



Effective Support Document

Effective Support for Children and Families in Luton

CONTENTS

Section	Page Number
Preface	3
Introduction	4
Understanding Need, Support and Help	6
Our Practice	8
Seven Principles of Information Sharing	10
Categories of Need and Help	12
Access to Services	
• Universal	13
• Emerging Needs	14
Access to Children's Services	14
Other considerations at the point of referral	16
Family Help	20
Statutory Intervention/ Family Help	21
Features of Support	25
Education	28
Children in Specific risks and vulnerabilities	29
Example Indicators	40
Assessment Process	47
Finding out More	50

PREFACE

This guidance is designed to help practitioners from all agencies decide which agencies could / should be involved in supporting a family based on their needs. It has been endorsed by the Luton Safeguarding Children Partnership (LSCP) and should be used to help practitioners make decisions about which agency to refer to and when.

As safeguarding is everyone's business it is important that roles and responsibilities are clear. These are set out in [Working Together 2023](#) and this threshold guide is compliant with this document and in keeping with the spirit of its overarching principles.

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.

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. Luton Council's vision is to ensure that, by 2040, Luton is a child-friendly town and a positive and child friendly place to live where the town supports all children and young people.



INTRODUCTION

This guidance is for everyone who works with children, young people, their families and carers in Luton. It is to help us think about how we will all work together and share information. It aims to make sure that children and families are always our main focus and enable us to provide the most effective support to them at the right time.

In Luton, we believe that every child should have the opportunity to thrive. 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, Young People and families' needs, keeping Children and Young People at the heart of everything we do.

In this guidance, we explain four categories of need and help: **Universal, Emerging Needs, Family Help and Statutory Intervention / Family Help.**

Services for Children and Young People with emerging 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 and Young People with **emerging needs** are best supported by those who already work with them, providing additional support with local partners as needed.

For Children and Young People whose needs require support from **Family Help**, a coordinated multi-disciplinary approach is usually best, involving a **Single Assessment** and the allocation of a **Lead Professional** to work closely with the child and family to ensure they receive all the support they require.

Statutory Intervention / Family Help 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 Partnership Service.

The **statutory social work service** supports Children and Young People who have been harmed or who are at risk of harm or significant harm, and Children and Young People who need support due to their complex disability. Practitioners aim to resolve any issues or concerns at the earliest opportunity to prevent escalation into statutory services.

By working together effectively with Children and Young People with additional needs, and by providing coordinated 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.

We recognise our activities must be based on a clear shared understanding of the types and levels of need, which different disciplines such as

health, social care and inclusion support services are required to meet. Understanding the threshold for accessing different levels of services is crucial for working to meet the needs of Children, Young People, their families and carers.

Schools and colleges are a crucial part of our safeguarding system in Luton. They are able to identify concerns early, provide help for Children and Young People. All our schools and colleges have designated safeguarding leads who meet regularly to discuss local issues. Luton primary and secondary Designated Safeguarding Leads (DSLs) meet regularly with senior social care and education leads to explore and resolve safeguarding issues.

In Luton we are committed to the following principles which inform the work with children, young people, their families and carers:

We:

- **engage with families** by working alongside parents, children and young people and seeking their consent and agreement
- **work to families' strengths** – especially those of parents and carers and take the time to understand their needs fully. Parents tell us that they are motivated by having goals that reflect their family priorities
- **focus on preventing problems** before they occur and offer flexible responsive support when and where it is required
- **build the resilience** of parents, children, young people and communities to support each other
- **work together across the whole system**, aligning our resources so we can best support families and do what needs to be done when it needs to be done
- **base all that we do on evidence** of both what is needed and of what works and be brave enough to stop things that are wrong
- **be clear and consistent about the outcomes** we expect, and judge what we do against them.

There are several factors that are essential to deliver effective early intervention:

- **An open, honest and transparent approach to supporting Children and Young People and their families**
Parents are usually the best people to understand their child's needs; however, parenting can be challenging. Parents may need support when they request it.
- **Asking for help should be seen as a sign of responsibility rather than parental failure**
Parents tell us that support works well when they are respected and listened to by practitioners. 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 parents actively to help them to prevent problems from becoming more serious. All practitioners should seek to work collaboratively with families, discuss any concerns with them and ensure that they are involved in decision making. It is important they acknowledge and respect the contribution of parents and other family members.
- **Earlier, solution-focused and evidence-based interventions**
Enabling Children, Young People and their families to receive appropriate support in a timely way can lead to better outcomes for Children and Young People and potentially prevent further escalation. We will all work with families when needed, to help them to identify the things

they want to change and the support they need. The most effective support is tailored to the families' needs and is provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little disruption to family life as possible.

- **A multi-agency/disciplinary approach to assessment, support and intervention**

Safeguarding and promoting the welfare of Children and Young People is the responsibility of everyone in Luton who works or has contact with Children and Young People and their families. The multi-agency/disciplinary approach ensures that children and families are understood, so that they receive the right support and practical help in a coordinated way, when they need it.

Partners and professionals who work with Children, Young People and their families should, usually with parental consent, consult one another, share information and work together to ensure that the child and their family receive the most appropriate and effective support.

- **A confident workforce with a common core of knowledge and understanding about Children and Young People's needs**

Appropriate, effective and timely support for Children, Young People and families could not be achieved without the professional judgement and expertise that all practitioners working with Children and Young People bring to their role. We will support individuals and organisations in Luton to develop confident practitioners who can work in an open, non-judgmental way with families to enable them to make choices and changes.

Our aim is always to build resilience in Children, Young People and their families. We want them to believe in and lead the changes to alleviate their difficulties for the remainder of their lives.

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 Luton 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, Young People and families across ***Universal, Emerging Needs, Family Help and Statutory Intervention/ Family Help***

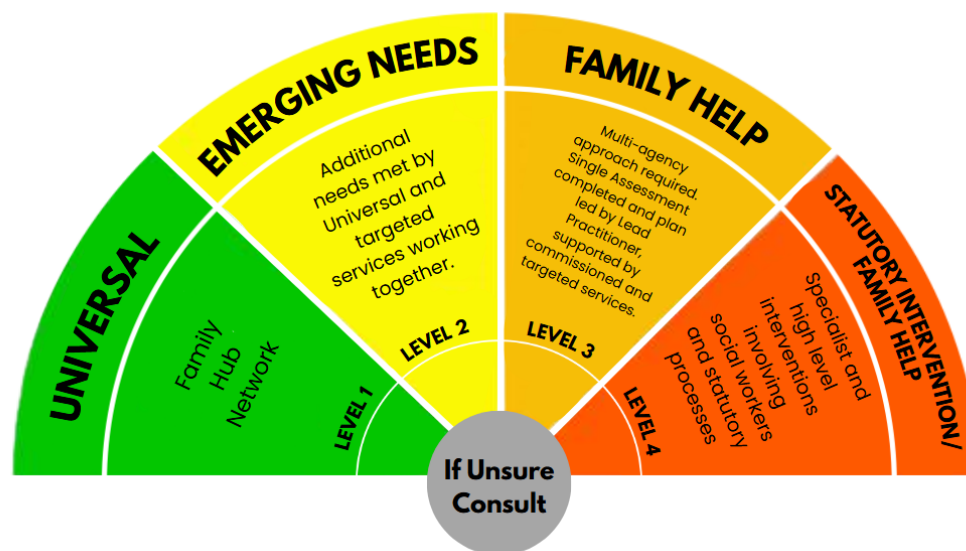
Multi Agency Guidance: Working in partnership to help

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 right time with the right service 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 the next steps. This will always be informed by any known evidence, the views of Children, Young People 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 nor 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 young person.

The Effective Support Windscreen



In Luton, professionals are seeking to work collaboratively and respectfully with the family (or with young people on their own where it is age appropriate to do so) in order to support them to address their needs at the lowest possible level and at the earliest possible time.

