London Borough of Hounslow

HSCP
Hounslow Safeguarding Children Partnership

L.B.Hounslow Thresholds Guidance & Assessment Protocols

A guide for Hounslow professionals considering how to respond to concerns for a child's welfare.

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LONDON BOROUGH OF HOUNSLOW CHILDREN'S SERVICES

LOCAL THRESHOLDS GUIDANCE & ASSESSMENT PROTOCOL

2021 – 2024

Introduction

This document provides revised and up-dated guidance to determine local thresholds and an assessment protocol to assess and support children with additional needs, and their families.

This document is primarily targeted at professionals within Hounslow who come into contact with children and families and have a concern about a child's welfare, development, or safety. Understanding and applying these thresholds will help professionals decide what to do and inform the action that they take. This will enable services to work well together and in the best interests of children and families.

The Hounslow Safeguarding Children's Partnership (HSCP) and Hounslow Children's Services have agreed to continue with a joint document that combines the HSCPs thresholds guidance and Children's Services assessment protocol. This will inform professionals when and how to act if they are worried about a child, and what will happen once they have contacted the Children's Services Frontdoor.

It is expected that practice across all agencies within Hounslow is underpinned by the following key principles:

- **a Think Family approach**: A child's wellbeing is dependent upon the nature of the parenting they receive. There are issues that may impact a parent's capacity and providing support to parents can ensure a child's needs are met.
- **a child-centred approach:** for services to be effective they should be proportionate and based on a clear understanding of the needs and views of children.
- **early help is everyone's business:** intervening early prevents issues from escalating.
- **safeguarding is everyone's responsibility:** each professional and organisation should be alert and play their full part.

PART A – Local Threshold Guidance

1.2 Key Documents

This document should be read in conjunction with:

- *Hounslow Early Help Practice Framework 2019-2021*
- *Working Together to Safeguard Children*
- *London Child Protection Procedures*
- *What to do if you are worried about a child*

1. Introduction

Every child has the right in law to have his/ her welfare safeguarded and promoted and our basic human rights necessarily limit the intervention of the state into private family lives. Any professional working with children needs to balance these two fundamental rights. When welfare issue arise, Working Together to Safeguard Children sets out a clear expectation that local agencies will work in partnership with each other and with families to identify children with additional needs and provide a proportionate level of support as soon as a problem emerges.

This guidance underpins the shared vision of the Hounslow Safeguarding Children Partnership (HSCP) to provide timely, effective support to children and their families. The right service at the right time - from early help services to statutory interventions - to promote the welfare and safety of vulnerable children and young people. It aims to offer the basis for a common understanding of when and how to utilise the different interventions required to effectively support children, young people and their families or carers.

No guidance can be exhaustive, children's lived experiences are just too varied. The needs of children and young people and their families should be considered on a case by case basis. Using this guidance will help practitioners and managers to identify the level of support and protection that a child, young person or family might need and how best this support can be provided. The guidance reinforces the need for professionals to exercise professional judgement commensurate to their training and expertise when considering the most appropriate response to the identified needs of children.

> ***A system that values professional expertise:*** *Services have become so standardised that they do not provide the required range of responses to the variety of need that is presented. This review recommends a radical reduction in the amount of central prescription to help professionals move from a compliance culture to a learning culture, where they have more freedom to use their expertise in assessing need and providing the right help. (Munro 2011)*

2. Indicators

Any professional working with, or coming in to contact with children and vulnerable parents needs to be aware of the signs that something may be going wrong, or is likely to in the future. The following list of indicators is not exhaustive but provides examples of situations that one should be mindful of, curious about and alert to. Each professional working with children, and vulnerable parents, has a duty to make themselves aware of these indicators and those more relevant to their particular setting.

The list provided do not in themselves necessarily constitute a particular threshold and they are necessarily not prescriptive in relation to the level of need or risk to a child. They do suggest some intervention may be required and they should provoke curiosity and reflection with managers, safeguarding leads and possibly Social Care. Placing the indicator into a particular context is a matter of professional judgement.

Consult the London Child Protection Revised Threshold Guidance for more detailed information.

Early Help→→→→→→→→Child in Need→→→→→→→→Child Protection

- CYP is below age-appropriate development expectations/ milestones.
- CYP demonstrates emotional or behavioural difficulties, regularly displaying, or has started to display, a noticeable lack of self-control which impacts on relationships with those around them putting themselves/others at risk.
- CYP has missing episodes, is coming to the attention of the police.
- Housing is frequently not well maintained, cluttered and dirty and not always safe.
- Anti-social behaviour or rent arrears has put the family at risk of homelessness.
- Parents request advice to manage their child's behaviour at home.
- A lack of emotionally warm and age-appropriate boundaries and routines.
- Incidents of parental conflict, tension, aggression, controlling behaviour, or violence.
- Parents' health, learning disabilities or drug/ alcohol use is thought to impact on their parenting capacity and their child may be a young carer.
- CYP with a disability or acute health needs requiring specialist support.
- CYP is below age-appropriate academic expectations despite ongoing support.
- CYP exhibiting behavioural that is putting them at risk of school exclusion.
- CYP demonstrates noticeable sexual behaviour or knowledge
- Parenting ability/style is considered to be having a negative impact on CYP.
- Weak or negative family network, socially isolated child or family with limited or non-existent engagement with services.
- Issues around disciplining of CYP and/or harmful traditional practices.
- Pregnant women whose lifestyle may be affecting the development of the unborn child.
- CYP requiring accommodation because parents or other family members are unable to care for the child or a breakdown in relationships.
- Young people experiencing harm through their use of substances.
- CYP who are thought to be at risk due to trafficking, sexual exploitation, forced marriage or FGM.
- CYP persistently goes missing and is engaging in risky behaviours whilst they are away.
- CYP has significant injuries which are not accounted for.
- CYP who are deeply enmeshed in the extremist narrative.
- Persistent non-engagement with health services despite on-going needs.

Neglect

Within Hounslow there has been much analysis, discussion, and remedial action to address issues of Neglect and given the particular complexity and challenges of this area of risk some specific guidance to professionals is required.

