from the children with disability service.</td>
<td>Life chances will be significantly impaired without co-ordinated multi-agency support.</td>
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<tr>
<td><strong>Level 4 Specialist</strong></td>
<td>Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect. This will include children at high risk of sexual and criminal exploitation and also those at high risk of female genital mutilation (FGM). Children with significant impairment of function/learning and/or life limiting illness. Children whose parents and wider family are unable to care for them. Families involved in crime/misuse of drugs at a significant level. Families with significant mental or physical health needs.</td>
<td>Children’s social care, youth offending service, Criminal justice system, tier 3 and 4 CAMHS, In-patient and continuing health care, Fostering and residential care, Health care for children with life limiting illness, Services for children with profound and enduring disability, Referrals have to be made to services with the power to undertake statutory non-voluntary intervention and services with specialist skills.</td>
<td>Children and /or family members are likely to suffer significant harm/ removal from home/ serious and lasting impairment without the intervention of specialist services, very often using their statutory powers.</td>
</tr>
<tr>
<td><strong>Access requires a referral form</strong></td>
<td>A family wellbeing assessment and plan with an allocated family key worker to lead the shared professional approach. Support from the special educational needs and disability service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Access requires a referral form</strong></td>
<td>Children’s social care, Child protection, Care proceedings, Children in need, Youth treatment orders/ custody, Tier 4 CAMHS, Hospital or hospice in-patient.</td>
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6. Children in special circumstances

**Children with special educational needs and/or disabilities (SEND)**

All early years settings and schools have a special educational needs coordinator (SENCO) or inclusion manager. It is their responsibility to coordinate support for children in their setting and to liaise with other professionals to ensure children’s needs are met and set out in a plan if that is required.

All schools receive additional funding to enable them to set up a range of provision to meet children’s special educational needs. Colleges and other higher education settings have the same responsibility towards any young people up to the age of 25 with a special educational need or disability and who attends their provision.

A statutory assessment of education, health and care is a coordinated multi-disciplinary assessment carried out for children and young people age 0-25 with severe and complex special educational needs. The assessment is conducted in accordance with 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 those outcomes. EHC plans replace statements of special educational need (SEN) and learning difficulty assessments. For more information about special educational needs and disability support in Bexley please visit [www.bexleylocaloffer.uk](http://www.bexleylocaloffer.uk).

Referrals about children with a disability including those who also have a statement of SEN or an EHC plan follow the same path as any other set out in this guide. If any person has concerns about the safety and/or welfare of a child, they should contact the MASH who will discuss those concerns with the person making the referral. If the concerns are about a child who is already known to and has an allocated social worker in the children with disability service, then the information will be immediately shared with that worker and the service manager. For children, who have a disability or special educational need and who do not have an allocated social worker, the referral will be managed in the usual way through the MASH and referral and assessment teams.

The London safeguarding children board guidance on children with disabilities can be found at [www.londoncp.co.uk/chapters/disabled_ch.html](http://www.londoncp.co.uk/chapters/disabled_ch.html) and should be read in conjunction with this guidance.

**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 who misuse drugs and/or alcohol.

These children are particularly vulnerable often because the extent of their caring responsibilities is not known. In addition, some families are frightened of the consequences of professional intervention, fearing that children may be removed or families separated. Many children will not even tell a teacher or a friend.

Being a young carer can have a profound effect on the life of a child. Their health might be affected due to lack of sleep, the volume of household chores and intensity of physical care they have to provide. Young carers can also face challenges in respect of their education and social and emotional wellbeing. Their lives outside of school may be very different to their peers and they may feel lonely and isolated and in some cases suffer verbal taunts and abuse at school.

In Bexley, the local authority has a commissioned partner, Imago, who identify and support young carers.

If a referral is made to children’s social care, the question as to whether a child is a young carer is always asked. When children are identified as young carers, they are automatically referred to Imago who will undertake an assessment of their needs in conjunction with a family wellbeing worker from the Council’s early help service.

The London safeguarding children board guidance on young carers can be found at [www.londoncp.co.uk/chapters/young_carers.html](http://www.londoncp.co.uk/chapters/young_carers.html) and should be read in conjunction with this guidance.

Assessments will ascertain why a child is caring and what needs to change in order to prevent them from having excessive or inappropriate caring responsibilities which could impact adversely on their wellbeing, education, or social and emotional development. This duty of care has
been adopted in addition to responsibilities placed on the local authority set out in the Children Act 1989 (and amended by the Children and Families Act 2014).

Any professional who comes into contact with a young carer should offer the young carer and their family the opportunity of having an assessment through Imago. If there are immediate concerns about the safety and/or wellbeing of a young carer, professionals should make a referral to the MASH who will give advice and progress the referral appropriately.

**Children involved in the youth justice system and serious youth violence**

Children involved in the youth justice system will be known to the youth offending team (YOT) who undertake a range of work to reduce the risk of these children reoffending.

The team undertake specialist assessments in relation to children referred from the courts, police or other agencies. As part of their work, they will enquire as to whether the child or family is known to children’s social care. They will also consider whether the child has specific needs in respect of their safety, welfare and education. If during their work with a child it becomes known or suspected that they have suffered abuse or neglect or are at risk of harm or further harm, they will make a referral to children’s social care through the MASH.

The assessment undertaken by the youth offending team also addresses the child’s education, training and employment (ETE) status and any special educational needs. The YOT team will liaise with colleagues in schools, colleges and the SEN team where appropriate.