Section 20 of this document sets out more detailed indicators of need as well as explaining how each level 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 Luton.

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.

OUR PRACTICE

In Luton, we all believe that every child should have the opportunity to reach their full potential and that Children and Young People are best supported to grow and achieve within their own families.

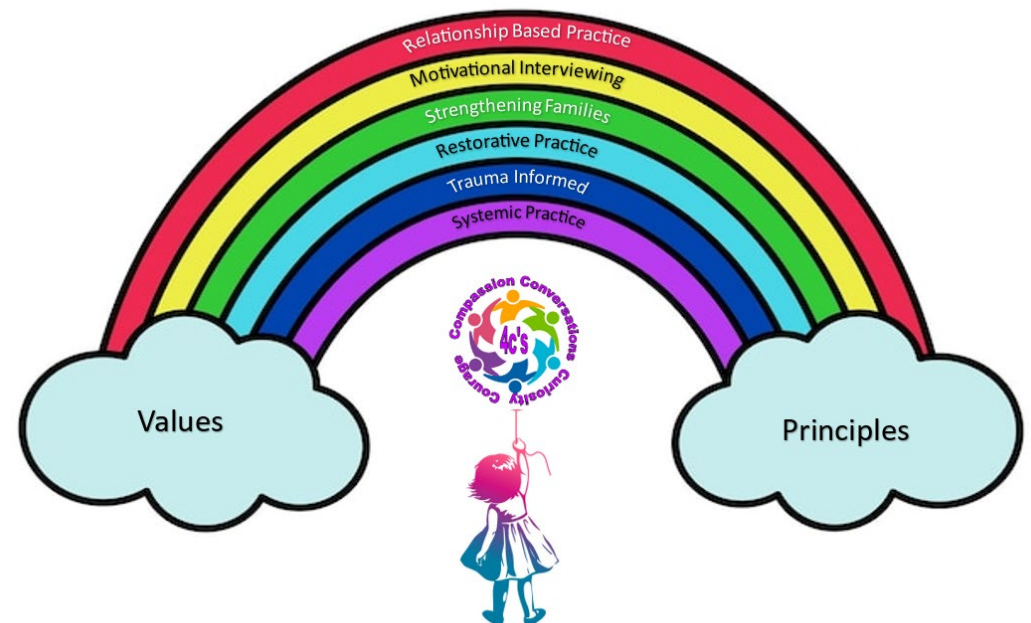
Luton's Practice Framework:

In Luton we enable practitioners to use their professional judgement, to be creative and to adopt a range of approaches, skills and tools to enhance their work with Children, Young People and their families. These approaches include Systemic Practice, Wellbeing/Success, Trauma informed Practice, Restorative Approaches and Motivational Interviewing Skills. We will utilise tools from Signs of Safety and Strengthening Families.

At the heart of these approaches is relationship-based practice.

Practice Values:

- Children and Young People are supported to remain within their families and communities
- We will see and hear Children and Young People, keep them safe and promote their welfare
- We will work in a respectful, open and transparent way with our families, partners and colleagues
- We will be culturally competent and understand the meaning this has for our families
- We recognise that every contact is an opportunity to create positive change through the relationships we build



By working together, we will develop flexible services which are responsive to children's and families' needs and provide the right level of intervention at the right time. This will support a shift of focus away from managing short-term crises and towards effective intervention and support for children and young people and their families at an earlier stage.

We are committed to the following principles which inform the way we work with children and families:

- Wherever possible, all children's and families' needs will be met by universal services.
- As soon as any professional is aware that a child has any additional needs, they will talk to that child and their family and offer advice and support to meet that need.
- Families will be empowered to identify their own problems, needs and solutions. In most cases, outcomes for Children and Young People will only be improved by supporting and assisting parents/carers to make changes.
- We will offer support and services to help families find their own sustainable solutions. Once improvement is made, services will reduce or end so as not to create dependence.
- Our aim is always to build resilience in children and families and the capacity to overcome their own difficulties for the remainder of their lives.

'[Luton CARES](#)' is a corporate value to Luton Council, we will work collaboratively across the partnership to benefit the needs of Children, Young People and families.

Advice and consultation

A consultation can take place between professionals, either face to face, by telephone or through virtual means, for the purposes of gaining or providing information or for discussing collaboratively on something. This can ensure that the right response is given at the right time and that the best course of action is followed.

The GDPR provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be 'legal obligation', or 'public task' which includes the performance of a task in the public interest or the exercise of official authority. Each of the lawful bases under GDPR has different requirements. It continues to be good practice to ensure transparency and to inform parents/carers that you are sharing information for these purposes and seek to work cooperatively with them.

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 be 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.
- Consultations may be recorded pending on the significance of concerns raised to ensure clarity and to enable you to evidence any decisions that have been made.

SEVEN PRINCIPLES OF INFORMATION SHARING

Necessary and proportionate

When taking decisions about what information to share, practitioners should consider how much information to release. Not sharing more data than is necessary to be of use is a key element of the GDPR and Data Protection Act 2018. Information must be proportionate to the need and level of risk.

Relevant

Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make informed decisions.

Adequate

Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

Accurate

Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely

Information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection to a child. Timeliness is key in emergency situations, and it may not be appropriate to seek agreement for information sharing if it could cause delays and therefore place a child or young person at increased risk of harm. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

Secure

Wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation's policy on security for handling personal information.

Recorded

Information sharing decisions should be recorded, whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester.

For more information on Information Sharing please refer to [Information Sharing Advice for Practitioners.](#)

CATEGORIES OF NEED AND HELP

	Universal	Emerging Needs	Family Help	Statutory Intervention/ Family help
Definition	All children and families who live in the area have core needs such as parenting, health and education	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	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	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 Those at risk of forced marriage.
Action	Child, young person, carer or family accesses relevant universal services for advice/support such as GP, school, dentist, family hub and voluntary sector.	Consider what support your service can offer directly to the family, signposting to other partners should be considered. A Single Assessment should be considered to understand the family's needs further.	Completion of a Single Assessment is required. Information of single agency support already provided should be shared. Continue the help and support that you are providing, additional targeted work will be agreed along with roles and responsibilities as part of the team around the child, should this be required.	The referral should clearly outline what you are worried about, what the impact is on the child and what work has been done to support and reduce level of need and/or risk. If there are immediate safeguarding concerns for a child, call the police on 999. If you need to make a referral urgently, MASH can be contacted on 01582 547653, Monday – Thursday 08.45-17.15, and Friday 08.45-16.15. If you need to report a concern about a child outside of office hours, contact can be made with the Emergency Duty Team (EDT) on 0300 300 8123.

ACCESS TO SERVICES

Universal

Practitioners and families should use the Luton Directory and the Luton Family Hub app and website to identify supporting agencies and services to meet the needs at a universal level

Family Hubs

Luton's Family Hubs have been developed as a town-wide partnership and network, acting as an umbrella across organisations who work with Children and Young People 0-19. (25 with disabilities)

Staff within these organisations offer a friendly and professional approach as the local experts offering parent and child sessions, advice, information and guidance to all families, whatever their experience or circumstances in Luton. [Family Hubs - Home](#) Luton's Family Hub website and app unifies essential children's and family services into a single, easy to use digital front door which is accessible from any device, making support and resources easier to access and is available 24/7. It links services such as Start for Life, Flying Start, 0-19 Healthy Child Programme, SEND Local Offer, Family Information Service, Parenting Support, Health and Wellbeing, Infant Feeding advice and information into one digital platform. It hosts a variety of content, events calendars, videos, NHS digital supported content and much more. Providing trusted reliable information to families all in one place. It is responsive and accessible from desktops, laptops and mobile devices. It has improved access and connection for families and enhanced their experience of finding information, advice and support. It allows families to self-serve and for professionals to find information easily.