Neglect is defined in *Working Together to Safeguard Children 2015* as:

> *"the persistent failure to meet a child's basic physical, emotional and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Neglect may manifests itself in the following five areas:*

- Not providing adequate food, clothing and shelter (including exclusion from home or abandonment)
- Not protecting the child from physical and emotional harm or danger
- Not ensuring adequate supervision (including the use of inadequate care-givers)
- Not ensuring access to necessary medical care or treatment.
- Neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect is a specific category of abuse and is characterised by the above within the context of the absence of a relationship of care/ attachment between the carer and child. It is not just the failure of the parent/carer to prioritise the needs of their child. It can though occur at any stage of childhood, including the teenage years.

There is then an important legal distinction between deficient, even barely adequate parenting and neglect. The former, often within a relationship of love and positive parent/ child attachment is not likely to cause significant harm in the judgement of the Family Court

The law is very clear.

> *It is vital always to bear in mind in these cases, and too often they are overlooked, the wise and powerful words of Hedley J in Re L (Care: Threshold Criteria) [2007] 1 FLR 2050, para 50:*
>
> *"society must be willing to tolerate very diverse standards of parenting, including the eccentric, the barely adequate and the inconsistent. It follows too that children will inevitably have both very different experiences of parenting and very unequal consequences flowing from it. It means that some children will experience disadvantage and harm, while others flourish in atmospheres of loving security and emotional stability. These are the consequences of our fallible humanity and it is not the provenance of the state to spare children all the consequences of defective parenting. In any event, it simply could not be done."*

There is access to the Quality of Care assessment tool for all professionals in Hounslow to help them make this important distinction. Deficient parenting can be addressed through early help and support and may never reach the threshold of Neglect.

3. Continuum of need

There is a continuum of need that all children sit within and may travel along over time. There are different levels of need and a child may move back and forth between levels as their circumstances change. Although we refer to the notion of each level having a specific threshold the reality of life is less certain more nebulous.

At some point anyone working with children or parents may be concerned about a child, usually as a result of the presence of one or more of the indicators above. These concerns can develop over time, or come on suddenly, but regardless they understandably always provoke an instinctively emotional response as well as a professional one. It is important that professionals take the time, even if it is just a moment, to reflect on what is making them anxious about that child. They should always consider whether discussing their concerns with a manager or a designated safeguarding person available to their organisation would be helpful - but only if it does not compromise the immediate safety of a child. Professionals should be risk sensible, clear about what they are doing and why. The situation may dictate that there is some urgency to these discussions, but in any event, they afford an opportunity to think specifically about what it is one is worried about and the most appropriate, proportionate response.

These responses can be grouped in to three broad categories;

Early Help, Child in Need and Child Protection.

There are important legal and practice distinctions between the three and the response that is triggered. In deciding on the best course of action to take professionals should think about what they are "concerned" about and what they know about the possible causes of those concerns.

- Is the child not doing as well as you would like or expect?
- Are their outcomes in life going to be poorer than they could be?
- Is there a significant measurable impact on the child's development, or likely to be one if nothing changes?
- How much does the parents' care contribute to what you are worried about, or are there external factors that are more worrying?
- What support services have already been tried, why were they not successful?

4. Professional responsibilities

As indicated above the first response for every professional is to reflect on their concerns and consider whether it would be helpful (if there is time) to discuss them with a manager, or designated safeguarding person available to their organisation. A decision must then be made as to whether, when and how to take further action and ultimately whether a formal referral to Children's Social Care is appropriate.

If there is any indication of an immediate and significant risk of harm to a child, then an emergency call to the Police should be made. In most situations however, the decision facing professionals is whether to respond on an Early Help basis, or a Statutory basis with a child in need or child protection Referral.

i. Early Help.

Early help is the principle of providing support to children and their families at an early stage to prevent difficulties from worsening, at any point in a child's life from early years through to entry into adulthood. It may also be delivered in anticipation of problems before they emerge, where vulnerabilities which are known predictors to future need and risk are identified. Within early help there are a range of responses available to professional's dependent upon the level of need

Emerging need which can be supported by a single agency, or targeted need which requires a more co-ordinated multi-agency response

In this context "need" is not legally defined, it should be thought of more in terms of the potential for a child to achieve better outcomes than if no support were offered. Parents should be fully consulted but have a right to decline any early help support. Children's Social Care have no statutory right to intervene as parents are allowed in law to promote the outcomes for their children that they feel are appropriate, even if there is professional disagreement.

ii. Child in Need

Child in Need is defined in law under s17 of the Children Act 1989. It places responsibilities upon the Local Authority to establish if a child is "in need" and to ensure services are in place to meet those needs. Whether a child is deemed to be in need hinges upon their **development** not being maintained or being significantly impaired without the provision of Services. A Disabled child is considered in law to be in need. This then relates to more than just the "normal" range of achievement/ under achievement across any given group of children. Such a Referral will prompt a social work assessment. A parent is not compelled to access or accept any input and any Referral to Children's Social Care must be done with their agreement. A parent who "unreasonably" fails to engage in services to meet their child's needs in such a way as to significantly impair their development **MAY** be harming their child beyond what the law permits.

iii. Child Protection

If a child is considered to be potentially at risk of "significant harm", then there is a duty upon the Local Authority to investigate and take steps to promote the child's welfare. This is often referred to as a child protection investigation, or Section 47 (s47) enquiries, as that is the part of the Children Act that places that duty upon the Local Authority.

Significant Harm hinges again upon the child's development being impaired and that impairment being attributable to the **unreasonable** parenting they receive. In a spirit of openness and partnership such a Referral to Children's Social Care should still be discussed with the parent (and/ or child) unless it is felt that this will increase the immediate risk of harm to the child. Such a Referral will prompt a Strategy discussion with key professionals (always the police, Social Care & Health) to quickly gather information and decide whether s47 enquiries are appropriate.

PART B- Assessment Protocol

In accordance with Working Together (2018) the local authority, in consultation with partners and with agreement of the HSCP, have produced an assessment protocol which focuses on how cases will be managed once a notification on a child is received by Children's Services.

1. Accessing Services

Within Hounslow there are a number of regular liaison meetings that take place between Children's Social Care and key partner agencies working with children and their parents.

Examples would be:

- Psychosocial meetings with Health partners.
- Daily MARAC with Police and Community Safety.
- Social Worker liaison meetings and Community Action Partnership Panels (CAPP) with Schools.
- The Adolescent Monitoring Group (AMG) and Multi-agency Child Exploitation panel (MACE) for key partners working with teenagers.

