Luton

Effective Support Strategy

Children, Families and Education Directorate

Date: May 2022

Putting children, young people and their families at the heart of everything that we do.

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

Department: Children Families Education

Authors: Allison Parkinson/ Jack Markham

Contact: Jack.Markham@luton.gov.uk

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Preface

In June 2018, the Government published revised statutory guidance, '**Working Together to Safeguard Children**: A guide to inter-agency working to safeguard and promote the welfare of children'.

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

This guide to effective support in Luton explains the criteria for providing help to children, young people, families and carers. It should be considered as the local 'threshold document' required by Working Together 2018 and should be read in parallel to the guidance.

Working Together is defined as statutory guidance and therefore all professionals working with children, young people and families should make time to read the document. Local arrangements to implement the requirements should be prioritised by leaders and senior managers in every agency with responsibilities for children, young people, families and carers to enable them to safeguard children and to act in their best interests. Luton Councils vision is to ensure that by 2040 Luton is a child friendly town ensuring that it is a positive and child friendly place to live and the town supports all children and young people.

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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, share information and 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 and families' needs. Keeping children at the heart of everything we do.

This advice should be read alongside statutory guidance and the framework for supporting children in need as outlined in the **Luton child protection procedures**, published and updated by the Luton Safeguarding Children Board. These procedures are more detailed and provide practice guidance about expectations for safeguarding practice in Luton.

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

Children with **Additional** needs are best supported by those who already work with them, providing additional support with local partners as needed.

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

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

The **statutory social work service** supports children who have been harmed or who are at risk of harm or significant harm and children who need support due to their complex disability.

Luton have developed the **Family Partnership Service** to help and support families **before** their difficulties escalate to a statutory level. Family support workers support children who are living with domestic abuse, the mental ill health of a parent or carer, parental drug or alcohol misuse or the threat of or actual exclusion from school. The family partnership service, whilst being accessible only with parental consent.

In this service, partners will work collaboratively with families to ensure that children receive the right help at the right time. Working together in this way ensures that agencies can appropriately share information and respond to needs quickly and efficiently.

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

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, 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. All our schools and colleges have designated safeguarding leads who meet regularly to discuss local issues. Luton primary and secondary designated safeguarding officers 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:

- **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 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 and their families to receive appropriate support in a timely way can lead to better outcomes for children 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 need and provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little disruption to family life as possible.

A multi-agency/disciplinary approach to assessment, support and intervention
Safeguarding and promoting the welfare of children is the responsibility of everyone in Luton who works or has contact with children 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 co-ordinated way, when they need it.
Partners and professionals who work with children 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's needs
Appropriate, effective and timely support for children and families could not be achieved without the professional judgement and expertise that all practitioners working with children bring to their role.
We will support individuals and organisations in Luton to develop confident practitioners who can work in an open, non-judgemental way with families to enable them to make choices and changes.

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

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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 and families across ***Universal, Additional, Intensive and Specialist services***.

Multi Agency Guidance: Working in partnership to help

All partners working with children, young people, their families and carers will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people, their families and carers at the right time by 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 next steps. This will always be informed by any known evidence, the views of children and their families and the impact that any risk and uncertainty is likely to have on their safety and wellbeing. The criteria in this document are neither exhaustive 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 children**.

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) 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 are best supported to grow and achieve within their own families.

Luton's Practice Framework:

- We will use **conversations** to build relationships with children and their families, we will actively listen to both their strengths and what they need help with. We will create the opportunity to have conversations with our professional networks to help us provide the right support at the right time.
- We will practice with respectful **curiosity** to help us understand the lived experience of children and young people who need our help. We will be curious about the families past experience. We will encourage curiosity across our professional network, helping us to build strong local relationships.
- We will practice with **courage**, not being afraid to fail and try new things supporting our children and families through change, modelling courageous conversations to challenge without blame. We will use courage to seek feedback on our practice and create a culture of safe challenge.
- Our practice will be **considerate,** respectful of diversity and difference, we will practice with care to ensure the best outcomes for our children and their families.
- Luton's practice framework will help practitioners to use conversations both improving and using their skills and knowledge. The practice framework will help us to use a common language, it will promote a clear, fair process that we can all understand and use.