Flying Start provides services for the Luton Family Hub, from the pregnancy period through to a child's fifth birthday.

Universal services are provided to help develop knowledge, provide reassurance to parents and identify any additional support that may be required at an early point. Services include antenatal education classes, preparing for the journey into parenthood, infant feeding advice and support and a range of parent/infant/child groups where families can meet other parents, develop knowledge of how to support their child's development and provide a positive home learning environment. Evidence-based parenting is available, including groups to support healthy lifestyles, diet and nutrition for Children and Young People, as well as workshops. A full timetable is available. [What's on for parents - Flying Start Luton](#)

Universal services also include the Solihull online family parenting sessions, free for all parents and carers and professionals in Luton. [Parenting Programmes](#) Services for families with under-fives who have emerging needs for communication and language, emerging developmental delay or support for families with the home learning environment can be referred into Flying Start for targeted group sessions. [Home - Professionals](#)

The Safe at Home Scheme sits as part of the Flying Start offer. This service provides free home safety advice for families with an under five-year-old child, and for eligible families, free home safety equipment fitted in the home. [Safe at Home](#)

Family Hubs can be found across Luton at various sites including Central Family Hub at Luton Central Library, Park Town Family Hub, Hockwell Community Centre and Family Hub, Flying Start @ Foxcubs and Flying Start @ Pastures Way. A range of outreach sites also have scheduled services. [The Family Hub](#)

Emerging Needs

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 working with families using their own service specific referral methods.

Emerging Needs (Local Authority led Team Around the Family) is where a universal service, for example, School, Early Years or Health, may have already supported child and their family through a single agency led Team Around the Family (TAF) and developed a plan in partnership with the family. However, the needs of the child and family cannot/have not been met through this single agency team around the family, a referral can be made via MASH for consideration of Local Authority Coordinated Team Around the Family to support with Emerging Needs. When completing the referral, attach the minutes of the TAFs that have already taken place and be clear about the support they have provided the family. This is where a Local Authority – Senior Family Help Coordinator - will undertake Whole Family Assessment, initiate a Team Around the Family and support in developing a plan in collaboration with the family, the referrer and other agencies. At the initial Team Around the Family meeting the Senior Family Help Coordinator will support in identifying a Lead Professional. The identified Lead Professional will work alongside the family and identified professionals to implement the support plan. Please note the role of the Senior Family Help Coordinator is to bring together the relevant support agencies who can support to meet the Emerging Needs of a child and their family, they do not undertake direct or intensive work with children and their families.

The Luton referral form has been developed for use when professionals think that a child and/or family need family help or statutory intervention. The referral should have the consent section completed which parents should sign to give consent to the referral and to information sharing.

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 Gillick competence, which often refers to Children and Young People being capable of giving consent to other matters requiring their decision.

ACCESS TO CHILDREN'S SERVICES

Access routes to Family Help services in Luton are outlined below. It should be emphasised that these routes are not only for referrals, but also for consultation and advice if practitioners are unsure if a threshold is met for a referral or not.

Referrals and requests for support can be made via the [web form](#).

Urgent referrals that require an immediate response can still be made by phoning the Multi Agency Safeguarding Hub (MASH) on 01582 547653. Evidence of support and intervention provided should continue to be sent via email with any related paperwork to MASH@luton.gov.uk

The Family Help Strategy sets out the offer and evidenced based approaches used by the service.

MASH

The MASH is a partnership between Luton Children's Services, Police, Health and Education with virtual links to other agencies such as Housing, Mental Health, Adult Services, Health Services such as GP, Health Visiting, Probation, Domestic Abuse Support Services, Youth Partnership Service and Drug and Alcohol Services. The MASH promotes early, better quality information sharing, analysis and decision making to safeguard children and families more effectively.

Any practitioner should seek consent for making a referral to MASH with parents or carers and where appropriate unless doing so would create a risk for the child. Further advice can be found on page 8.

When making referrals practitioners should use a combination of deliberation and professional judgement. For all cases where Children and Young People are open to an allocated team, please contact the team directly.

- **Deliberation** - thinking through a diverse range of possibly relevant evidence about the child/family that might indicate their strengths, needs and capacity to change.
- **Professional judgement** - applying knowledge, skills and expertise to determine what response is most likely to keep a child safe, create change and to be in the best interests of the child/family. Deliberation and professional judgement must be used in the context of open and honest discussions, consultations and supervision. All practitioners need to know who they can talk to and when, why and how to consult with Safeguarding Leads in their own and other organisations.

Safeguarding Children and Young People is complex, and all practitioners, regardless of how experienced they are, will find themselves in situations where they need to make measured judgements about whether a child is at risk; if so, from whom or what, and which actions should be taken to ensure the best outcomes. Making these sorts of judgements should not be made alone. Discussions between practitioners and seeking advice, support and consultation should be something that happens regularly within and between agencies. This can take many forms, and the MASH can offer informal discussion and consultation.

If at any time a practitioner is unsure what they should do, then they should seek advice and support. Sometimes this may require them to share information with other agencies and should be done in line with the principles of Information sharing. Effective sharing of information between practitioners and local agencies is essential for the early identification of need, informed decision making and service provision to keep Children and Young People safe. Proportionate and relevant information may be shared without agreement if a practitioner has reason to believe that there is a good reason to do so and that the sharing of information will enhance the safeguarding of Children and Young People in a timely manner.

Understand the child's daily lived experiences will help practitioners fully understand how various experiences (including abuse and neglect) impacts on Children and Young People, it is necessary to identify the associated risks, unmet needs and areas of resilience and therefore to understand what life is like for them on a daily basis, in the evening, during the night, at weekends and when different people are involved in their care. So what the child sees, hears, thinks and experiences on a daily basis impact on their personal development and welfare, whether that be physically or emotionally. Practitioners need to actively hear what the child has to say or communicate, observe what they do in different contexts, hear what family members, significant adults/carers and practitioners say about them, and to think about history and context.

Ultimately, practitioners need to put themselves in their shoes and think, “*What is life like for this child right now?*”. Practitioners are advised to review the [day in the life tools](#) which can be found on the PAN Beds website.

Children and Young People’s experiences are often multi layered; for example, where they experience neglect with physical abuse and witness domestic abuse, it is likely it is not one thing in isolation. It is important that practitioners are trained in the impact of the developmental trauma Children and Young People experience and how it will affect all elements of their lives as they grow. Therefore, all practitioners must use trauma informed practice to work with these children and their families.

Email: MASH@Luton.gov.uk

Telephone: 01582 547653

OTHER CONSIDERATIONS AT THE POINT OF REFERRAL

Seeking Advice

If you are worried about a child, then please talk to your safeguarding lead within your organisation to discuss your concerns at the earliest opportunity. You can seek advice from the MASH on **01582 547653** where staff are there to discuss the most appropriate and effective way of providing or obtaining help and support for the child and their family.

This will include advice and guidance about making a referral where necessary, including how to involve parents if appropriate.

Factors to Consider Before and When Making a Referral

- What support or interventions can your agency offer? Could this meet the needs of the child and their family?
- What is life like for this child and their family? What are the child’s wishes and feelings?
- What are the child and family’s strengths and protective factors? Can they help with the situation?
- A child’s behaviour, health or disability must be understood in the context of the parenting they are experiencing.
- What support or intervention has been offered previously? Did this make a difference?
- Consideration of historical information, provide a chronology with your referral.
- What are the worries for this child(ren)?
- Are you clear about the signs and symptoms of neglect? If so, complete a Graded Care Profile 2 (GCP2) or a Neglect Screening Tool

to accompany your referral

- Are you clear about the risk factors?
- Have you given consideration to the child's development?
- Have you considered family/environmental/community and contextual factors?
- Have you considered the capacity of parents?