These meetings are an opportunity for professionals to discuss those children and their families they have new or growing concerns about. These will typically be at an Early Help or Child in Need level and the meeting will help establish the most appropriate level of support and track progress. These meeting allow professionals timetabled access to Social Work expertise without the need to make a formal referral to the Children's Frontdoor. Indeed, one of the important functions of these meetings is to provide oversight and reassurance that interventions are at the right level and when it is appropriate to escalate (step-up).

Should professionals still need to contact the Children's Frontdoor outside of these set meetings then the contact details are found in Appendix 1. Professionals should make a formal Referral for a service using the Child & Family Assessment/ Notification (CFAN)(Appendix 2)**.** This should be used where a child with additional needs may benefit from support and when a professional in any agency has a concern about a child's needs not being met. A professional may be asked, and should be prepared if requested, to complete this form following a discussion regarding their concerns for a child.

Upon receipt of any information relating to a child the Children's Frontdoor social work team will make a decision using the Referral Pathway set out at Appendix 3. An informed decision is made as to the most appropriate outcome and the Child & Family Assessment/ Notification (CFAN) is designed to assist in that process, so professionals should always try to provide as much relevant information as possible.

2. Multi Agency Safeguarding Hub (MASH)

The decision-making Manager at the Front-door has access to the Multi-Agency Safeguarding Hub (MASH) to provide them with further relevant information if required.

Hounslow Children's Services operate a Multi-Agency Safeguarding Hub (MASH) in collaboration with the Metropolitan Police and other key safeguarding partners. The MASH

is embedded within the Front-door to inform and support operational teams by researching, interpreting and determining what information is proportionate and relevant to share.

MASH activity is undertaken on a highly confidential basis, collating practice knowledge and local intelligence held by MASH partners to build a picture that is shared on a "need to know" basis. All notifications where there is uncertainty regarding the most appropriate response will be routed into the MASH. The MASH agencies will interrogate their respective database to pull out proportionate and relevant information to assist the Manager in their decision to route the referral to either Early Intervention or Children's Social Care

All agencies contributing information within the MASH will aim to provide any relevant information to the MASH Manager within **24 hours** of the request. In the event any information checks are delayed the MASH Manager will make a decision regarding next steps as soon as the circumstances of the case, as they are known, dictate and in any event by no later than **72 hours** based upon the information available. Any decision made in the absence of any relevant information, must be reviewed in the event any such information is subsequently received beyond the 72-hour deadline.

3. Children's Social Care

In accordance with the Children Act 1989, local authorities are required to provide services for children in need in order to safeguard and promote their welfare. Local Authority children's social care operates within a strict legal framework that dictates which cases must be accepted from referral and what services can be offered or provided to children, young people and families. Once a decision has been made to progress a child to Referral a Social Worker will be allocated to lead and co-ordinate an assessment of the child's needs, or the possible risks, in order to determine what appropriate action to take and what services to provide.

The range of statutory assessments include:

- **Children in need of support** (section 17, Children Act 1989): A child is in need if they are unlikely to achieve or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. A child is also in need if s/he is disabled.
- **Children in need of protection** (section 47, Children Act 1989): Whenever concerns arise about a child being maltreated, the local authority children's social care must initiate enquiries to find out what is happening and whether protective action is necessary. The local authority, with other relevant organisations, have a duty to make enquiries when there is reasonable cause to suspect that a child is suffering, or is at risk of suffering, significant harm to decide what any action to safeguard and promote the child's welfare. This may include taking immediate protective action.

4. Statutory single assessment process

The statutory assessment process is a dynamic and evolving process that aims to bring continuity and consistency for children and families. It is important that practice is

responsive, maintains focus, makes progress and delivers improved outcomes for children and families.

The timeliness and quality of an assessment are critical elements in achieving good outcomes for children. Once a decision has been made at the Children's Frontdoor that a CFAN has reached the threshold for a statutory social work assessment it will be allocated, and the Standard Track set out in Appendix 4 will be followed in most child in need cases.

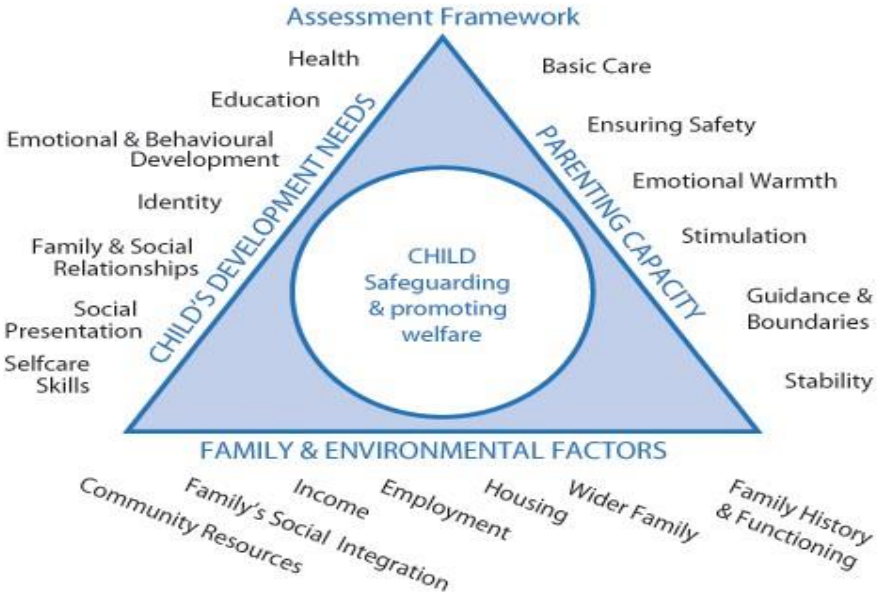
The Intake Teams are likely to follow up the majority of in-coming Social Care referrals for assessment, although other teams like the Children with Disabilities Team and the Youth Offending Service will assume assessment responsibility for children who meet their criteria