There is a [local memorandum of understanding](#) for education providers and the local authority to ensure that children and young people who are known to have been involved in sexually harmful behaviours are able to exercise their legal entitlement to education. Its wider purpose is to set out the expectations that the child protection and safeguarding procedures for all pupils are robust, effective and operated in accordance with the statutory guidance updated by the government in September 2016, *Keeping Children Safe in Education.*

Youth violence, serious or otherwise, may be a function of gang activity. However, it could equally represent the behaviour of a child acting individually in response to his or her particular history and circumstances. The metropolitan police service defines serious youth violence as ‘any offence of most serious violence or weapon enabled crime, where the victim is aged 1-19′ (i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm). Youth violence is defined in the same way, but also includes assault with injury offences.

The factors which influence a child’s propensity to initiate violence may include parenting that is cold or uncaring, non-nurturing, neglectful, characterised by harsh discipline, maltreatment, such as physical or sexual abuse in childhood and/or trauma such as domestic violence. Many parents are aware of the widespread perception that gang related behaviour or membership is a product of poor parenting and they often know the solution lies in assuming responsibility for their children. However, they may feel unable either to control or to protect their children, in which case, professional engagement is inevitable and necessary. The London safeguarding children board guidance on safeguarding children affected by gang activity/serious youth violence can be found at [www.londoncp.co.uk/chapters/gang_activity.html](http://www.londoncp.co.uk/chapters/gang_activity.html) and should be read in conjunction with this advice.
Children who go missing from care, home and education

Children who are missing even for a short period can be vulnerable to significant harm. Children who go missing are often at higher risk of or are already being sexually or criminally exploited. In the case of children who are looked after, this is especially concerning and every agency involved must do all they can to prevent and protect children from such exploitation. Looked after children who are missing will therefore be afforded the highest child protection priority by both children’s social care services and the local police.

A child missing from school or education is also an issue of concern and potential risk. In addition to the impact on academic achievement and development, all professionals should consider other risk factors such as a potential forced marriage or planned female genital mutilation (FGM) which may be influencing the absence from school. If any professional is concerned about a child missing from school, care or education, they should use this guidance as advice and discuss their concerns with the MASH who will give advice and progress the referral appropriately.

The London safeguarding children board guidance on children missing from care, home and education can be found at www.londoncp.co.uk/chapters/ch_mis_care_home_sch.html and should be read in conjunction with this local guidance.

Children at risk of sexual exploitation or who have been exploited

Child sexual exploitation (CSE) involves abusive situations, contexts and relationships whereby a child or someone close to them receives a ‘reward’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, money, gifts) in exchange for performing sexual acts. There is an established link between children who are regularly missing and sexual exploitation. The abuse can occur through the use of technology including social media without the child’s immediate recognition (e.g. being persuaded to post sexual images on the internet/mobile phones).

Violence, coercion and intimidation are common aspects of CSE. Often the child does not recognise the coercive nature of an exploitative relationship and does not see themselves as a victim of exploitation. They might believe their abuser is in a genuine relationship with them and loves them. They may be unwilling to say anything that could find the abuser in trouble or cause them to become angry, thereby threatening the continued relationship. In some situations, including those where gangs are involved, there may be a belief that the abuse is normal and a rite of passage. Girls and young women related to or connected with male gang members may be especially vulnerable to sexual violence and exploitation.

If any professional in Bexley has concerns about the sexual or criminal exploitation of a child or young person, they should speak immediately to the MASH and local police. The London safeguarding children board’s guidance ‘Safeguarding Children from Sexual Exploitation’ can be found at www.londoncp.co.uk/chapters/sg_sex_exploit_ch.html

CSE guidance and procedures for Bexley can be found at www.bexley.gov.uk/sites/bexley-cms/files/Missing-CSE-Operating-Procedures_0.pdf and should be read in conjunction with this document.
Safeguarding children at risk of abuse through female genital mutilation (FGM)

Female genital mutilation is child abuse and constitutes significant harm. Child protection procedures should be followed when there are concerns that a girl is at risk of, or is already the victim of, FGM.

FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is important to note that the procedure has no health benefits.

FGM has been classified by the world health organisation into four types:

- **Type 1**: circumcision - partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris)
- **Type 2**: excision (clitoridectomy) - partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina)
- **Type 3**: infibulation (also called pharaonic circumcision) - this is the most severe form of female genital mutilation. Infibulation often (but not always) involves the complete removal of the clitoris, together with the labia minora and at least the anterior two-thirds and often the whole of the medial part of the labia majora. The vaginal opening is narrowed through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia
- **Type 4**: unclassified - all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. It is likely that ‘labia elongation’ would come under the definition of type 4 FGM.

FGM is prevalent in 28 African countries as well as parts of the Middle East and Asia. It is estimated that over 20,000 girls under the age of 15 are at high risk of FGM in the UK each year and that 66,000 women in the UK are living with the consequences, although the true extent is unknown due to the hidden nature of the crime.

Under the Female Genital Mutilation Act 2003, it is an offence to carry out FGM of any kind in the UK or for a UK national or permanent UK resident to assist in the carrying out of FGM abroad. It is also an offence to assist any female to carry out FGM on herself either in the UK or abroad. The Mandatory Reporting of FGM Duty came into force on 31st October 2015. This duty requires regulated health and social care professionals and teachers in England and Wales to personally report to the Police when she/he has either been told by a girl that she has had FGM or has observed a physical sign appearing to show that a girl has had FGM. In all other cases, where FGM is suspected or a girl is thought to be at risk, professionals should follow the child protection procedures set out in the main body of this document.

The age at which girls undergo FGM varies according to their community and culture. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, in the majority of cases, the mutilation is thought to take place between the ages of five and eight years.

Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for recovery before the new term.