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 he/she 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 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 Borough 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 parent/ 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 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.

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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

Category and Referral Routes	Needs	Services (examples)	Outcome
Universal Open access to provision	All children and families who live in the area have core needs such as parenting, health and education	Early years, education, primary health care, maternity services, housing, community health care, youth centres and leisure services. Children are supported by their family and in universal services to meet all of their needs	Children and young people make good progress in most areas of development
Additional Two or three services work together to meet child and family needs, co-ordinated by a service and/or people who know the child/family best It may be helpful for these professionals to work out a plan with a review timeline to make sure that the help on offer is making a difference. This would be a plan established and managed by the leading agency and not the local authority	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	Parenting support School holiday and short breaks provision for disabled children Extra health support for family members; behavioural support Housing support Additional learning support CAMHS tier 2 support to schools SEN support and help to find education and employment Speech and language therapy Targeted youth work Services provided on a voluntary basis to families (these may be offered by volunteers and/or commissioned through a voluntary organisation)	The life chances of children and families will be improved by offering additional support
Intensive **Access requires a referral form** A family partnership assessment and plan with an allocated family key worker to lead the shared professional approach Support from the special educational needs and disability service	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	Due to the complexity of needs, especially around behaviour and parenting, a shared professional and co-ordinated plan is developed with the family. The assessment and plan is led by a family support worker and the service is provided ONLY with the consent of the parents/carers A wide range of services might be	Life chances will be significantly impaired without co-ordinated multi-agency support

Category and Referral Routes	Needs	Services (examples)	Outcome
	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	involved in meeting the family's needs, e.g. CAMHS tier 3, adult mental health or drug/alcohol team Families needing substantial support to care for a disabled child, usually with the help of a social worker from the children with disability service	
<u>Specialist</u> **Access requires a referral form** Children`s social care Child protection Children in need Children with complex disability Youth treatment orders/ custody Tier 4 CAMHS Hospital or hospice in-patient Children Looked After Duty to Accommodate Section 20 (CA 1989) Care and Supervision Order (CA 1989)	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.	Children's social care, youth offending service Criminal justice system, tier 3 and 4 CAMHS In-patient and continuing health care Fostering and residential care Health care for children with life limiting illness Services for children with profound and enduring disability Referrals have to be made to services with the power to undertake statutory non-voluntary intervention and services with specialist skills	Children and /or family members are likely to suffer significant harm/ removal from home/ serious and lasting impairment without the intervention of specialist services, very often using their statutory powers

.Access to services

Additional

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

Practitioners should access services working with families under the category of Additional using their own service specific form/letter.

The Luton referral form has been developed for use when professionals think that a child and/or family need intensive or specialist help. 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 the Gillick competence which often refers to children being capable of giving consent to other matters requiring their decision.

The Family Partnership Assessment is led by a family support worker from the Family Partnership service (FPS) and is used to discuss and record the family's views, their needs, strengths and the goals that they identify, leading to the production of a plan to support them.

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

Multi-agency safeguarding hub (MASH)

The MASH is a multi-agency professional team, based at Town Hall Extension, which has capacity to share information and to use that information appropriately to consider the risk of harm to children, young people and families. Children's social care, the police, health, probation, housing, education, and a youth offending officer are co-located as part of a multi-professional team to ensure that the best possible analysis is made following a referral to maximise the opportunities locally to make the right response. The level of information sharing by MASH professionals is proportionate to the level of risk/uncertainty/harm that is suspected or known.

Intensive

Prior to requesting services at **Intensive** level, practitioners should consider whether they can work together to meet the **Additional** needs of the child and their family. Where practitioners identify that a child and their family would benefit from a more intensive multi-disciplinary response than they can provide, they should discuss this with the family and **complete the Luton referral form**. The referral should be sent to the MASH, who will record on the database and pass to the local **Family Partnership Service** or other appropriate services.

Email: MASH@Luton.gov.uk

Telephone: 01582 547653

A Family Partnership Assessment (FPA) 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 **assessment** is used when a shared and co-ordinated professional response and a more intensive engagement with the family is needed. The **Family Partnership Service** (FPS) will use the **assessment**, or build on an existing **assessment** as a means of identifying and recording their needs and the needs of each family member.