- Assessments will be proportionate and conducted at a pace that reflects the nature and level of need and risk indicated by the presenting referral circumstances. There are a range of assessment tools available to Social workers and they should carefully consider the most appropriate one given the circumstances of the case. For example, the Quality of Care assessment tool is specifically geared towards exploring issues of Neglect.
- Action will be taken to see and communicate with children appearing to require protection as soon as practicable. Children will almost always be seen as part of an assessment, and whenever possible they should be seen on their own.
- The social worker will undertake any proportionate additional multiagency checks, sharing relevant information and promoting effective collaborative working with key partners during the course of the assessment process.
- Throughout the assessment process the Social Worker will consult with a manager who will bring challenge and support to critically reflect on the social worker's assumptions, analysis and professional judgements.
- Throughout the assessment process and at the conclusion, decisions are taken regarding the most appropriate intervention. This may include a number of outcomes including a decision to access Early Intervention Services, to proceed to an initial child protection conference, to pursue a further period of specialist assessment, provide Social Work support and intervention, transfer for follow up by another agency or close the case without taking any further action.
- Following a child protection assessment under S47, if a multi-agency initial child protection conference is required, this will be convened within **15 days** of the Strategy Discussion that triggered the investigation**.**
- All needs assessments will be progressed and completed in line with the Standard Track, or within a maximum of **45 days**. If, following discussions with the child, their family and other professionals, an assessment is not on the standard track the reasons will be recorded as to why. It is intended that this will only be an exceptional arrangement.
- All assessments, support and interventions undertaken by the Intake Team should ideally be completed within a maximum of **4 months** at which point the case will be closed or transferred to a more appropriate team (step-up or step-down) with responsibility for future planning, monitoring and review arrangements.

4.1 Statutory assessment practice guidance

A good assessment is one that investigates the child's developmental needs and the parent's capacity to meet those needs within the context of the family and other relevant environmental factors. The new Children & Family Assessment and Notification (CFAN) uses these Domains and is the starting point for a further in-depth analysis of needs and risks using one of a range of comprehensive assessment tools.

The assessment triangle provides a conceptual model and places the child at the centre of the assessment process. The diagram below illustrates the assessment triangle and outlines the relevant dimensions for consideration within each of the 3 key domains:



- To ensure that children's views, wishes and feelings are taken into account, consideration will be given to the child's age, understanding and any particular communication needs, including the need to use an interpreter or signer where appropriate, to ensure that seeing and communicating with children is both meaningful and purposeful.
- Social workers will have appropriate skills, equipment and use of suitable venues to help engage and build a rapport with children in order to ascertain their views, wishes and feelings. For example, this will include the application of appropriate play skills and use of equipment and communication tools for undertaking direct work with children.
- As part of the consultation process with other professionals, social workers will obtain already completed assessment reports to build up a comprehensive picture of the child and family over time and establish a base line to help inform direct contact and communication with the child and family. This will inevitably help to broaden and extend the scope and impact of the current assessment. For

example, this should include statements of special educational need and child and adolescent mental health assessment reports.

- Social workers will coordinate assessment activity with other professionals and agencies to streamline communication and activity with the child and family, avoid the potential for repetition and duplication and maximise the impact of available professional experience and expertise. A professional network meeting may be convened by the social worker to assist and support the exchange of information between agencies and other professionals and clarify service planning and coordination.
- Every assessment should focus on impact and outcomes. Where continued social care involvement is recommended there should be a clear plan, outlining the services to be provided, actions to be undertaken, by whom and for what purpose. Outcomes should be measurable, and plans should be reviewed regularly to make sure that satisfactory progress is being made.
- Assessment outcomes should be shared with parents and children where they are of sufficient age and understanding. Parents and children should be encouraged and supported to identify what kind of support will be most helpful to them and actively engaged in the planning process. Any conflicting perspectives should be noted and copies of completed assessment reports should be provided.

4.2 Recordkeeping

Children's social care records are created and maintained on an electronic system called LCS, which provides a user data base, a workflow management system and a facility to manage performance activity reports.

Social Work practice needs to maximise the proportion of time spent undertaking direct work with children and families. However, any records made should be explicit about the evidence that focuses on;

- The child's needs and circumstances including any analysis of risk
- The impact of support and intervention provided to the child and his / her parents and family
- The positive outcomes that are achieved by the child and his / her parents and family
- The significance to the child's welfare of any specific event

Casework recording for children's social care, and indeed other agencies, will record decisions and information about a child's development so that progress can be monitored to ensure that the child's outcomes are improving. The effective use of Case Summaries and Chronologies will greatly assist all professionals in this task.

5. Additionally vulnerable children

The assessment process for some children will require additional care to ensure that their particular needs, circumstances and vulnerabilities are taken into account. It is particularly important that any other assessments that are underway are co-ordinated so that the child

continues to be at the centre of the process and does not get lost between different agencies and procedures. More specifically this includes:

5.1 Self-Harm & Suicidal Behaviour

Any child or young person, who self-harms or expresses thoughts about this or about suicide, must be taken seriously and appropriate help and intervention, should be offered at the earliest point. Any practitioner, who is made aware that a child or young person has self-harmed, or is contemplating this or suicide, should talk with the child or young person without delay.

Pan London Child Protection Procedures, Part B Practice Guidance should be followed;

London Child Protection Procedures (londoncp.co.uk)

Children and young people presenting to the West Middlesex University Hospital having self-harmed or having self-harming / suicidal thoughts may be subject to a joint assessment undertaken by Children Adolescent Mental Health Services (CAMHS) and Children's Social care.

5.2 Children Receiving Tier 4 Inpatient Provision

When children are receiving Tier 4 mental health inpatient provision the local authority should be notified if it is known that the family have support needs or there are child protection concerns. Upon notification the local authority shall ensure an assessment is undertaken, commensurate with its duties under the Children Act 1989.

The assessments will consider maintenance and promotion of contact between the child an their family, including financial assistance where appropriate.

5.3 Children Act 1989 Section 85 & 86 Duties

When a child is provided with accommodation by any Local Heath Board, Special Health Authority; National Health Service trust or by a local authority in the exercise of education functions for a consecutive period of at least 3 months. The accommodating authority has a duty to notify the responsible authority.

Upon receipt of this notification we shall;

- Take such steps as are reasonably practicable to enable them to determine whether the child's welfare is adequately safeguarded and promoted while he is accommodated by the accommodating authority; and
- Consider the extent to which (if at all) they should exercise any of their functions under this Act with respect to the child.
- Within these duties social care will considering the maintenance and promotion of contact between the child and their family, including financial assistance where appropriate.

http://www.legislation.gov.uk/ukpga/1989/41/part/XII/crossheading/notification-ofchildren-accommodated-in-certain-establishments

5.4 After Care Duties Mental Health Act 1983 Section 117

Where children admitted for treatment under Section 3 of the Mental Health Act 1983, health and social care have additional after care duties under Section 117 of the act.