Professionals who have daily contact with children and their families are best placed to raise awareness of the problem and to ensure that families are aware that FGM is illegal at any age and that the authorities are actively tackling the issue. It is not a personal choice – it is an illegal act with serious consequences. This awareness may deter families from having the mutilation performed on their children. The London safeguarding children board guidance on safeguarding children at risk of abuse through FGM can be found at www.londoncp.co.uk/chapters/sg_ch_risk_fgm.html and should be read in conjunction with this guidance.
Children at risk of radicalisation and exposure to extremist ideology

Children at risk of harm as a result of involvement or potential involvement in extremist activity should be referred to the MASH who will advise and/or progress according to the risk of harm identified to the child or young person. If the child/young person is at immediate risk of harm, the matter should be reported to the police straight away.

Children and young people can be radicalised in different ways. They can be groomed either online or in person by people seeking to draw them into extremist activity. Older children or young people might be radicalised over the internet or through the influence of their peer network – in this instance their parents might not know about this or feel powerless to stop their child’s radicalisation. Children and young people can also be groomed by family members who hold harmful, extreme beliefs; this includes parents/carers and siblings who live with the child and/or person(s) who live outside the family home but who have an influence over the child’s life. They may be exposed to violent, anti-social, extremist imagery, rhetoric and writings which can lead to the development of a distorted world view in which extremist ideology seems reasonable.

A common feature of radicalisation is that the child or young person does not recognise the exploitative nature of what is happening and does not see themselves as a victim of grooming or exploitation. The harm children and young people can experience ranges from a child adopting or complying with extreme views which limits their social interaction and full engagement with their education, to young children being taken to war zones and older children being groomed for involvement in violence. Radicalisation happens when people come to support extreme ideologies based on the teachings of political, social and religious groups. In some cases, those with extremist views will specifically target children because they believe them to be more impressionable and willing to follow their teachings. A child may be more willing to join an extreme group because it may give them a sense of identity and ‘belonging’.

It is important to recognise the early signs of radicalisation in order to agree the best and most effective support to protect and help the child or young person. This will mean working together with parents/carers and the child’s school. Advice around specific cases can be provided by local ‘Prevent’ leads, local authority Prevent coordinators or police Prevent officers. The names and contact details of these professionals can be obtained from Bexley MASH.

The London safeguarding children board guidance on safeguarding children exposed to extremist ideology can be found at www.londonscp.co.uk/chapters/sg_ch_extremist.html and should be read in conjunction with this guidance.

Private fostering

A private fostering arrangement is one that is made privately by parents (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if the child is disabled) and by someone other than a parent or close relative with the intention that it should last for 28 days or more.

Private foster carers may be members of the child’s extended family, such as a cousin or great aunt. A person who is recognised as a close relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of full or half blood or by marriage) or step-parent is not considered to be a private foster carer.
A private foster carer may be a friend of the family, the parent of a friend of the child or someone previously unknown to the child’s family who is willing to privately foster a child. The period for which the child is cared for and accommodated by the private foster carer should be continuous (although an occasional short break would not constitute a break in continuity).

Local authorities do not formally approve or register private foster carers. However, it is their duty to ensure that they are satisfied the welfare of children who are privately fostered is being satisfactorily safeguarded and promoted. Private foster carers and those with parental responsibility are required to notify the local authority of their intention to privately foster or to have a child privately fostered or where a child has been privately fostered in an emergency.

**Private fostering includes:**
- 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 often come across private fostering arrangements as part of their day-to-day work. If any professional in Bexley identifies a private fostering arrangement, they should contact the MASH directly.

When the local authority becomes aware of a privately fostered child, it has a duty to assess the suitability of the arrangement and to make regular visits to the child and the private foster carer. Children should be seen alone unless this is inappropriate and the parent should also be visited where possible. Contact with the parent should always be made. All children who are privately fostered will be given the contact details of the social worker who will be visiting him/her while s/he is being privately fostered.

The Children (Private Arrangements for Fostering) Regulations 2005 and the amended s67 of the Children Act 1989 strengthens the duties upon local authorities in relation to private fostering by requiring them to:
- Satisfy themselves that the welfare of children who are privately fostered within their area is being satisfactorily safeguarded and promoted
- Ensure that such advice as appears to be required is given to private foster carers
- Visit privately fostered children at regular six weekly intervals in the first year and 12 weekly in subsequent years
- Satisfy themselves as to the suitability of the private foster carer, and the private foster carer’s household and accommodation. The local authority has the power to impose requirements on the foster carer or, if there are serious concerns about the arrangement, to prohibit it
- Promote awareness in the local authority area of the requirement to notify, advertise services to private foster carers and ensure that relevant advice is given to privately fostered children and their carers
- Monitor their own compliance with all the duties and functions in relation to private fostering, and to appoint an officer for this purpose.

The London safeguarding children board procedures on private fostering can be found at [www.londoncp.co.uk/chapters/ch_living_away.html#private_fost](http://www.londoncp.co.uk/chapters/ch_living_away.html#private_fost) and should be read in conjunction with this guidance.
7. Access to level 2 services - Additional

Practitioners are expected to work together to meet the child or young person’s additional needs and they may need to engage with other services to do so.

Practitioners should access services at Level 2 Additional using their own service specific form/letter.¹

The Bexley referral form has been developed for use when professionals think that a child and/or family need intensive or specialist help. Partners may use this form if they choose to access support at level 2 as well as at level 3. The referral should have the consent section completed (which parents should sign to give consent to the referral and to information sharing) noting that the referral is for level 2 – additional need services only.

We should also ask young people who demonstrate Fraser competency especially those aged over 15, to give their consent. Fraser competence is a term used to describe a child under 16 who is considered to be of sufficient age and understanding to be competent to receive contraceptive advice without parental consent or knowledge. It is a narrower definition than the Gillick competence which often refers to children being capable of giving consent to other matters requiring their decision.