Chronologies

When working with children and families their history is as important and relevant to the presenting issues being reported/assessed. There may have been similar incidents to the presenting concerns and if so, how many, and how long ago? Could it be that one parent or both parents have mental health needs that are impacting on their parenting? Is there a history of domestic violence with either or both parents being victims or perpetrators? Have either or both parents experienced difficulties with substance misuse or involvement in criminality? If agencies have been involved before, what was their response to the concerns and the outcomes of the interventions?

Consider the frequency of the risk; regular exposure can lead to gradual/ cumulative harm to the child building up over time especially in cases of neglect. But also consider intensity – one incident can be very serious.

Chronologies are crucial to decision-making; many case review enquiries have found that a careful chronology could have helped form an earlier, more accurate identification of risk, especially if it included input from all the agencies involved with the child and family.

For guidance visit [Luton TriX](#) and the Pan Beds procedures on Chronologies <https://bedfordscp.trixonline.co.uk/chapter/chronologies-and-genograms-guidance>

Consent to Referral, Assessment and Intervention

Safeguarding and child protection work should always be underpinned by principles of working together in partnership with families. In all cases where possible, consent must be sought from parents/carers to initiate assessments, intervention/support and share information as appropriate.

There are certain circumstances in which this consent or informing parents/ carers of a referral is not required/not in the child's best interests. These include situations where there are:

- Suspicions that a child will be [forced into marriage](#) or removed from the country against their will
- Suspicions that a child is at risk of [female genital mutilation](#), [honour-based abuse](#) or [abuse linked to faith, or culture](#)
- There is a disclosure of [child sexual abuse](#)
- Perplexing [Presentations & Fabricated and Induced Illness/Disorders](#) is suspected
- If the child/young person is at [immediate risk of harm](#)

Practitioners cannot mandate parents/carers to undertake assessments or accept services, but a refusal to cooperate may raise further concerns and escalate the level of risk of significant harm to the child.

Recording and Information Sharing

Appropriate, accurate and timely records must be kept of all contacts with children and their families. Practitioners should use their professional judgment when making decisions on what information to share and when, and consideration should be given as to whether or not sharing information is likely to safeguard and protect a child.

Working with families who find it hard to engage.

The quality of the relationship between practitioners and the family has a significant impact on the effectiveness of this engagement. Practitioners in Luton aim to work effectively with children and their families, to hear and act upon their voice.

Safeguarding and child protection work should always be undertaken in partnership with families where a child's welfare is concerned. It needs to be recognized that not all parents/carers will agree with concerns identified by practitioners, and they may refuse an Assessment, Child in Need support or participate in a Team Around the Family. If this refusal is likely to lead to the child being at risk of significant harm, then the matter may be dealt with under Child Protection procedures.

Persistent non-engagement with services by families, leads to an incomplete picture of the child's welfare. Under these circumstances the practitioners involved can hold a [Multi-Agency Stop and Review](#) meeting to decide the level of concern and plan a response to promote the child's welfare. The purpose of the meeting is to share concerns and consider what information is or is not available. It is also important to consider whether a particular agency has a better relationship with the family and could take the role of Family Help [Lead Practitioner](#) in engaging with them.

Whilst this multi-agency guidance refers to 'STOP and REVIEW' meetings, Luton Children's Social Care call these Case Reflection Discussions. These are a forum providing an opportunity for multi-agency practitioners involved with the child and family to come together to discuss and review the complexities of cases and identify options and solutions.

The meeting should develop a work plan to ensure the safety of the child and practitioners involved. It will also identify who is going to visit the family, what information needs to be obtained and how that information will be shared and when. A subsequent meeting will need to review the effectiveness of the work plan. For more information, view the [Hard to Engage Families: Working Effectively with Resistance, Hostility or Disguised Compliance](#) and accompanying guidance

What happens if you don't agree with decisions made and you remain concerned about a child?

There are no absolute criteria in making judgements regarding a child's wellbeing. Most disagreements can be resolved between practitioners by having a conversation about the reasons for the difference of opinions and forego the need to implement the [Multi-Agency Disagreement and Escalation Procedures](#). Good practice and positive communication between practitioners and other agencies underpin effective working relationships and it is anticipated that attempts to resolve disagreements will be pursued in the first instance.

Practitioners are encouraged to;

- In the first instance, talk with your line manager or designated child protection lead for your organisation.

-
- In the written record of the conversation or your referral you have included all the relevant information and that you clearly articulated the things you are worried about.

Resolution can be achieved in most cases through good quality conversations that are constructive, and a consensus reached as to next steps. However, if a Practitioner feels in their judgement a child's needs or safety are being overlooked and a resolution cannot be reached, then they have a responsibility to escalate their concerns using the [Multi-Agency Disagreement and Escalation Procedures](#).

Managers and Designated Safeguarding Leads are expected to support practitioners in these discussions, especially when there is disagreement, in order to ensure a speedy resolution. Challenge must be evidence based and recorded on the child's file including what was the outcome of the discussion and did it lead to a change in actions and/or additional actions.

FAMILY HELP

Families should be able to access the right help at the right time from the right people, so that they can overcome challenges, stay together and thrive.

Prior to requesting services at **Family Help** level, practitioners should consider whether they can work together to meet the 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 Luton referral form](#).

A **Single Assessment** will be undertaken with the family 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 service supports families with the following difficulties:

- Families affected by domestic abuse
- Families living with drug and alcohol misuse
- Families where Children and Young People have previously been in need and in receipt of a more specialist service
- Families with one or more members (including Children and Young People) of the household with (tier 2) mental health needs
- Families where a child or young person are at risk of or have already been excluded from school
- Families where there is low level neglect and/or a parent with a learning need.

The MASH functions as the entry point into Family Help where there are experienced practitioners who will screen the referral to ensure that the appropriate level of information is provided to enable the FPS to engage quickly and effectively.

Family Help Service

Luton have established a targeted Family Help Service to support children and families with multiple needs who are eligible for or receiving Child in Need (CIN) or 'targeted early help' services. This approach will build on best practice in early help that Local Authorities and partners have driven through programmes such as Supporting Families and Strengthening Families, Protecting Children and Young People and, more recently, Family Hubs.

This community-based service will bring together previously separate teams, who will work closely together to facilitate access to more effective help in the short to medium term. This will help to address children and families' needs before they escalate and avoids unhelpful handovers between practitioners.

The Family Help Service will be accessible via MASH. Families will work with family help lead practitioners (FHLP) who will coordinate a bespoke team around the family. A Lead Practitioner, as set out in Working Together 2023, can be any practitioner most suited to building a lasting relationship with a family (including and beyond social workers).

Lead practitioners will be a family's primary contact, developing a single assessment and plan with the family, monitoring progress, coordinating services and bring in additional practitioners and professional expertise around the family as required. Our ambition is that families only have to tell their story once and will access more hands-on support to navigate high-quality support from, for example, mental health, domestic abuse and substance misuse services. By working in a whole family and strengths-based way, the Lead Practitioner will consider how the needs of all family members impact upon one another and will seek to address those needs holistically to achieve better outcomes for the whole family unit.

The lead practitioner should have the skills, knowledge, competence, and capacity to work effectively with the child and their family. We have expanded the family help workforce to ensure that the core principles of a strong and trusting relationship and consistent support for the family are fulfilled by whomever is best placed to fill that role for the family at that time. In many cases, a social worker will remain the most appropriate person to lead work with families, but the local authority will want to consider how other alternatively qualified practitioners could be appointed as lead practitioners and undertake section 17 work with families.

We cannot achieve our vision for family help in isolation. An extensive universal and/ or early help offer will ensure that more families can be supported earlier, and family help can function as a targeted service specifically for families with multiple needs. Family help and reformed child protection also need to be part of an integrated system, where both support and protection can wrap around the family and escalation routes are clear when decisive protective action is required.