Section 117 imposes a duty on health and social services to provide aftercare services to certain patients who have been detained under the Mental Health Act.

http://www.legislation.gov.uk/ukpga/1983/20/section/3

Section 117 states that aftercare services must be provided to patients who have been detained in hospital:

- For treatment under Section3
- Under a hospital order pursuant to Section 37 (with or without a restriction order) or
- Following transfer from prison under Section 47 or 48.

This includes patients on authorised leave from hospital and patients who were previously detained under Section 3 but who stayed in hospital after discharge from section.

It also includes people who are living in the community subject to a community treatment order and restricted patients who have been conditionally discharged.

http://www.mind.org.uk/information-support/legal-rights/aftercare-under-section-117of-the-mental-health-act/

The level of support shall be determined by an assessment of need under S.17 of Children Act 1989.

5.5 Disabled children

The social work team for children with disabilities within the 0-25 Service provides a service for children from birth to their 18th birthday, at which point the young person may transition as an adult for continuing support.

The 0-25 Service supports children and young people who have a permanent and substantial learning and / or physical disability. The following information illustrates the type of needs that would indicate their involvement;

Learning disability – descriptors to determine the criteria for a 0-25 Service are children and young people who:

- Have a severe learning disability
- Have a Statement of Special Educational Needs for severe learning disabilities
- Attend a school or SEN centre for students with a severe learning disability
- Require assistance with bathing, toileting, dressing, eating and / or engaging in social activities substantially beyond that of their peers
- Demonstrate behaviours, some of which may be challenging to others, which impact on all aspects of the child or young person's functioning or daily living and may pose a risk to themselves and / or others
- Are diagnosed with Downs Syndrome and are aged 14 years +

Physical disability – descriptors to determine the criteria for a 0-25 Service are children and young people who:

- Are a full time wheel chair user and / or have severely restricted mobility without the provision of specialist equipment, eg; a hoist
- Require assistance with daily activities, eg; bathing, toileting, dressing, eating and / or engaging in social activity substantially beyond that of their peers
- Are unable or mostly unable to use hands to complete daily tasks and / or activities

Health – indicators to determine the criteria for a 0-25 Service are children and young people who:

- Have a diagnosed health condition which is severe and potentially life threatening and results in frequent hospital admissions that limits access to developmental, social or educational activities and daily living
- May be in receipt of continuing care or palliative care from health services

Hearing – indicators to determine the criteria for a 0-25 Service are children and young people who:

- Have a hearing loss > 71 dB
- Are registered deaf
- Use British Sign Language (BSL)

Vision – descriptors to determine the criteria for a 0-25 service are children and young people who are:

- Registered blind
- Eligible to be registered blind

Under five years old – descriptors to determine the criteria for a 0-25 Service are children under five who:

- Have not yet been assessed for educational purposes and experience substantial developmental impairment or delays in more than one area of cognitive or sensory development
- Have been diagnosed with severe global or severe developmental delay

5.6 Young carers

The Referral Pathway for Young Carers is attached as Appendix 5.

Young carers are children and young people who regularly look after and provide emotional support to someone in the home who is physically or mentally unwell, has a disability or is suffering from the effects of misusing drugs and / or alcohol.

A child or young person's caring responsibilities at home may not be well known or fully appreciated and because of this young carer may become additionally vulnerable. Young carers are often very proud of the care and support that they provide. However, without early identification and support young carers may find that their caring responsibilities begin to have an adverse impact on their education, health and wellbeing. It is important to ensure that a child or young person's caring responsibilities do not become excessive or inappropriate and that the effects of caring do not lead them to become isolated.

Identifying young carers is a shared responsibility that schools, colleges, adult and health services are well placed to do. In many cases early support will be appropriate to address any additional needs that are identified. However, if there are any safeguarding concerns regarding the nature, level and circumstances of the care being provided by a child or young person, their needs and circumstances should be assessed in accordance with the Children Act 1989. The Young Carers Project is an integral part of the Early Intervention Service and provides a range of support services on an individual, group and family basis to support young carers and their families.

5.7 Young offenders

The Youth Offending Service holds a range of roles and responsibilities, some of which are shared with Children's Social Care.

- Provision of Appropriate Adult services for young people aged 10 – 17 in custody suites when the parent/carer is unable or unsuitable.
- Responsibilities for young people remanded into Youth Detention
- Accommodation or Local Authority Accommodation
- Assessment (in respect of bail, sentencing and resettlement)
- Attendance at court
- Responsibilities for supervising community-based penalties
- Safeguarding vulnerable young people

Remand placement details are confirmed by the holding institution to YOS within 24 hours of the remand decision. Young people who are remanded to youth detention accommodation are afforded a "looked after" status for the duration of their remand period. As such, equivalent standards of assessment, planning, monitoring and review are expected. The young person will be allocated a social worker and an Independent Review Officer within 1 day of notification. The local standard states that the first looked after review will be held within 15 days. Due to the additional concerns associated with young people who are detained, the young person's safety and wellbeing and arrangements for contact with members of their family will be continually assessed as will the possibility of any subsequent bail application.

A young person who is remanded into the care of the Local Authority may be returned home subject to an assessment and obligatory checks to confirm that the home environment is safe and suitable.

In most cases, custodial sentences for young people are Detention and Training Orders (DTO) ranging from 4 to 24 months. A DTO is served half in custody and half in the community. Planning for release from custody will start at the earliest opportunity and will need to take in to account any change in family and personal circumstances.

5.8 Looked after children who are returning to the care of their parents

Children should only return home from care when:

- Relevant professionals have assessed the likelihood of further abuse or future harm and shared their findings with each other as part of a multiagency meeting.

- An IRO has endorsed the plan as part of the statutory review of the child's looked after arrangements.
- The assessment of need confirms that the risk of further abuse is, on balance, extremely low

In these circumstances a plan should be formulated in advance of the child returning to the care of his / her parents to address the transitional arrangements and any future risks to confirm how the child and family will be properly supported. Consultation with the child and his / her parents is crucial to ensure that they are supported to be active participants in the planning process. Relevant plans need to be clearly defined and accessible for the child and family. The pace and level of the transitional and rehabilitation support plans will be determined by the needs and circumstances of the individual child and his / her family. In preparation for the withdrawal of statutory services, consideration should be given to the need for on-going support provided by the Early Intervention Service.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441643/Children_Act_Guidance_2015.pdf (page 125)

5.9 Child Criminal or Sexual Exploitation

Hounslow's Safeguarding Children's Partnership recognises the insidious nature of this form of abuse. Practice should be informed by the following seven key principles to ensure that children and young people who are victims or at risk of becoming victims are seen and heard and the appropriate multi-agency intervention is put in place.