The family wellbeing assessment is led by a family key worker from the family wellbeing service (FWS) and is used to discuss and record the family’s views, their needs, strengths and the goals that they identify, leading to the production of a plan to support them.

Where the difficulties or needs are more complex, practitioners should consider making a referral with the family, for the Bexley FWS.

Multi-agency safeguarding hub (MASH)

The MASH is a multi-agency professional team, based at 2 Watling Street, Bexleyheath (the London Borough of Bexley’s civic offices) that has capacity to share information and to use that information appropriately to consider the risk of harm to children, young people and families. Children’s social care, the police, health, probation, housing, education, Bexley women’s aid and a youth offending officer are co-located as part of a multi-professional team to ensure that the best possible analysis is made following a referral to maximise the opportunities locally to make the right response. The level of information sharing by MASH professionals is proportionate to the level of risk/uncertainty/harm that is suspected or known.

The MASH in Bexley will always offer advice, guidance and support about help for families who have additional and intensive needs (levels 2 and 3) because often this is not clear and it requires regular discussion and review to make the best decision.

¹ This refers to any form in use by any agency to enable families to be referred to or have access to an additional service.
8. Access to level 3 services - Intensive

Prior to requesting services at level 3, Intensive, practitioners are expected to have worked together to meet the Additional needs of the child and their family. Where practitioners identify that a child and their family would benefit from a more intensive multi-disciplinary response than they can provide, they should discuss this with the family and complete the Bexley referral form. The referral should be sent to the MASH, who will record on the database and pass to the local family wellbeing team or other appropriate level 3 service.

Full details about this service can be found at www.bexley.gov.uk/services/children-families-and-education/services-children-young-people-and-families/family

Email: childrenssocialcare.admin@bexley.gcsx.gov.uk

Telephone: 020 3045 5440

Appendix 2 to this document shows the family wellbeing offer in diagrammatic form.

A family wellbeing assessment (FWBA) will be used when there are concerns and/or issues within a family that have not been resolved by additional support from universal services or by referral to another agency.

The assessment is used when a shared and co-ordinated professional response and a more intensive engagement with the family is needed. The family wellbeing service (FWS) will use the assessment, or build on an existing assessment as a means of identifying and recording their needs and the needs of each family member.

The family wellbeing assessment is designed to maximise engagement with families who must consent to have help at this level. The assessment assists families to identify their own strengths and solutions, supporting them to tell their own stories in their own words and being central to planning, implementing and sustaining the changes they need to make.

Once the family wellbeing assessment is complete, a family wellbeing plan is developed with the family with clear goals, actions, timescales and review dates. The family keyworker will work with the family and relevant partners to implement and review the plan.

The completed family wellbeing assessment remains the responsibility of the FWS to retain, update and provide copies and access to the family and key partners. The assessment and plan should be entered on the early help database administered by the FWS. A copy of the completed assessment and plan must always be given to all family members involved, including children and young people, age and understanding permitting.

Family wellbeing services and partners will work with families for up to six months, with monthly reviews to monitor progress and a key review at three months to oversee the changes and progress.

The service supports families with the following difficulties:
- Families affected by domestic violence
- Families living with drug and alcohol misuse
- Families where children have previously been in need and in receipt of a more specialist service
- Families with one or more member (including children) of the household with (tier 2) mental health needs
- Families where a child or children are at risk of or have already been excluded from school.

The team includes professionals with a range of different backgrounds who will provide the family key worker role. Qualified and experienced social workers lead the teams and the service manager is also a qualified and highly experienced social work manager.

The early help system in Bexley, holds a database of all the family wellbeing assessments that are undertaken in Bexley.
The MASH functions as the entry point into FWS where there are experienced practitioners who will screen the referral to ensure that the appropriate level of information is provided to enable the FWS to engage quickly and effectively.

The FWS is offered to families on a voluntary and consensual basis where children and young people are unlikely to suffer significant harm. It is a strengths-based and solution-identifying service.

The thresholds between early help at this level (intensive) and formal social work support (specialist) are critically important to review regularly. The FWS team managers and service manager are expected to spend a lot of time providing oversight and supervision to all cases with this level of need. This is the means by which we review and consider the safety of local arrangements. An audit framework is also in place to provide additional reassurance and the head of service (child protection, family support and family wellbeing) and the deputy director for children’s social care are also expected to carry out regular audits on the application of this threshold and the effectiveness of early support to families.

The weekly case transfer panel is the enabler for children and families to access more or less intensive support. There is a clear process in place for this to happen and if there are concerns that a child is at risk of harm or significant harm or has been harmed, the service manager will work immediately and closely with the service manager for referral and assessment services within children’s social care to arrange for an immediate strategy meeting. At that stage, depending on the presenting risk or uncertainty for the child, a children and families assessment or child protection (section 47) enquiry will commence with timescales agreed by managers commensurate with the presenting danger.
9. Access to level 4 services - specialist children’s social care

The family wellbeing assessment should not delay any action if a professional is concerned that a child is, or may be, suffering significant harm. In such cases, the professional should make a referral to Bexley MASH, based at 2 Watling Street (civic offices).

Telephone: 020 3045 5440

Email: childrenssocialcare.admin@bexley.gcsx.gov.uk

Where there is doubt about the most appropriate response, anyone concerned about the welfare of a child should consult with their own manager and/or designated member of staff and, where they remain unsure, contact the MASH and ask for a consultation with a MASH social worker.

New referrals (including cases that are no longer open) should be made using Bexley’s referral form.

Unless there is immediate risk of significant harm, the family should be consulted by the referrer and informed of the referral unless in so doing, the risk of harm or actual harm to a child would increase. The referrer can always ask to discuss their concerns with a qualified social worker in the MASH if they are uncertain and before they make a referral on the above telephone number.