STATUTORY INTERVENTION/ FAMILY HELP

If a professional is concerned that a child is, or may be, suffering significant harm, the professional should make a referral to Luton MASH, based at Town Hall Extension.

Telephone: 01582 547653

Email: MASH@Luton.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 [the Luton referral form](#).

Unless there is an 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 and

Young People whose development would be significantly impaired if services were not provided. This includes Children and Young People who have a long-lasting and substantial disability which limits their ability to carry out the tasks of daily living.

Children's Social Care 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 Single Assessment 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 Children's Social Care 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, Children's Social Care 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 Children's Social Care responsibility is **child protection** – that is where Children's Social Care 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 and Young People.

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 abuse; 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.

What happens to a request for Statutory Intervention / Family Help

In the MASH, Senior Social Workers answer phone calls from members of the public and priority phone calls from professionals. MASH workers will respond to queries regarding Universal and Emerging needs from members of the public, give information and signpost to other more appropriate services.

Calls on open cases are recorded on the child's electronic record and passed to the allocated worker to provide a response.

Where a public or priority call indicates a child is at immediate risk of significant harm, a **contact** record recommending a **referral** and **statutory assessment** is created on the Children & Families electronic record system and electronically transferred to the **Family Help Team**.

All other calls, or emails into the MASH on closed or unknown cases are temporarily recorded on the Children & Families electronic record system as **Triage Steps**.

These are screened by MASH workers according to the four categories of need set out in this document. Those which present as meeting the threshold for Intensive services are sent to the Family Help Service.

The MASH worker will gather further information from the family and relevant practitioners, and in consultation with Management, decide how the needs of the child and family can be best met. Those meeting the threshold for Specialist services are permanently created as a contact, and sent to a social worker for further enquiries.

Those **Triage Steps** which meet the threshold for Intensive services are, with consent from parents, permanently recorded onto the Children & Families electronic system as contacts.

Where the threshold for Intensive services is not met **AND** the parent did not consent to the Referral form being submitted to the MASH, the **Triage Step** is not retained on the Children & Families electronic record system.

Practitioners are expected to keep their own records of service requests made to the Children and Families Hub and the outcome of these.

Where a **contact** is potentially a child in need request or a child protection referral, a social worker will gather further information from the family and relevant practitioners and decide with consultation from managers, what action is necessary. Where the manager decides a statutory assessment is required, the contact is electronically passed to the Children's Social Care Assessment Team recommending a referral. Some **contacts** may be dealt with by advice regarding the provision of **additional** support, signposting or the provision of an immediate solution.

All **contacts** will be seen by a senior social worker/ team manager to decide a course of action.

These may be:

- No further action
- Advice and information given
- Recommendation to involve services to provide additional support through the Family Help Service
- Signposted to other services
- Accepted as a referral and passed on to a social worker in the Family Help team in which the child lives for an assessment

The outcome of the request will be fed back to the referrer.

When a **single assessment** is undertaken, this will include seeing the child alone (where age appropriate), meeting parents and agreeing what needs to happen through a strengths based approach.

The outcome may be:

- The provision of advice
- Referral to targeted support or partnership services
- A child in need plan
- No further action
- A s47 child protection investigation

With parental consent, the outcome of the referral will be fed back to the referrer and to any agencies from whom information has been sought when appropriate.

The single assessment may lead to a **child in need plan**. If the situation is complex, the single assessment will be extended to 45 working days to enable more detailed information from other agencies and detailed exploration into family background and dynamics and the needs of the Children and Young People.

Whenever there are **concerns a child has, or is likely to suffer significant harm**, a **section 47 child protection enquiry** is undertaken.

This will involve liaison with police, health and other agencies and will include a **strategy discussion**, preferably through a meeting, to share full information, decide and plan the actions needed. 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, and agreement with the family to identify any support needs that they may require advice and assistance with.
- A child in need plan will support the child and family
- Further statutory intervention, often through an **initial child protection conference**.

If a child protection conference is required, this is usually within fifteen days of the strategy meeting. If the conference agrees, a **child protection**

plan is put in place. The child protection plan will work with the family to identify a safety plan for the Children and Young People with clear timeframes and contingency plans

FEATURES OF SUPPORT

Universal

All Children and Young People use universal services which include schools, health care including health visitors, GPs, housing, and other easily accessed services. At this level, Children and Young People would be expected to do well with minimum intervention from any additional services.

Key universal services that may provide support at this level

- Schools and nurseries
- Flying Start services/ Family Hubs
- Early Years Settings
- Health Visiting Service (0-19 Service)
- School Nursing
- GP
- Housing
- Voluntary and Community Sector
- 14-19 Youth Advice Service

Emerging Needs

Children and their families will need additional help to prevent problems escalating and becoming more difficult to resolve. The help may come from specialist school staff, health services, family help teams in the local authority.

Key agencies that may provide support at this level

- Family Help Services
- Flying Start services/ Family Hubs
- Early Years Services
- Educational Psychology
- Mental Health services
- Substance Misuse Services
- Voluntary and Community Sector
- Inclusion Support Service
- School Attendance
- SENDIASS
- Young People's Service
- Health Services including
 - Health Visiting
 - School Nursing
 - Community Paediatrics
 - Community Children's Nurses
 - Specialist School Nurses

Family Help

Children and families at this level will be facing complex problems which will require a coordinated response. Children and Young People at this level, sometimes described as children 'in need' may be seen to be at risk and without support their development may be impaired. A number of agencies may be involved in helping families at this level including local authority early help or children's social care; youth partnership services; Family Hubs/ Flying Start; child and adolescent mental health services (CAMHS); health services including health visitors, GPs and mental health services; specialist education staff; family coaches.

Features

Children with complex or multiple needs

These Children and Young People require integrated targeted support, without which their health (physical and emotional) and development may be significantly impaired. Without support the family are likely to become acute (level four).

Child in need:

These Children and Young People may be eligible for a child in need service from Children's Social Care and are at risk of moving to a high level of risk if they do not receive early intervention. These may include Children and Young People who have been assessed as 'high risk' in the recent past, or Children and Young People who have been adopted and now require additional support. If a social worker/ alternatively qualified worker is allocated they will act as the Lead Practitioner.

Key agencies that may provide support at this level

- Family Help
 - Youth Partnership Service
 - Mental Health services
 - Community CAMHS (Tier 2, Tier 3)
 - Substance Misuse Services
 - Educational Psychology
 - Primary Inclusion Development Service
 - Health Services including
 - Health Visiting
 - School Nursing
 - Community Paediatrics
 - Community Children's Nurses
 - Community Nurses
 - Specialist School Nurses
 - Voluntary and Community Services
 - Education Health and Care Plans and SEND Team
-

Statutory Intervention/ Family Help

Children and Young People at this level will be at risk of harm and may be subject to child protection enquiries, taken into the care of the local authority or need specialist mental health intervention attributing to safeguarding concerns. Children's Social Care services will take the lead in safeguarding children and coordinating services for children at this level. The agencies involved might include any of those working with Children and Young People at all levels. The Children Act 1989, defines all Children and Young People who are disabled as children in need. Some children and young people who are legally defined as disabled, may require specialist level 4 intervention which includes Luton's Children with Disabilities Service.

For many children with disabilities, their needs can be met by alternative provisions. It is the duty of every local authority to undertake an assessment of their needs.

Features

Child Protection

Child experiencing or at risk of experiencing significant harm These Children and Young People require statutory integrated support. Children and Young People at this level would require statutory interventions such as child protection investigations or legal interventions in order to safeguard and promote their welfare. These Children and Young People may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.