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

Once the **Family Partnership Assessment** is complete, a family partnership plan is developed with the family with clear goals, actions, timescales and review dates. The family keyworker will work with the family and relevant partners to implement and review the plan.

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

Family Partnership service will work with families and throughout the work a review will take place to review the changes and progress to date, and identify further support if required.

The service supports families with the following difficulties:

- Families affected by domestic abuse

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

The team includes professionals with a range of different backgrounds who will provide the family with support worker. Experienced workers lead the teams and the Head of Service is also a qualified and highly experienced social work manager. The early help system in Luton, holds a database of all the **Family Partnership Assessments that are undertaken** in Luton.

The MASH functions as the entry point into the FPS 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.

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

The thresholds between Family Partnership help at this level (intensive) and formal social work support (specialist) are critically important to review regularly. The FPS Hub Managers and Head of Service will provide oversight and supervision to all cases with this level of need. This is the means by which we review and consider the safety of local arrangements. An audit framework is also in place to provide additional reassurance and the head of service (strategic safeguarding, quality assurance, practice improvement and principal social worker) and the service director for operational services will review regular audits on the application of this threshold and the effectiveness of early support to families.
The weekly case transfer panel is the enabler for children and families to access more or less intensive support. There is a clear process in place for this to happen and if there are concerns that a child is at risk of harm or significant harm or has been harmed, the team manager will work immediately and closely with the service manager to arrange for an immediate strategy meeting. At that stage, depending on the presenting risk or uncertainty for the child, a children and families assessment or child protection (section 47) enquiry will commence with timescales agreed by managers commensurate with the presenting danger.

Specialist

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

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

CSC engagement with children in need is on a voluntary basis. Parents, or young people who are, Gillick competent can refuse some or all such offers of assistance. Often families prefer a lower level of support such as that offered through their school or health centre because this is less stigmatising or intrusive. The Family Partnership Assessments can be a useful way of engaging children in need and their families on a voluntary basis and many difficulties can be resolved this way.
For children in need, referral to CSC is appropriate when more **substantial interventions are needed: where a child's development is being significantly impaired because of the impact of complex parental mental ill health or learning disability or substance misuse, or very challenging behaviour in the home**. A social care referral is also appropriate where parents need practical support and respite at home because of a disabled child's complex care needs. In these situations, CSC will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent difficulties escalating to a point when statutory child protection intervention is needed.

The second area of CSC responsibility is **child protection** – that is where CSC must make enquiries under section 47 of the Children Act 1989 to determine whether **a child is suffering or is likely to suffer significant harm**. The Children Act 1989

introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria on which to rely when judging what constitutes **significant harm**. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. **It is important to consider age and context – babies and young children are particularly vulnerable and parental factors such as history of significant domestic 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.

When CSC undertakes a section 47 child protection enquiry, the **Luton child protection procedures** are followed.

What happens to a request for Specialist support

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 Additional services 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 **Assessment 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 Partnership 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 & 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 Management 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 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 Partnership Service.
- Signposted to other services
- Accepted as a referral and passed on to a social worker in the Assessment Team 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
- Step down to Family Partnership Services
- 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.

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, 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 with clear timeframes and contingency plans

Children in special circumstances

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

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

Schools provide a range of provisions to meet children's special educational needs. Colleges and other higher education settings have the same responsibility towards any young people up to the age of 25 with a special educational need or disability and who attends their provision.

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

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

Young carers

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

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

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.

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 involved in the youth justice system and serious youth violence

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

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

The assessment undertaken by the youth offending and targeted youth service also addresses the child's education, training and employment (ETE) status and any special educational needs. The YOS 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, characterised by harsh discipline, maltreatment, such as physical or sexual abuse in childhood and/or trauma such as domestic abuse. Many parents are aware of the widespread perception that gang related behaviour or membership is a product of poor parenting and they often know the solution lies in assuming responsibility for their children. However, they may feel unable either to control or to protect their children, in which case, professional engagement is inevitable and necessary. The Luton safeguarding children board guidance on safeguarding children affected by gang activity/serious youth violence can be found here and should be read in conjunction with this advice.