Children’s social care (CSC) has a responsibility to children in need under section 17 of the Children Act 1989 Act. These are children whose development would be significantly impaired if services were not provided. This includes children who have a long lasting and substantial disability which limits their ability to carry out the tasks of daily living.

CSC engagement with children in need is on a voluntary basis. Parents, or young people who are Gillick competent, can refuse some or all such offers of assistance. Often families prefer a lower level of support such as that offered through their school or health centre because this is less stigmatising or intrusive. The family well-being assessments can be a useful way of engaging children in need and their families on a voluntary basis and many difficulties can be resolved this way.

For children in need, referral to CSC is appropriate when more substantial interventions are needed: where a child’s development is being significantly impaired because of the impact of complex parental mental ill health or learning disability or substance misuse, or very challenging behaviour in the home. A social care referral is also appropriate where parents need practical support and respite at home because of a disabled child’s complex care needs. In these situations, CSC will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent difficulties escalating to a point when statutory child protection intervention is needed.
The second area of CSC responsibility is **child protection** – that is where CSC must make enquiries under section 47 of the Children Act 1989 to determine whether a child is suffering or is likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. **It is important to consider age and context** – babies and young children are particularly vulnerable and parental factors such as history of significant domestic violence, substance misuse or mental ill-health will always be significant in influencing the professional judgements that need to be made.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been a number of events which have compromised the child’s physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

**Professionals in all agencies have a responsibility to refer a child to children’s social care when it is believed or suspected that the child:**

- Has suffered significant harm – child protection
- Is likely to suffer significant harm – child protection
- Has significant developmental or disability needs which are likely only to be met through provision of CSC family support and disability services (with agreement of the child’s parent) – children in need.

Additional information or concerns on open cases should be made to the allocated social worker (or in their absence the manager or the duty social worker). If you are unsure who the social worker or team is, you can contact the MASH to find out or to pass on the information.

When CSC undertakes a section 47 child protection enquiry, the **London child protection procedures** are followed.
10. Effective support at a glance

Practitioner or family has a concern / identifies a need

- Check with the multi-agency safeguarding hub (MASH) to see if other practitioners have previously worked with the child/family e.g. a family wellbeing assessment (FWBA) or children and families social work assessment (CFA) has been completed or consider whether you need to complete a referral.

An assessment e.g. FWBA or CFA has previously been completed or is live, contact other practitioners working with the child to discuss your concerns and review as appropriate.

An assessment e.g. FWBA or CFA has not previously been completed – either you or someone in your agency/service needs to make contact with the Bexley MASH on 020 8303 7777 (main council number) or 020 3045 5440.

The child’s needs have been resolved – no further action needed.

Further support is needed at levels 1, 2, 3 or 4. Follow appropriate process and review again at agreed time and make a referral to the appropriate agency.

You are concerned that the child may be at risk of, or may be suffering from significant harm.

You will need to make a referral through the MASH to the FWS or the special educational need and disability service.

Family wellbeing assessment visit, meeting and plan leads to a shared family and professionals action plan for support and change including:
- timescales and responsibilities
- allocation of family key worker from FWS

MASH will assist and refer or signpost to a specialist service (e.g. child protection; children in care; youth offending; tier 3 & 4 CAMHS; health care for children with life limiting illness; services for children with profound and enduring disability) to discuss and agree intervention.

Review

You are concerned that the child may be at risk of, or may be suffering from significant harm.

Family wellbeing assessment visit, meeting and plan leads to a shared family and professionals action plan for support and change including:
- timescales and responsibilities
- allocation of family key worker from FWS

MASH will assist and refer or signpost to a specialist service (e.g. child protection; children in care; youth offending; tier 3 & 4 CAMHS; health care for children with life limiting illness; services for children with profound and enduring disability) to discuss and agree intervention.

You are concerned that the child may be at risk of, or may be suffering from significant harm.

Call 020 8303 7777 (main council number) or Bexley MASH on 020 3045 5440.

Contact children’s social care through the MASH on 020 3045 5440.
11. Indicators of possible need

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement as to the level of support needed. The indicators are a guide and not a pre-determined level of response.

Level 1 - UNIVERSAL

Children and young people who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary services.

Health
- Physically well
- Nutritious diet
- Adequate hygiene and dress
- Developmental and health checks / immunisations up to date
- Developmental milestones and motor skills appropriate
- Sexual activity age-appropriate
- Good mental health.

Emotional development
- Good quality early attachments
- Able to adapt to change
- Able to understand others’ feelings.

Behavioural development
- Takes responsibility for behaviour
- Responds appropriately to boundaries and constructive guidance.

Identity and self-esteem
- Can discriminate between safe and unsafe contacts.

Family and social relationships
- Stable and affectionate relationships with family
- Is able to make and maintain friendships.

Learning
- Access to books and toys
- Enjoys and participates in learning activities
- Has experiences of success and achievement
- Sound links between home and school
- Planning for career and adult life.

Basic care, ensuring safety and protection
- Provide for child’s physical needs, e.g. food, drink, appropriate clothing, medical and dental care
- Protection from danger or significant harm.

Emotional warmth and stability
- Shows warm regard, praise and encouragement
- Ensures stable relationships.

Guidance, boundaries and stimulation
- Ensure the child can develop a sense of right and wrong
- Child/young person accesses leisure facilities as appropriate to age and interests.

Family functioning and wellbeing
- Good relationships within family, including when parents are separated.

Housing, work and income
- Accommodation has basic amenities and appropriate facilities, and can meet family needs
- Managing budget to meet individual needs.

Social and community including education
- Has friendships and is able to access local services and amenities
- Family feels part of the community.
Level 2 - ADDITIONAL NEEDS

Children and young people whose needs require some extra support. A single universal or targeted service or two services are likely to be involved; these services should work together. There is no need for specialist services.