Key agencies that may provide support at this level:

- Family Help
- Youth Partnership Service

- Mental Health and Substance Misuse Services
- Educational Psychology
- Relevant Health Services
- Education Health and Care Plans and SEND Team
- Specialist Educational Placements

Support may also be offered by other agencies detailed in family help.

- Inclusion Support Team
 - Child and Adolescent Mental Health Services
 - School Attendance
-

Education

All education providers have a legal duty to safeguard and promote the welfare of children and young people under the age of 18. [Keeping Children Safe in Education 2025](#) is the statutory guidance from the Department for Education that must be adhered to.

For those children and families whose needs and circumstances make them more vulnerable, or where schools need the support of other agencies to meet the needs of the family, a coordinated multi-agency approach is key. Education providers should be a key partner in multi-agency work to support families. Referring to the National Society for the Prevention of cruelty to Children and Young People (NSPCC) define and describe educational neglect as follows: - a parent does not ensure their child receives an education

Access to education and school attendance is not usually considered as neglect by itself. Attendance to school is a legal requirement and prosecution can be sought in cases where parents fail to deliver on their responsibilities. Due to the legal power of prosecution as set out below, attendance is often considered as a separate education issue to the safeguarding definition of neglect. Section 7 Education Act 1996 places a duty on parents to ensure that their child of compulsory school age receives a suitable education, either by regular attendance at school or otherwise. Where parents fail to provide this, they can be prosecuted under Section 4441 or 4441A of the Act. Whilst the Luton Attendance team will pursue prosecution against parents where appropriate, the process of prosecution itself is not a safeguard or protection of the child. In addition, in some cases where a decision is made to prosecute parents, objections are received from family support services or children social care as it is considered unhelpful or damaging to parents' wellbeing and so the prosecution is challenged and at times avoided. It is important to consider what school offers and provides to a child's academic, social, and emotional wellbeing and the detrimental impact on these areas of development when a child does not attend school regularly.

At times, children and young people may be vulnerable to extra familial factors that may affect their education. For example, if there are frequent missing episodes, absence or non-engagement with education, if a young person is Post 16 and not in education, employment or training (NEET), or if a child is permanently excluded from school. Children and Young People who are permanently excluded and young people who are not in education, are at greater risk of exploitation and/or offending behaviour. In addition, this non engagement with education creates a barrier to young people accessing services supporting them in Post 16 planning, putting them at further risk of health inequality as pre-determined by NEET status.

Educational Neglect

What is Educational Neglect?

The Department for Education (DfE) has stated, 'persistent failure to send Children and Young People to school is a clear sign of neglect'. 'Working Together to safeguard children' provides a neglect description, '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'. 'Once a child is born, neglect may involve a parent or carer failing to provide suitable education'.

Professor Jan Howarth (2007) defined educational neglect — as a carer failing to provide a stimulating environment, show an interest in the child's

education at school, support their learning, or respond to any special needs, as well as failing to comply with state requirements regarding school attendance. It is the cumulative effect of neglect which has the most impact on children, young people and adults.

Improving school attendance involves the support of all practitioners working with children, young people and families. The barriers to attending school can be complex. There is an expectation for agencies to work together to support children/young people in overcoming any barriers to accessing education. Practitioners with responsibility for safeguarding children should make themselves familiar with the different classifications of neglect and how children and young people experience neglect differently at different ages. Educational neglect should be considered by practitioners when deciding whether to step down a case. It should be fully understood by the Virtual School when working with supporting agencies, and it should be considered as neglect when all other support and challenge have proved ineffective. The decision to step down a case in which a child/young person's attendance is less than 75% must only be made if there is an agreed attendance lead who is able to maintain support and challenge any ongoing absence. Practitioners can seek advice and guidance from the child/young person's school and Attendance Service

Indicators:

- Absence rate of 50% or below
- Lack of parental engagement to support their child's additional needs
- Poor educational attainment due to severe absence
- Parent(s) unable to provide substantiated reasons for absences from school
- Parent(s) failure to engage in statutory or non-statutory interventions to improve attendance
- Parental alcohol/substance misuse.

Children in Specific risks and vulnerabilities

Neglect

Neglect can be particularly difficult for practitioners to recognise because there is unlikely to have been just a significant incident or event but a series of concerns over a period of time. So when taken together, using a [chronology](#) it demonstrates that the child is in need or at risk.

Children and Young People, including unborn children, need adequate food, water, shelter, warmth, protection and health care in order to thrive. In considering whether or not a child has been neglected, it is important to consider the quality of care they have received over a period of time, as this could vary to the extent to which it impacts on their development.

It is also important to consider the age of the child in relation to the nature of neglect and the length of time for which the concerns have existed. Children are neglected if their needs are persistently not met and there are many signs (not exhaustive) as outlined below:

-
- A parent/carer who has mental ill health, substance abuse and/or learning disabilities/difficulties which may impact on their ability to meet the needs of any of their Children and Young People or not being responsive to a child's basic emotional needs.
 - Inadequate parenting and/or understanding of what it means to look after a child safely, including ensuring adequate supervision or using inadequate caregivers.
 - Ensuring access to appropriate medical care or treatment or educational needs are not met.
 - Poor physical appearance, bad hygiene, lack of appropriate clothing, the child being withdrawn or exhibiting antisocial or sexualized behaviours.
 - Child not meeting physical or emotional development milestones.

Children and Young People who are severely and persistently neglected may be in danger and neglect can also result in serious impairment to their health or development. Deciding if a child is neglected can be very hard – even for a trained practitioner – and it's natural to worry that you may be mistaken.

For more information about neglect [Pan Bedfordshire Procedures](#) or [NSPCC](#).

GCP2

The Graded Care Profile 2 (GCP2) helps assess neglect and identifies strengths and difficulties across a number of child development areas. It is likely to be triggered by concerns about the care the child is getting. Neglect is the biggest area of concern for children and practitioners across Bedfordshire and early assessment, and intervention is crucial. The Neglect Tool Kit and GCP2 gives a consistent approach to working with families where there is neglect. Across Luton, many services who support Children and Young People, and their families are using the toolkit to aid their work. Training for this is provided across agency setting and can be accessed [here](#).

Remember, we all have a responsibility to identify and address neglect.

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

All early year's settings and schools have a special educational needs coordinator (SENCO) or inclusion manager. It is their responsibility to coordinate support for Children and Young People in their setting and to liaise with other professionals to ensure Children and Young People's needs are met and through the graduated approach which will be detailed in their SEND information report.

Schools provide a range of provisions to meet Children and Young People'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 an Education Health Care Plan (EHCP) 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 aged 0-25 with severe and complex special educational needs. The assessment is conducted in accordance with the Children and Families Act 2014. The coordinated 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 replaced statements of special educational need (SEN) and learning difficulty assessments.

Referrals about Children and Young People with disabilities, including those who also have 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 and Young People, 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 assessment teams.

Young carers

Young carers are Children and Young People who have daily care responsibilities for a family member with a disability (physical or learning), long-term illness or who misuse drugs and/or alcohol.

These Children and Young People 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 and Young People may be removed or families separated. Many Children and Young People 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.

If a referral is made to Children's Social Care, the question as to whether a child is a young carer should always be considered. If you or your parents request it, your local council must organise a young carer's assessment. This assessment is different from the one adult carers have. It will decide what kind of help you and your family might need. Even if the council has already carried out one of these assessments, they must do another if you or your parents feel that your needs or circumstances have changed. A young carer's assessment can determine whether it is appropriate for you to care for someone else, and takes into account whether you want to be a carer.

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. This could negatively impact 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).

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 and Young People involved in the youth justice system and serious youth violence

Children and Young People involved in the youth justice system will be known to the Youth Partnership Service (YPS) who undertake a range of work to reduce the risk of these Children and Young People reoffending.