Luton

Children who go missing from care, home and education

All children who are missing even for a short period can be vulnerable to significant harm. Children who go missing are often at higher risk of or are already being sexually or criminally exploited.

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

Children at risk of sexual exploitation or who have been exploited

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

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

If any professional in 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. Luton safeguarding children board‘s guidance ‘Safeguarding Children from Sexual Exploitation’

Safeguarding children at risk of abuse through female genital mutilation (FGM)

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

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

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

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

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

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

professionals should follow the child protection procedures set out in the main body of this document.

The age at which girls undergo FGM varies according to their community and culture. The procedure may be carried out when the girl is 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 at risk of radicalisation and exposure to extremist ideology

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

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

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

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

The Luton safeguarding children board guidance on safeguarding children exposed to extremist ideology should be read in conjunction with this guidance.

Private fostering

A private fostering arrangement is one that is made privately by parents (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if the child is disabled) and by someone other than a parent or close relative with the intention that it should last for 28 days or more.
Private foster carers may be members of the child's extended family, such as a cousin or great aunt. A person who is recognised as a close relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of full or half blood or by marriage) or step-parent is not considered to be a private foster carer.

A private foster carer may be a friend of the family, the parent of a friend of the child or someone previously unknown to the child's family who is willing to privately foster a child. The period for which the child is cared for and accommodated by the private foster carer should be continuous (although an occasional short break would not constitute a break in continuity).

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

Private fostering includes:

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

Professionals who work with children often come across private fostering arrangements as part of their day-to-day work. If any professional in 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 should be seen alone unless this is inappropriate and the parent should also be visited where possible. Contact with the parent should always be made. All children who are privately fostered will be given the contact details of the social worker who will be visiting him/her while s/he is being privately fostered.

The Children (Private Arrangements for Fostering) Regulations 2005 and the amended s67 of the Children Act 1989 strengthens the duties upon local authorities in relation to private fostering by requiring them to:

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

The Luton safeguarding children board procedures on private fostering should be read in conjunction with this guidance

Forced Marriage

A forced marriage is one in which one or both spouses do not or cannot (ie 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:

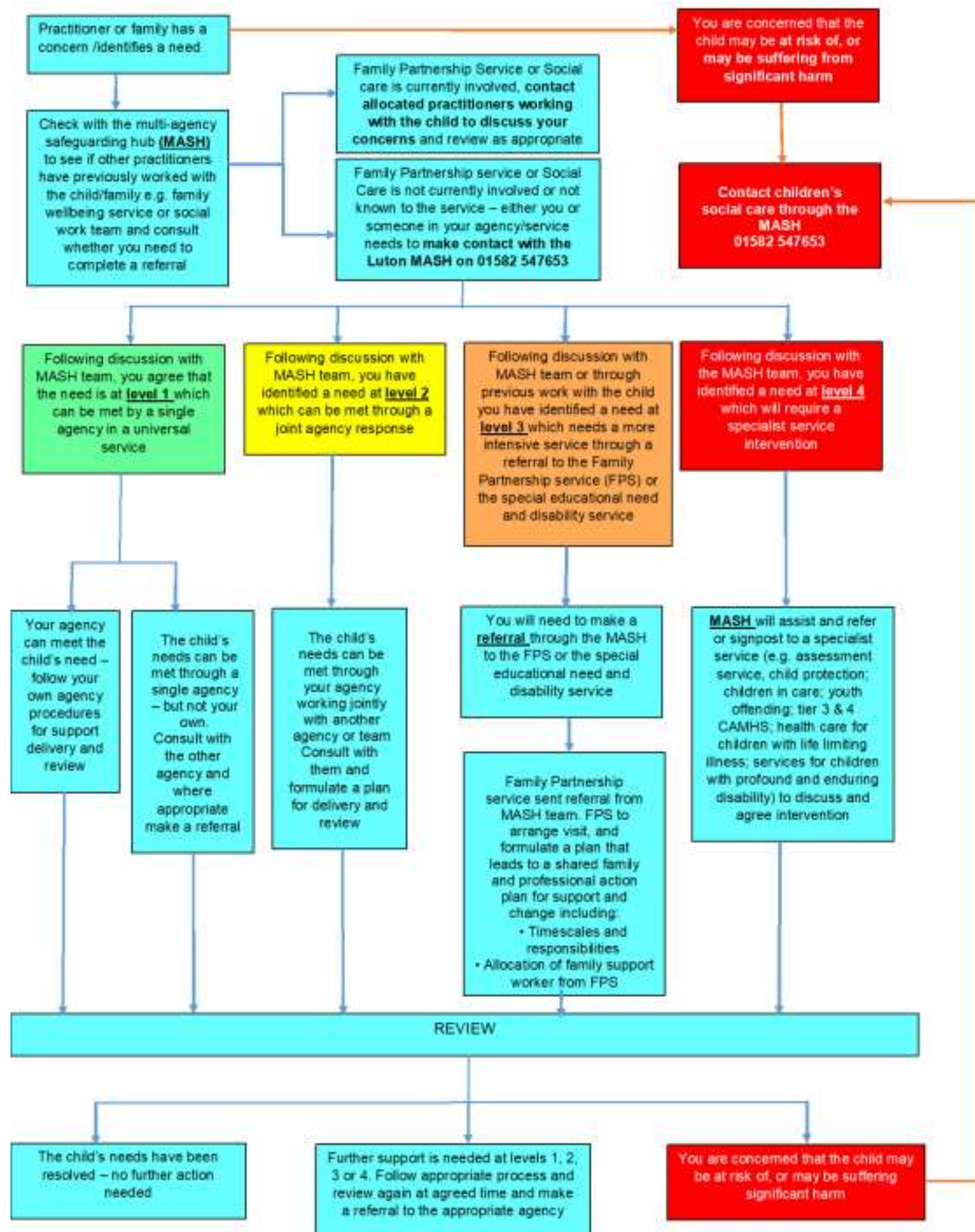
- Extended absences from school/college, truancy, drop in performance, low motivation, excessive parental restriction and control of movements and history of siblings leaving education early to marry;
- A child talking about an upcoming family holiday that they are worried about, fears that they will 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.