Health
- Missing immunisations/checks
- Child is slow in reaching developmental milestones
- Minor concerns re diet, hygiene, clothing
- Dental difficulties untreated/some decay
- Missing some routine and non-routine health appointments
- Limited or restricted diet e.g. no breakfast, no lunch money
- Concerns about developmental progress: e.g. overweight/underweight, bedwetting/soiling
- Vulnerable to emotional difficulties, perhaps in response to life events such as parental separation e.g. child seems unduly anxious, angry or defiant for their age
- Experimenting with tobacco, alcohol or illegal drugs
- Frequent accidents.

Emotional development
- Some difficulties with family relationships
- Some difficulties with peer group relationships and with adults, e.g. ‘clingy’, anxious or withdrawn
- Some evidence of inappropriate responses and actions
- Limited engagement in play with others/has few or no friends.

Behavioural development
- Not always able to understand how own actions impact on others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries/constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts
- Additional needs from CAMHS.

Identity and self-esteem
- Some insecurities around identity expressed e.g. low self-esteem, sexuality, gender identity
- May experience bullying
- May be exhibiting bullying behaviour
- Lack of confidence is incapacitating
- Child/young person provocative in behaviour/ appearance e.g. inappropriately dressed for school
- Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities
- Victim of crime or bullying.

Family and social relationships
- Lack of positive role models
- Child has some difficulties sustaining relationships
- Unresolved issues arising from parents’ separation, step parenting or bereavement.

Self-care skills and independence
- Disability limits amount of self-care possible
- Periods of inadequate self-care, e.g. poor hygiene
- Child is continually slow to develop age-appropriate self-care skills.

Learning
- Has some identified specific learning needs with targeted support and/or statement of SEN
- Language and communication difficulties
- Regular underachievement or not reaching education potential
- Poor punctuality/pattern of regular school absences
- Not always engaged in play/learning, e.g. poor concentration
- No access to books/toys
- Some fixed term exclusions.
Basic care, ensuring safety and protection

- Basic care is not provided consistently
- Parent/carer requires advice on parenting issues
- Some concerns around child’s physical needs being met
- Young, inexperienced parents
- Inappropriate child care arrangements and/or too many carers
- Some exposure to dangerous situations in the home or community
- Unnecessary or frequent visits to doctor/casualty
- Parent/carer stresses starting to affect ability to ensure child’s safety.

Emotional warmth and stability

- Inconsistent responses to child/young person by parent/carer
- Parents struggling to have their own emotional needs met
- Child/young person not able to develop other positive relationships
- Starting to show difficulties with attachments.

Family functioning and wellbeing

- A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings
- No effective support from extended family.

Guidance, boundaries and stimulation

- Parent/carer offers inconsistent boundaries
- Lack of routine in the home
- Child/young person spends considerable time alone, e.g. watching television
- Child/young person is not often exposed to new experiences; has limited access to leisure activities
- Child/young person can behave in an anti-social way in the neighbourhood, e.g. petty crime.

Housing, work and income

- Family seeking asylum or refugees
- Periods of unemployment of parent/carer
- Parents/carers have limited formal education
- Low income
- Financial/debt difficulties
- Poor state of repair, temporary or overcrowded, or unsafe housing
- Intentionally homeless
- Serious debt/poverty impact on ability to have basic needs met
- Rent arrears put family at risk of eviction or proceedings initiated
- Not in education employment or training post-16.

Social and community including education

- Some social exclusion or conflict experiences; low tolerance
- Community characterised by negativity towards children/young people
- Difficulty accessing community facilities.
Level 3 - INTENSIVE

Vulnerable children, including those who have a disability. Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate need at a level 3 criteria. More than one service is likely to become involved, with the family wellbeing service using the family wellbeing assessment and other professionals to help. For a child with a complex disability, the special needs and disability service will become involved. Support at this level and access is through the MASH using the referral form.

**Health**
- Child has some chronic/recurring health difficulties; not treated, or badly managed
- Developmental milestones are not being met due to parental care
- ‘Unsafe’ sexual activity
- Self-harming behaviours
- Child has significant disability
- Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming.

**Emotional development**
- Sexualised behaviour
- Child appears regularly anxious, angry or phobic and demonstrates a mental health condition
- Young carer whose development is being compromised by virtue of having those responsibilities.

**Behavioural development**
- Challenging at school, possible threat of exclusion and school have been providing support for some time
- Changed behaviour and reference to radicalised thoughts and threats to act
- Additional needs met by CAMHS tier 2
- Prosecution of offences resulting in court orders, custodial sentences or ASBOs or youth offending early intervention.

**Identity and self-esteem**
- Presentation (including hygiene) significantly impacts on all relationships
- Child/young person experiences persistent discrimination; internalised and reflected in poor self-image
- Distances self from others.

**Family and social relationships**
- Relationships with carers characterised by unpredictability
- Misses school consistently.

**Self-care skills and independence**
- Disability prevents self-care in a significant range of tasks
- Child lacks a sense of safety and often puts him/herself in danger.

**Learning**
- Consistently poor nursery/school attendance and punctuality
- Young child with few, if any, achievements
- Not in education (under 16).

**Basic care, ensuring safety and protection**
- Domestic violence in the home
- Parent’s mental health difficulties or substance misuse affect care of child/young person
- Child has few positive relationships
- Child has multiple carers, some of whom may have no significant relationship with them.

**Guidance, boundaries and stimulation**
- Parents struggle/refuse to set effective boundaries e.g. too loose/tight/physical chastisement
- Child/young person behaves in anti-social way in the neighbourhood.

**Housing, work and income**
- Chronic unemployment that has severely affected parents’ own identities
- Family unable to gain employment due to significant lack of basic skills or long-term substance misuse.