1. The child's interests must be the top priority
2. Participation of children & young people
3. Enduring relationships and support
4. Comprehensive problem solving
5. Effective information sharing within and between agencies
6. Supervision, support and training of staff
7. Evaluation and review

Vulnerable Adolescents - HSCP (hscb.org.uk)

In the event a professional has concerns for a child then the risk assessment tool available on the above link should be completed and shared with the Front-door as appropriate. Consideration must be given as to whether a Referral to the Multi-agency Child Exploitation panel is appropriate to ensure there is clear monitoring of interventions and progress.

5.10 Female Genital Mutilation (FGM).

All professionals, particularly in Health and Education settings should be vigilant to the risk to children from FGM. The referral pathway at Appendix 6 and the London CP Procedures will guide professionals in the course of action to take.

6. Complaints

Hounslow children's services aim to provide the best possible response for children, and their families, who need help, within the resources that are available. All feedback, including comments, compliments and complaints, are welcome. It is always beneficial to know when things work well, when improvements can be made and when there are complaints.

In the first instance, attempts should be made to resolve complaints at a local level by contacting the relevant line manager. However, if this does not resolve the matter satisfactorily there is a Children & Families Complaints Service. Further details can be obtained via the Hounslow website at *http://www.hounslow.gov.uk/complain*

Appendix 1 – Front Door Contacts

If you are worried about a child

Tel: 020 8583 6600 (option 2)
Email: earlyhelp@hounslow.gov.uk
or childrensocialcare@hounslow.gov.uk

Out of hours: After 5pm weekdays or weekends, call 020 8583 2222 and ask to speak to the duty social worker

Role	Name	Email Address	Phone Number
Assistant Team Manager	Helen Nnamah	Helen.Nnamah@hounslow.gov.uk	–
Assistant Team Manager	Vipul Upreti	Vipul.Upreti@hounslow.gov.uk	02085833895
Team Manager	Yamini Babu	Yamini.Babu@hounslow.gov.uk	02085834572

Appendix 2 – Child and Family Assessment Notification (CFAN)

London Borough of Hounslow

Please return completed form to
childrensocialcare@hounslow.gov.uk (secure)
Children's Front Door
Hounslow House, 7 Bath Road, Hounslow TW3 3EB
Tel 020 8583 6600 (option 2 then option 3 for Frontdoor)

Child & Family Assessment/Notification Safeguarding Form (CFAN)

Please complete ALL sections

1. Referrer Details

Referrer name: <Sender name>	Organisation: **<Organisation Details>**
Role:	Address: <Organisation Address>
Email:	Telephone: <Organisation Details>

Date Completed:

Is this a Social Care SAFEGUARDING Referral **(Risk or Need)** **Yes** ☐ **No** ☐
Are the family aware of this referral **Yes** ☐ **No** ☐

OR…….

Is this assessment a request for targeted early help **(see list)** **Yes** ☐ **No** ☐
parental consent given *(Consent is essential for family support)* **Yes** ☐ **No** ☐

Is this child / young person in a Private Fostering Arrangement **Yes** ☐ **No** ☐
Is this child/ young person a Young Carer **Yes** ☐ **No** ☐

2. Family Composition & Details

Main Parent/Carer

Name <Relationships>	Date of Birth: <Relationships>
Address: <Relationships>	Relationship to child/ren: Parental Responsibility?
Email: <Relationships>	Gender: <Relationships>
Home Tel: <Relationships> Mobile no: <Relationships>	Ethnicity:

Parent/Carer 2

Name <Relationships>	Date of Birth: <Relationships>
Address: <Relationships>	Relationship to child/ren Parental Responsibility
Email: <Relationships>	Gender: <Relationships>
Home Tel: <Relationships>	Ethnicity:

Children

Please indicate in the Highlighted box the child/ren this form refers to ✓

Name	✓	DoB/EDD	Gender	Ethnicity	School/Setting	Year
<Patient Name>	☐	<Date of birth>	<Gender>	<Ethnicity>	<Patient School>	
	☐					
	☐					
	☐					

3. Communication

Is English the family's first language:	**Yes** ☐ **No** ☐
If no, please state the first language	<Main spoken language>
Is interpreter required	**Yes** ☐ **No** ☐
Communication difficulties/issues	**Yes** ☐ **No** ☐
Please give details of any disability or special needs within the family:	

4. GP Details

Is Family registered with a GP; **Yes** ☐ **No** ☐	NHS No: <NHS number>
Practice/Health centre: <Organisation Details> Address: <Organisation Address> Telephone: <Organisation Details> Health Visitor (if applicable)	

Other Relevant Agency Involvement (current or previous)

Family member	Professional/Agency & Contact details	Reasons for involvement	Current? Y/N
			Yes ☐ **No** ☐
			Yes ☐ **No** ☐
			Yes ☐ **No** ☐
			Yes ☐ **No** ☐

Please summarise the issues leading to this Assessment/Notification

Who are you concerned about in this household and why? <Event Details>

--------7. Family Assessment Information

Please provide known information on all family members including strengths as well as needs

Health - Details of any physical and emotional or mental health needs
Education / Learning issues
Quality of family relationships and home environment
Housing, work and finances
What are the current strengths and supports in place?
What support do you feel is required and what outcomes would you like to see achieved?
What are the risks if no support/intervention is put in place? Eg significant harm, family breakdown, or poor outcomes

Date:

. Consent to Share Information

Please discuss this consent statement for information storage and information sharing

"We need to collect the information contained within this document so that we can understand what help you may need. If we cannot address all of your needs we may need to share some of this information with, or request additional information from, other organisations so that they can help us to provide the services you need." "We will treat your information as confidential and we will not share it unless we are required by law to share it or it is believed you or your child will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share"

I have had the reasons for information sharing and information storage explained to me. I understand those reasons and consent to information being shared.	Yes	☐	No	☐
I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to myself and the children or young people for whom I am parent or carer.	Yes	☐	No	☐
I wish to receive services provided or co-ordinated by London Borough of Hounslow.	Yes	☐	No	☐
Name of Parent/ Carer:	**Date:**			

Exceptional circumstances:

Concerns about significant harm to infant, child or young person

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance '*What to do If you're worried a child is being abused' (HM Government, 2015)* sets out the processes to be followed by all practitioners.