It is essential that reference is made to the Multi-Agency Practice Guidelines as soon as a potential case of forced marriage is suspected. These contain guidance for all partnership agencies:

- Health professionals;
- Schools, colleges and universities;
- Police officers;
- Children's Social Care;
- Adult Social Care;

The Luton safeguarding children board procedures on Forced Marriage should be read in conjunction with this guidance

Effective Support at a Glance



Luton

Indicators of possible need

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

UNIVERSAL

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

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

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

Behavioural development
- Takes responsibility for behaviour
- 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 process 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 facilitates 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.

ADDITIONAL

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

Health

- Missing immunisations/checks
- Child is slow in reaching developmental milestones
- Minor concerns re diet, hygiene, clothing
- Dental difficulties untreated/some decay
- Missing some routine and non-routine health appointments
- Limited or restricted diet e.g. no breakfast, no lunch money
- Concerns about developmental progress: e.g. overweight/underweight, bedwetting/soiling
- Vulnerable to emotional difficulties, perhaps in response to life events such as parental separation e.g. child seems unduly anxious, angry or defiant for their age
- Experimenting with tobacco, alcohol or illegal drugs
- Frequent accidents.
- difficulties identified with health that are outside the childs 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 on others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries/constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts
- Additional needs from CAMHS.
- Changes in behaviour that are atypical and outside there day to day behaviours
- Exhibits behaviour that isn't developmentally appropriate

Identity and self-esteem

- Some insecurities around identity expressed e.g. low self-esteem, sexuality, gender identity
- May experience bullying
- May be exhibiting bullying behaviour
- Lack of confidence is incapacitating
- Child/young person provocative in behaviour/ appearance e.g. inappropriately dressed for school
- Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities
- Victim of crime or bullying.
- Exhibits behaviour that isn't developmentally appropriate

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
- There is evidence that there contribution to relationships at their developmental level is reduced

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 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, e.g. poor concentration
- No access to books/toys
- Some fixed term exclusions.
- Gap in progress widened, EHCP targets unmet,
- 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 child care arrangements and/or too many carers
- Some exposure to dangerous situations in the home or community
- Unnecessary or frequent visits to doctor/casualty
- Parent/carer stresses starting to affect ability to ensure child's safety.