**Family functioning and wellbeing**
- Family have physical and mental health difficulties impacting on their child
- Community are hostile to family.
**Level 4 - SPECIALIST**

Children, young people and families whose needs are complex and enduring and cross many domains. More than one service is normally involved, with all professionals involved on a statutory basis with qualified social workers as the professional leads. It is usually the local authority children’s social care service who act as the lead agency.

**Health**
- Child/young person has severe/chronic health difficulties
- Lack of food and/or failure to thrive
- Refusing medical care endangering life/development
- Seriously obese/seriously underweight
- Serious dental decay through persistent lack of dental care
- Persistent and high risk parental substance misuse
- Dangerous sexual activity and/or early teenage pregnancy
- Sexual exploitation
- Sexual abuse
- Evidence of significant harm or neglect
- Non-accidental injury and/or unexplained injuries
- Acute mental health difficulties e.g. severe depression; threat of suicide
- Physical/learning disability requiring constant supervision
- Disclosure of abuse from child/young person
- Disclosure of abuse/physical injury caused by a professional.

**Family and social relationships**
- Previously looked after by the local authority
- Relationships with family experienced as negative (‘low warmth, high criticism’)
- Rejection by a parent/carer; family no longer want to care for - or have abandoned —child/young person
- Family breakdown related to child’s behavioural difficulties
- Subject to physical, emotional or sexual abuse or neglect
- Young person is main carer for family member.

**Emotional development**
- Puts self or others in danger e.g. missing from home
- Persistent disruptive/challenging behaviour at school, home or in the community
- Starting to commit offences/re-offend
- Severe emotional/behavioural challenges
- Puts self or others at risk through behaviour
- Severe emotional/behavioural challenges.

**Identity and self-esteem**
- Failed education supervision order – 3 prosecutions for non-attendance, family refusing to engage
- Child/young person likely to put self at risk
- Evident mental health needs.

**Learning**
- No school placement due to parental neglect
- Child/young person is out of school due to parental neglect.

**Other indicators**
- Professional concerns – but difficulty accessing child/young person
- Unaccompanied refugee/asylum seeker
- Privately fostered
- Abusing other children
- Young sex offenders
- Serious or persistent offending behaviour likely to lead to custody/remand in secure unit/prison.

**Basic care, ensuring safety and protection**
- Parent/carer’s mental health or substance misuse significantly affect care of child
- Parents/carers unable to care for previous children
- Parent/carer is failing to provide adequate care
- Instability and violence in the home continually
- Parents/carers involved in violent or serious crime, or crime against children
- Non-compliance of parents/carers with services
- Child/young person may be subject to neglect
- Parents/carers own needs mean they are unable to keep child/young person safe
• Severe disability – child/young person relies totally on other people to meet care needs
• Chronic and serious domestic violence involving child/young person
• Disclosure from parent of abuse to child/young person
• Suspected/evidence of fabricated or induced illness.

**Emotional warmth and stability**
• Parent’s own emotional experiences impacting on their ability to meet child/young person’s needs
• Child has no-one to care for him/her
• Requesting young child be accommodated.

**Guidance, boundaries and stimulation**
• No effective boundaries set by parents/carers
• Multiple carers
• Child beyond parental control.

**Family functioning and wellbeing**
• Significant parental/carer discord and persistent domestic violence and discord between family members
• Child/young person in need where there are child protection concerns
• Individual posing a risk to children in, or known to, household
• Family home used for drug taking, prostitution, illegal activities.

**Housing, work and income**
• Homeless - or imminent if not accepted by housing department
• Housing dangerous or seriously threatening to health
• Physical accommodation places child in danger
• Extreme poverty/debt impacting on ability to care for child.
What happens when you make a referral to the local authority about a child?

Telephone calls to MASH are received by the children’s screeners. Screeners are not social workers, but are able to respond to queries, give information and signpost to other services as necessary. Such discussions do not constitute a consultation because these need to be undertaken with a social worker (see page 7 of this guidance). All calls/faxes/emails into the system are logged onto the electronic system as contacts (provided the call or referral does not relate to an open case, in which case, the details are recorded on open case notes and passed to the allocated worker).

Where a contact is potentially a child in need referral or a child protection referral (i.e. in need of intensive support and help), the MASH will gather further information that day, having a duty to respond to the referrer within 24 hours to explain what is going to happen next.

Where the call or referral suggests that a child is at risk of immediate harm, the details will be passed to the referral and assessment service for immediate action under the supervision of the service manager for the referral and assessment service. The child will ALWAYS been seen on the same working day.

All contacts will be seen by a manager or senior practitioner within one working day to decide a course of action. Next steps will include:

- Advice and information given
- Sign-posting to other help or targeted services, for example targeted youth or Bexley Womens Aid or to the MASH for further consideration, including a consultation between the caller and a qualified social worker where next steps are not immediately clear
- Held in the MASH until the end of the next working day (at most) to gather more information
- Accepted as a referral and allocated to a social worker in the referral and assessment service
- No further action.

The outcome of the enquiry will be fed back to the referrer within 24 hours as required in statutory guidance.

When a referral is accepted, it will usually be allocated to a social worker in the referral and assessment service. In most cases a children and families assessment will be undertaken. This will include seeing the child alone (where age appropriate), within 3 working days of the original referral (or as soon as in necessary in accordance with the presenting risk and uncertainty), meeting parents and carers, discussing concerns and gathering current and historical information from all relevant professionals to make a judgment about needs and risks in order to develop a plan or agree further actions to support the child.