The team undertake specialist assessments in relation to Children and Young People 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 Partnership Service also addresses the child's education, training and employment (ETE) status and any special educational needs. The YPS team will liaise with colleagues in schools, colleges and the SEN team where appropriate.

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 Bedfordshire 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, characterized by harsh discipline, maltreatment, such as physical or sexual abuse in childhood and/or trauma such as domestic abuse. The Luton Safeguarding Children Partnership guidance on safeguarding Children and Young People affected by gang activity/serious youth violence can be found [here](#) and should be read in conjunction with this advice.

Children and Young People who go missing from care, home and education

All Children and Young People who are missing even for a short period can be vulnerable to significant harm. Children and Young People who go

missing are often at higher risk of or are already being sexually or criminally exploited.

In the case of Children and Young People who are looked after, this is especially concerning and every agency involved must do all they can to prevent and protect Children and Young People from exploitation including gang, criminal, sexual, radicalisation and financial 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 Luton Safeguarding Children Board guidance on Children and Young People missing from care, home and education can be found here and should be read in conjunction with this local guidance.

Children and Young People at risk of exploitation which includes 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 and Young People 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 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. However, it is important to note that children and young people of both genders are victims of sexual and criminal exploitation.

If any professional in Luton has concerns about the sexual or criminal exploitation of a child or young person, they should speak immediately to the MASH and local police alongside completing a referral form. Luton Safeguarding Children Partnership guidance ['Safeguarding Children from](#)

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 stepparent is not considered to be a private foster carer.

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

Professionals who work with Children and Young People often come across private fostering arrangements as part of their day-to-day work. If any professional in Luton 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 and Young People 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 and Young People 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 and Young People 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 and Young People 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 Young People 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.

Forced Marriage

A forced marriage is one in which one or both spouses do not or cannot (i.e. if they have learning or physical disabilities or are underage) consent to the marriage and duress is involved.

Duress can include physical, psychological, financial, sexual and emotional pressure. Men and women can be forced into marriage.

There is a clear distinction between forced marriage and arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the respective spouses. In forced marriage, one or both spouses do not or cannot consent to the marriage and duress is involved.

Consent is essential to all marriages. Only the spouses will know if they gave their consent freely. If families have to resort to violence or emotional pressure to make someone marry, that person's consent has not been given freely and, therefore, it is a forced marriage.

All professionals who come into contact with young people need to know they have a responsibility to act if a child is found to be in danger of entering a forced marriage. Equipping staff with the appropriate knowledge and skills is vital in securing a child's safety. Professionals may only get 'one chance' to act and the consequences for a young person could be extremely serious if information is not acted upon.

Warning signs that a child or young person may be at risk of forced marriage or may have been forced to marry may include:

- Extended absences from school/college, truancy, drop in performance, low motivation, excessive parental restriction and control of movements and history of siblings leaving education early to marry
- A child talking about an upcoming family holiday that they are worried about, fears that they will be taken out of education and kept abroad
- Evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse
- Evidence of family disputes/conflict, domestic violence/abuse or running away from home
- Unreasonable restrictions such as being kept at home by their parents ('house arrest') or being unable to complete their education
- A child being in conflict with their parents
- A child going missing/running away
- A child always being accompanied including to school and doctors' appointments
- A child directly disclosing that they are worried s/he will be forced to marry;
- Contradictions in the child's account of events.

The Luton Safeguarding Children Board procedures on [Forced Marriage](#) should be read in conjunction with this guidance

School Attendance

Attendance is Everyone's responsibility, The law entails every child of statutory school age access to an efficient, full-time education that is suitable to their age, aptitude and any special educational need they may have. However, for some Children and Young People, barriers to accessing education can be wide and complex and stretch beyond the school gates, often specific to individual pupils and their families. Working to improve school attendance for our Children and Young People in Luton is everyone's responsibility and it is imperative that schools and partners work collaboratively with pupils and parents at all stages of improving attendance by building strong and trusting relationships and working together to put the right support in place.

[Working Together to Improve School Attendance](#) underpins specific responsibilities of Schools, Governing Bodies and Trusts, The Local Authority and Parents and carers in addressing barriers to school attendance through early identification and support.

In Luton the Attendance Support Team has a set of statutory responsibilities defined by Working Together to Improve School Attendance, this includes providing advice and guidance in terms of strategies schools can implement to improve pupil attendance through a 'Support First' ethos. Where all voluntary support has been exhausted, or deemed not appropriate, the Attendance Support Team can take forward attendance legal intervention using the full range of parental responsibility measures. For any queries in regard to school attendance, please email

AttendanceSupport.Team@Luton.gov.uk

Children and Young People Missing Education (CME)

The DfE defines CME as:

'Children and Young People of compulsory school age who are NOT registered pupils at a school and are not receiving education otherwise than at school'

Children and Young People who remain disengaged from education are potentially exposed to a higher degree of risk that could include anti-social or criminal behaviour, social disengagement and/or exploitation'.

Children and young people from these groups often have complex needs due to difficult family dynamics or social or lifestyle factors, all of which may contribute to the withdrawal process and failure to make a successful transition.

The vulnerability of many Children and Young People missing education requires that practitioners across all agencies and services use multi-agency approaches to identify and re-engage these children and their parents to return to appropriate education quickly and to develop action plans and make relevant referrals to ensure successful reintegration.

The responsibility for reducing the risks of Children and Young People missing education is carried out through a strategic and multi-agency framework where all agencies share information on the identification of children and young people missing education. Within Luton Council, there is a dedicated Children Missing Education Officer (CMEO) whose role is to receive notifications of Children and Young People possibly missing education, and to manage local procedures in line with statutory guidance. School can refer to the CME Officer via the CME Portal. All other agencies can refer to the CME Officer by email: childrenmissing@luton.gov.uk

.....

All professionals should consider that a child missing from school or education, could be at risk of female genital mutilation (FGM), radicalisation, forced marriage, criminal or sexual exploitation. If a professional is concerned about this, they should consult with MASH.

All Children and Young People, at risk of being permanently excluded from their setting, where there are safeguarding concerns, should be referred to MASH, by schools, having gained parental consent (where appropriate). It would be advised for schools to consult with MASH where consent is not given, to consider whether this is justified.

Consideration should also be given to refer Children and Young People to MASH if they disengage with an alternative provision/setting, where there are safeguarding concerns.

[Working Together to Safeguard Children 2023](#), states that education should work with social care professionals to share information, identify and understand risks of harm, and ensure children and families receive timely support.

Safeguarding Children and Young People 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.

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 new-born, 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.

Children and Young People at risk of radicalisation and exposure to extremist ideology

Children and Young People 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. In addition to notifying MASH, where professionals have concerns regarding radicalization or extremism they should complete a referral via the [National Prevent Referral form](#).

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 range 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 identify 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 Luton MASH.

The Luton safeguarding children board guidance on safeguarding children exposed to extremist ideology should be read in conjunction with this [guidance](#).

EXAMPLE INDICATORS

Universal

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
- Behaviour is appropriate for developmental age
- Responds appropriately in line with developmental needs and capabilities
- Responds appropriately to boundaries and constructive guidance.

Identity and self-esteem

- Can discriminate between safe and unsafe contacts.
- Where children are unable to discriminate there are clear processes around the contextual safeguarding which support making safe decisions

Family and social relationships

- Stable and affectionate relationships with family
- Is able to make and maintain friendships.
- Developmentally appropriate relationships

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 and special 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.