These referral processes will be included in your local safeguarding children procedures and are set out in Chapter 5 of *Working Together to Safeguard Children (2015)*

(http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children).

You should still notify the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**

Reason why Consent has been dispensed with:

Appendix 3 – Indicators of Need

Indicators of Need Matrix [Tiers 1 - 4]			
Development of the baby, child or young person			
This includes the child's health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child's age. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.			
Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	**Tier 2** Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is NOT required.	**Tier 3** Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	**Tier 4** Children in acute need. Require immediate referral to children's social care and/or the police.
The child's education and employment			
Developmental milestones met	Some developmental milestones are not being met which will be supported by universal services.	Some developmental milestones are not being met which will require support of targeted/specialist services	Developmental milestones are significantly delayed or impaired.
The child possesses age-appropriate ability to understand and organise information and solve problems, and makes adequate academic progress.	The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress.	The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time.	The child's inability to understand and organise information and solve problems is adversely impacting on all areas of his/her development creating risk of significant harm.

The young person is in education, employment or training (EET)	The young person is not in education, employment or training (NEET) or their attendance is sporadic and	The young person refuses to engage with educational or employment opportunities and are increasingly socially isolated –	

	they are not likely to reach their potential.	there is concern that this results from or is impacting on their mental health.	
The child's health			
The child is healthy and does not have a physical or mental health condition or disability	The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools. Child may be on school action or action plus/SEN statement Child in hospital.	The child has a physical or mental health condition or disability which significantly affects their everyday functioning and access to education. Child may have SEN statement.	The child has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional or mental health and access to education.
The child is healthy, and has access to and makes use of appropriate health and health advice services.	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result.	The child has complex health problems which are attributable to the lack of access to health services.
The child undertakes regular physical activities and has a healthy diet.	The child undertakes no physical activity, and/ or has an unhealthy diet which is impacting on their health.	The child undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services.	Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm.

The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing	The child's substance misuse dependency is affecting their mental and physical health and social wellbeing.	The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.

The child's emotional wellbeing			
The child engages in age appropriate activities and displays age appropriate behaviours.	The child is at risk of becoming involved in negative behaviour/ activities - for example antisocial behaviour [ASB] or substance misuse.	The child is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in ASB, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults.	The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance. Child may be permanently excluded or not in education which puts them at high risk of CSE.
The child has a positive sense of self and abilities.	The child has a negative sense of self and abilities.	The child has a negative sense of self and abilities to the extent that it impacts on their daily outcomes.	The child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm.
The child's positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them.	The child has a negative sense of self and abilities and suffers with low self-esteem which makes them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.	The child's negative sense of self and low self-esteem has contributed to their involvement with peers and/or adults who are thought to be treating them badly and/or encouraging them to get involved in self destructive and/or anti-social or criminal behaviour.	The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.

The child is emotionally supported by his/her parents/carers to meet their developmental milestones to the best of their abilities.	The child occasionally does not meet developmental milestones due to a lack of emotional support.	The child is unable to meet developmental milestones due to the inability of their parent/carer to emotionally engage with them.	The child's development is being significantly impaired.
The child has not suffered the loss of a close family member or friend	The child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.	The child has suffered bereavement recently or in the past and doesn't appear to be coping. They appear depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal.	The child has suffered bereavement and is self-harming and/or disclosing suicidal thoughts.
The child has not suffered the loss of a close family member or friend	The child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.	The child has suffered bereavement recently or in the past and doesn't appear to be coping. There are concerns the child's behaviour has deteriorated significantly at school and/or at home and/or they are engaging in risky behaviours such as going missing or substance mis-use.	The child has suffered bereavement recently or in the past and is going missing from school or home and is thought to be at risk of child sexual exploitation or of involvement in gang/criminal activity.
The child's social development			
The child has strong friendships and positive social interaction with a range of peers	The child has few friendships and limited social interaction with their peers	The child or young person is isolated, and refuses to participate in social activities.	The child or young person is completely isolated, refusing to participate in any activities.

The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child has communication difficulties and poor interaction with others.	The child has significant communication difficulties. The child interacts negatively with others and demonstrates significant lack of respect for others.	The child has little or no communication skills Positive interaction with others is severely limited.

The child demonstrates accepted behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting and universal services	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Early support has been refused, or been inadequate to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which is impacting on their wellbeing or safety.
The child demonstrates feelings of belonging and acceptance	The child is a victim of discrimination or bullying.	The child has experienced persistent or severe bullying which has impacted on his/her daily outcomes.	The child has experienced such persistent or severe bullying that his/her wellbeing is at risk.
The child's behaviour			
The child's activities are legal.	The child has from time to time been involved in anti-social behaviour.	The child is involved in anti-social behaviour and may be at risk of gang involvement.	The child is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities.
The child's activities are legal.	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.	The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised non-specific intent to go themselves.

The child demonstrates self-control appropriate with their age and development.	The child from time to time displays a lack of self-control which would be unusual in other children of their age.	The child regularly displays a lack of self-control which would be unusual in other children of their age.	The child displays little or no self-control which seriously impacts on relationships with those around them putting themselves/others at risk.

The child has growing level of competencies in practical and independent living skills.	The child's competencies in practical and independent living skills are at times impaired or delayed.	The child does not possess, or neglects to use, self-care and independent living skills appropriate to their age.	Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm. E.g. bullying, isolation.
The child engages in age appropriate use of internet, gaming and social media.	The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.	The child is engaged in or victim of negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling, transmission of inappropriate images. Or is obsessively involved in gaming which interferes with social functioning.	The child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities, e.g. at risk of being groomed for child sexual exploitation or is showing signs of addiction (gaming, pornography).
The child engages in age appropriate use of internet, including social media.	The child is at risk of becoming involved in negative internet use that will expose them to extremist ideology. They have unsupervised access to the internet and have disclosed to adults or peers that they intend research such ideologies although they haven't done so yet. They express casual support for extremist views.	The child is engaged in negative and harmful behaviours associated with internet and social media use. The child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints.	There are significant concerns that the child is being groomed for involvement in extremist activities. The child is known to have viewed extremist websites and is actively concealing internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views.