During an assessment, UNLESS there are concerns that the child is at risk of harm or significant harm or has already been harmed AND the decision has been made that the nature of the assessment is that it is a child protection enquiry (section 47 of the Children Act 1989), parental consent must always be sought, gained and recorded before seeking further information from other agencies as part of the assessment.

The outcome of an assessment may be the provision of advice or help from an existing service, a child in need plan, request for family wellbeing to support the child/family, or no further action. The outcome of the referral will be shared with the referrer and any agencies from whom information has been sought.

Statutory guidance (see Working together 2015) gives up to 45 working days for the completion of an assessment which allows for detailed information from other agencies and family members to be sought, detailed exploration into the family background to be carried out, and the needs of the children to be fully understood. In Bexley, the time an assessment takes is agreed at the start between a manager and practitioner. It will be wholly dependent upon the presenting risk and uncertainty, the family history and the judgement about the welfare and safety of the child or children at that time. An assessment may lead to a child in need plan or other protective action as is deemed necessary.
Whenever there are child protection concerns, a ‘section 47 (Children Act 1989) enquiry’ is undertaken. This involves liaison with the police and other agencies and will ALWAYS be started following a strategy discussion, often through a multi-disciplinary meeting, to decide and plan next steps.

An assessment of the child’s circumstances including risks and needs is undertaken following the strategy meeting. This may lead to a decision that there are no concerns, to a voluntary child in need plan, or to some form of statutory intervention often through an initial child protection conference (which needs to take place within 15 working days of the initial strategy meeting).

If those in attendance at the child protection conference agree, a child protection plan is written and becomes the agreed working arrangement for everyone to protect the child. This includes the parents, carers and extended family. The child protection plan will make clear to the parents what changes they have to make to ensure the child does not suffer significant or further harm. The plan will also set out what will happen if the changes are not made. Should the circumstances of the child not improve or where further serious incidents occur, a decision may be made to apply to the court for care proceedings.

The first step in this process is usually to have a legal planning meeting and issue parents with a formal public law outline (PLO) letter stating what must improve to avoid care proceedings.

Once children’s social care and other specialist help have successfully reduced the risk of significant harm for the child, targeted and/or intensive services may be asked to continue to support the child and family through the ‘effective support’ processes already described.
Family wellbeing
Tier 3 – intensive help, family wellbeing service

Front door: MASH receive an early help referral
Family wellbeing service (FWS) request with the family’s signed consent, on the multi-agency referral form. Referral form is available at www.bexley.gov.uk/services/children-families-and-education/services-children-young-people-and-families/family

Eligibility criteria for FWS
- is not met and/or
- presenting level of need can be met by other tier 1 or 2 local services

Eligibility criteria for FWS
- is met and level of presenting need requires a tier 3 FWS

Presenting level of need is not higher than tier 3 FWS.
Child is NOT ‘in need’ or ‘at risk of significant harm’

Referral accepted by FWS manager & allocated to keyworker within 24 hours of receipt. Episode started on Early Help Module

Introductory visit within 5 days of receipt of referral. Wellbeing assessment completed within 20 days of referral

Family or referrer contacted & signposted to another local service

FKW arranges introductory visit & wellbeing assessment begins (part 1)

FKW arranges a wellbeing planning meeting, inviting family & relevant partner agencies to form a team around the family. Assessment is completed at the meeting and plan is agreed

The wellbeing plan goes live, the FKW visits the family regularly (minimum 4-weekly) and partners and family network meet 4-weekly to discuss and review progress

FKW arranges formal review wellbeing meeting (after the network around family has met three times) to review goals and update the plan. Option to continue for a further 3 months

The family achieves its goals and no longer need or want a FWS. An ending meeting is held, the case is closed and closure letter is sent to the family. Partners are informed. (Episode closed on Early Help Module)

Family are re-directed to tier 4 children’s social care for child family assessment

If at any time the family’s situation deteriorates and the needs of child increase requiring a tier 4 service, FWS manager can and will transfer direct to children’s social care

The FWS aims to help families within a 6 month period. At the 3 month wellbeing formal review meeting, the timeframe for achieving goals & continuing help should be discussed and a further plan agreed for the second phase of support
Useful weblinks

Documents and Services

**Family wellbeing service guidance**

This includes:
- *Family wellbeing assessment and plan*
- *Referral form for effective support (includes a section on consent)*

**Effective support for children with disabilities and their families in Bexley**

This includes:
- *Disabled children’s service – matrix*
- *Eligibility and threshold criteria for the disabled children’s service*

**Children’s social care**

**Bexley children’s services vision and values**

**Bexley safeguarding children board**

**Directory of voluntary and community services for the family wellbeing service**

**Bexley schools safeguarding adviser**

The safeguarding adviser assists schools and education settings to make their safeguarding practice as effective as possible. This is a bought-in service within the Education Improvement Service. Contact EIS@bexley.gov.uk for further information.

**What to do if you’re worried a child is being abused: advice for practitioners, March 2015**

**When to suspect child maltreatment (NICE)** (please note the current guidelines have recently been consulted on and are likely to be updated)
Legislation

The Children Act 1989
The Children Act 2004
Children and Families Act 2014
Children and Social Work Act 2017
Education Act 2002
Data Protection Act 1998

Guidance

Working Together 2015

Keeping children safe in education:
Statutory guidance for schools and colleges, March 2015 (updated September 2016)

Gillick competence

Government advice on information sharing:
Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)

London safeguarding children board:
Child Protection Procedures and Practice Guidance

Acknowledgements

This final document – ‘Effective support for children and families in Bexley’ has been the subject of consultation with key partners between 16 January and 3 March 2017. We thank all agencies for their help and contributions.

This information is issued by Bexley safeguarding children board. You can contact us in the following ways:

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The information contained in this document can be translated, and/or made available in alternative formats, on request.

Published for consultation in December 2016 for release in June 2017