Emerging Needs

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. bedwetting/soiling
- Vulnerable to emotional difficulties, perhaps in response to life events such as parental separation e.g. the child seems unduly anxious, angry or defiant for their age
- Experimenting with tobacco, alcohol or illegal drugs
- Frequent accidents
- difficulties identified with health that are outside the child's special and medical needs

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
- Engagement levels changed in line with what would be considered developmentally appropriate

Behavioural development

- Not always able to understand how own actions impact upon others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries/constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts
- Requires CAMHs Support.
- Changes in behaviour that are atypical and outside their day to day behaviours
- Exhibits behaviour that is not developmentally appropriate

Identity and self-esteem

- Some insecurities around identity expressed e.g. low self-esteem, sexuality, gender identity
- 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

- There may be a change in their contribution to relationships in line with their developmental level

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.

Self-care skills and independence

- Disability limits the 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 EHCP
- Language and communication difficulties
- Regular underachievement or not reaching education potential
- Poor punctuality/pattern of regular school absences
- Not always engaged in play/learning,

- No access to books/toys
- Some suspensions from school
- All above reduced compared with previous reviews for SEND children

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 childcare 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.

Guidance, boundaries and stimulation

- Parent/carer offers inconsistent boundaries
- Lack of routine in the home
- Lack of contribution to learning needs of child at home and acceptance of child's special needs and developmental capabilities
- 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.

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.

Housing, work and income

- Family seeking asylum or refugees
- Periods of unemployment of parent/carer
- Parents/carers have limited formal education
- 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 the family at risk of eviction or proceedings initiated
- Not in education employment or training post-16.

Family Help

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; neurodevelopmental conditions; anxiety; depression; eating disorder; self-harming
- multiple difficulties identified with health that are outside the child's special and medical needs

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
- Engagement levels changed in line with what would be considered developmentally appropriate
- Considerable and noticeable change in engagement and/or attention developmentally

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
- Starting to commit offences/re-offend
- Increased changes in behaviour that are atypical and outside their day-to-day behaviours
- Exhibits behaviour that isn't developmentally appropriate, on multiple occasions
- External behaviour increases differently or uncharacteristically for this child and the contextual safeguarding considered when a child is unable to verbalise their feelings
- Behaviour of child is outside of what is considered developmentally age appropriate - Brook tool used

Identity and self-esteem

- Presentation (including hygiene) significantly impacts all relationships
- Child/young person experiences persistent discrimination; internalised and reflected in poor self-image
- Distances self from others
- There is a change in a child's developmentally appropriate behaviour that is identified by changes to attention, engagement and behaviour.

Family and social relationships

- Relationships with carers characterised by unpredictability
- Misses school consistently
- There may be a number of changes in their contribution to relationships in line with their developmental level

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
- Children Missing Education
- All above reduced compared with previous reviews for SEND children

Basic care, ensuring safety and protection

- Domestic abuse 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.
 - Lack of contribution to learning needs of child at home and acceptance of child's special needs and developmental capabilities
 - Multiple incidents of unsafe behaviour at home resulting in harm that is unexplainable by the child or family
-

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 has physical and mental health difficulties impacting on their child
 - Community is hostile to family.
-

Statutory Intervention/ Family Help

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.

Emotional development

- Puts self or others in danger e.g. missing from home
- Persistent disruptive/challenging behaviour at school, home or in the community
- Prosecution of offences resulting in court orders, custodial sentences or ASBOs or youth offending early intervention.
- Severe emotional/behavioural challenges
- Puts self or others at risk through behaviour
- Severe emotional/behavioural challenges.

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.

Family functioning and wellbeing

- Significant parental/carer discord and persistent domestic abuse 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, and illegal activities.

Housing, work and income

- Homeless - or imminent if not accepted by the housing department
- Housing is dangerous or seriously threatening to health
- Physical accommodation places children in danger
- Extreme poverty/debt impacting on ability to care for children.

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 (peer on peer)
- Child to parent abuse
- 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 abuse 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

ASSESSMENT PROCESS

Universal	Children and Young People should access universal services in a normal way using each services referral processes
Emerging Needs	Practitioners can refer to services with the consent of their parents / carers. Practitioners should also seek the consent of Children and Young People who are aged over 12 and competent to make a decision in respect of any referrals or interventions. (the Information Commissioners office states that anyone over the age of 12 can give consent for their information to be processed). Ensure that where consent is not given to a referral, Family Help Assessment or support, all agencies must consider whether the subsequent lack of assessment and support is likely to impact on the child and/or cause them significant harm. Where the problems or needs are more complex, practitioners should offer to complete a Single Assessment) with the family. Where there is more than one service working alongside a child and family, it is helpful for the family and involved services to hold a Team Around the Family (TAF) meeting, to share information and co-ordinate intervention under TAF Plan. The TAF Plan remains the responsibility of Lead Agency/Practitioner to retain and review. A copy of the completed TAF Plan should be given to all family members that were involved, including Children and Young People (age and understanding permitting).

Family Help

Prior to requesting services at child in need, practitioners are expected to have worked together with the family

to meet the additional needs of the child and their family using an Early Help Assessment and Team Around the Family meetings. In some cases, practitioners will need to take immediate action because of risk of significant harm.

Where practitioners identify that a child and/or family require additional support or intervention then they may complete a Single Assessment or update the TAF Plan.

Practitioners may consult with their Early Help Professional or their own safeguarding lead for advice and guidance. Following this a practitioner may wish to consult the MASH if they assess the child/ren may need statutory services and intervention.

It is important to note that child in need does not automatically mean that statutory services will be provided by Children's Social Care. The only time this will occur is when there is evidence that the child's safety, health or development is likely to be significantly impaired or the child is unlikely to achieve or maintain

, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by the Local Authority.

Practitioners and agencies should continue to work with resistant / hard to engage families. A lack of parental engagement alone does not mean the threshold for intervention by Children's Social Care is met. In order

for this threshold to be met there should be evidence that the lack of parental engagement is significantly impacting on the child's safety and/or needs.

Ensure that where consent is not given to a referral, Child and Family Assessment or Level 3 support, all agencies must consider whether the subsequent lack of assessment and support is likely to impact on the child and/or cause them significant harm.

Statutory Intervention/ Family Help

The Children Act 1989, defines all Children and Young People who are disabled as children in need. Some children and young people that are legally defined as disabled, may require specialist level 4 intervention which includes Luton's Children with Disabilities Service. For many children with disabilities their needs can be met by alternative provisions. It is the duty of every local authority to undertake an assessment of their needs.

Where there is concern for the welfare and safety of a child and a practitioner is unsure on the most appropriate service pathway to take, they must consult with their own manager/safeguarding lead in the first instance. Following this a practitioner may wish to consult the MASH if they assess the child/ren may need statutory services and intervention.

Practitioners in all agencies have a responsibility to submit a safeguarding referral if the child/ren has:

- suffered significant harm – child protection
- Is likely to suffer significant harm – child protection

Children's Social Care 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. Please follow the Pan Bedfordshire Child Protection Enquires procedures.

Please see the Pan Bedfordshire consent guidance for a referral to children's social care should be obtained unless to do so would compromise the safety of the child/ren. Referring practitioners should make their rationale clear as to why they have not sought consent when making the referral. The Pan Bedfordshire suite of Information Sharing guidance for all referrals.

If a child is considered to be at IMMEDIATE risk of significant harm, practitioners should contact the Police on 999 or 101 and telephone the MASH immediately on 01582 547653. Or contact the Emergency Duty Team if out of hours on 0300 300 8123. Referrals must be followed up in writing within 24 hours.

Children's Social Care will not accept any referrals without clear and explicit consent unless to gain consent would place the child at significant risk of harm.

Finding out more

If you would like further copies, a large-print copy or information about us and our services, please contact us at our address below.

Për Informacion

معلومات کے لئی

برای اطلاع

Za Informacije

ਜਾਣਕਾਰੀ ਲਈ

Informacja

Per Informazione

তথ্যের জন্য

للمعلومات



Luton Council

2nd Floor Town

Hall Extension

Luton

LU1 2BQ



MASH@luton.gov.uk



www.luton.gov.uk