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
- Low income
- Financial/debt difficulties
- Poor state of repair, temporary or overcrowded, or unsafe housing
- Intentionally homeless
- Serious debt/poverty impact on ability to have basic needs met
- Rent arrears put family at risk of eviction or proceedings initiated
- Not in education employment or training post-16.

INTENSIVE

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

Health
- Child has some chronic/recurring health difficulties; not treated, or badly managed
- Developmental milestones are not being met due to parental care
- 'Unsafe' sexual activity
- Self-harming behaviours
- Child has significant disability
- Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming.
- 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
- Prosecution of offences resulting in court orders, custodial sentences or ASBOs or youth offending early intervention.
- Increased changes in behaviour that are atypical and outside there day to day behaviours
- Exhibits behaviour that isn't developmentally appropriate, on multiple occasions
- External behaviour increasing 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 considered developmentally age appropriate - Brook tool used

Identity and self-esteem
- Presentation (including hygiene) significantly impacts on all relationships
- Child/young person experiences persistent discrimination; internalised and reflected in poor self-image
- Distances self from others.
- There is a change in 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
- There is evidence that there contribution to relationships at their developmental level is reduced

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

Learning
- Consistently poor nursery/school attendance and punctuality
- Young child with few, if any, achievements
- Not in education (under 16).
- Gap in progress widened, EHCP targets unmet,
- 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 have physical and mental health difficulties impacting on their child
- Community are hostile to family.

SPECIALIST

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

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

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

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, illegal activities.

Housing, work and income
- Homeless - or imminent if not accepted by housing department
- Housing dangerous or seriously threatening to health
- Physical accommodation places child in danger
- Extreme poverty/debt impacting on ability to care for child.

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

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

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

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

Luton

Appendix 1: **School Neighbourhood Partnerships**

SOUTH	CENTRAL	EAST	NORTH	WEST
Beech Hill Primary Chapel St Nursery *Dallow Primary (CLT)* *Farley Junior School* *Whipperley Infant Academy* Foxdell Infant Foxdell Junior Hillborough Infant Hillborough Junior Rothesay Nursery *St Margaret of Scotland Primary (STCAT)* Surrey Street Primary *Tennyson Road Primary (TLC)* *The Linden Academy (SLT)*	Bushmead Primary Denbigh Primary Maidenhall Primary Norton Road Primary *River Bank Primary (AEAT)* St Joseph's Primary St Matthews Primary (BUnit) William Austin Infant William Austin Junior	Crawley Green Infant Hart Hill Nursery Lady Zia Wernher Putteridge Primary Ramridge Primary Richmond Hill Sacred Heart Primary Someries Infant Someries Junior Stopsley Primary Wenlock Junior (BUnit) Wigmore Primary	Bramingham Primary Gill Blowers (Leabank) Grasmere Nursery Icknield Primary Parklea Primary The Meads Primary Warden Hill Infant Warden Hill Junior Waulud Primary *Whitefield Primary (PLT)(BUnit)*	Beechwood Primary *Chantry Primary Academy (PLT) (BUnit)* Downside Primary Ferrars Junior Gill Blowers (Mossdale) Leagrave Primary Pastures Way Nursery Pirton Hill Primary *Southfield Primary (PLT)* *St Martin de Porres Primary (STCAT)* *The Ferrars Academy*
Associate members – Secondary schools *Chiltern Academy (CLT)* *The Stockwood Park Academy (SLT)* ACE	**Associate members – Secondary schools** *Denbigh High (CLT)*	**Associate members – Secondary schools** Ashcroft High School *Putteridge High (CLT)* Stopsley High	**Associate members – Secondary schools** *Icknield High School* *Cardinal Newman (STCAT)* Lealands High Lea Manor High Woodlands Secondary School	**Associate members – Secondary schools** *The Chalk Hills Academy (SLT)* *Challney High School for Boys (CLT)* *Challney High School for Girls (CLT)*

Academies indicated in Italics.

CLT – Chiltern Learning Trust	TLC – Tennyson Learning Community
SLT – Shared Learning Trust	AEAT – Active Education Academy Trust
PLT – Pioneer Learning Trust	STCAT – St Thomas Catholic Academy Trust

BUnit – neighbourhood primary behaviour provisions.