The child engages in age appropriate activities and displays age appropriate behaviours and selfcontrol.	The child is at risk of becoming involved in negative behaviour/ activities. For example, the child is expressing strongly held and intolerant views towards people who do not	The child is becoming involved in negative behaviour/ activities. For example, the child is refusing to co-operate with activities at school that challenge their religious or political views. The child is	The child expresses strongly held beliefs that people should be killed because they have a different view. The child is initiating verbal and sometimes physical conflict with people who

	share his/her religious or political views.	aggressive and intimidating to peers and/or adults who do not share his/her religious or political views.	do not share his/her religious or political views.
The child engages in age appropriate activities and displays age appropriate behaviours and selfcontrol.	The child is expressing verbal support for extreme views some of which may be in contradiction to British law for example, the child has espoused racist, sexist, homophobic or other prejudiced views and links these with a religion or ideology.	The child has connections to individuals or groups known to have extreme views.	The child has strong links with individuals or groups who are known to have extreme views and/or are known to have links to violent extremism. The child is thought to be involved in the activities of these groups.
The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time.	The child persistently runs away and/or goes missing.	The child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk.
The child's whereabouts are always known to their parents or carers.	The child has been missing from home on one or two occasions and there is concern about what happened to them whilst they were away.	The child persistently goes missing.	The child persistently goes missing and is engaging in risky behaviours whilst they are away. There is concern they might be being sexually exploited or being drawn into criminal behaviour.

The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time. There is concern that they might have been staying with friends or relatives who	The child persistently runs away and/or goes missing. There are serious concerns that they are running away in order to spend time with friends or relatives with extreme views and that they being	The child persistently runs away and/or goes missing and does not recognise that s/he is putting him/herself at risk. For example, whilst missing the young person is spending time with people
	have extreme views.	influenced by them	with extremist views and perceives these people as teaching her/him the correct way to live and those who don't hold these views as deluded and/or as a threat
The child does not have caring responsibilities.	The child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities.	The child's outcomes are being adversely impacted by their caring responsibilities.	The child's outcomes are being adversely impacted by their unsupported caring responsibilities which have been on-going for a lengthy period of time and are unlikely to end in the foreseeable future.

The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child expresses intolerant views towards peers and this leads to their being socially isolated.	The child often interacts negatively or has limited interaction with those they perceive as holding different views from themselves. They demonstrate significant lack of respect for others, for example, becoming aggressive with those that do not share their intolerant or extreme views.	Positive interaction with others is severely limited. The child has isolated themselves from peers and/or family because of their extreme and intolerant views. They glorify acts of terrorism and/or believe in conspiracy theories and perceive mainstream society as hostile to themselves. They are frequently aggressive and intimidating towards others who do not share their views or have a lifestyle they approve of.

Abuse and neglect			
The child shows no physical symptoms which could be attributed to neglect.	The child occasionally shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.	The child consistently shows physical symptoms which clearly indicate neglect	The child shows physical signs of neglect such as a thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay which are attributable to the care provided by their parents/carers.
The child is appropriately dressed.	The child or their siblings sometimes come to nursery/ school in dirty clothing or they are unkempt or soiled.	The child or their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/ or they are unkempt or soiled The parents/carers are reluctant or unable to address these concerns.	The child consistently wears dirty or inappropriate clothing and are suffering significant harm as a result [e.g. they are unable to fully participate at school, are being bullied and/or are physically unwell]

The child has injuries, such as bruising on their shins etc., which are consistent with normal childish play and activities.	The child has occasional, less common injuries which are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.	The child has injuries for example bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age.	The child has injuries, for example bruising, scalds, burns and scratches, which are not accounted for. The child makes disclosure and implicates parents or older family members.

The child is provided with an emotionally warm and stable family environment.	The child's experiences parenting characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent.	The child experiences a volatile and unstable family environment. and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups	The child has suffered long term neglect of the emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim
Environmental Factors			
Including access to and use of: community resources; living conditions; housing; employment status; legal status. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.			
Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	**Tier 2** Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is NOT required.	**Tier 3** Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	**Tier 4** Children in acute need. Require immediate referral to children's social care and/or the police.

The family feels integrated into the community.	The family is chronically socially excluded and/ or there is an absence of supportive community networks.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child.	The family is excluded and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.
The family has a reasonable income over time and financial resources are used appropriately	There are concerns that the parents are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or	The family does not use its financial resources in the best interests of the child and the child regularly does not have adequate	The child consistently does not have adequate food, warmth, or essential clothing. The parents are consistently unable to budget

to meet the family's needs. The family are living on a very low income and/or have significant debt but the parents use their limited resources in the best interests of their child/children. The parents maximise their income and resources. The parent / carer is able to manage their working or unemployment arrangements and do not perceive them as unduly stressful.	essential clothing. However, the parents are working with support services to address these issues.	food, warmth, or essential clothing. For example, expenditure on drug, alcohol, gambling or other addictive behaviours means that there isn't enough money to meet the child's basic needs.	effectively and are resisting engagement.

The family's accommodation is stable, clean, warm, and tidy and there are no hazards which could impact the safety or wellbeing of the child. For example the parent/carer ensures access to balconies is restricted unless a young child is with an adult.	The family's accommodation is stable however the home itself is not kept clean and tidy and is not always free of hazards which could impact on the safety and wellbeing of the child.	The family's home is consistently dirty and constitutes health and safety hazards.	The family's home is consistently dirty and constitutes health and safety hazards. The family has no stable home, and is moving from place to place or 'sofa surfing'.
The neighbourhood is a safe and positive environment encouraging good citizenship.	The child is affected by low level anti-social behaviour in the locality	The neighbourhood or locality is having a negative impact on the child – for example, the child is a victim of anti-social behaviour or crime, or is participating in antisocial behaviour or at risk or participating in criminal activity.	The neighbourhood or locality is having a profoundly negative effect on the child who is involved in frequent anti-social behaviour and criminal activity.

The neighbourhood is a safe and positive environment encouraging good citizenship.	The neighbourhood is known to have groups of children and/or adults who are engaged in threatening and intimidating behaviour and the child is intimidated and feels threatened in the area	The neighbourhood or locality is having a negative impact on the child. The child has been a victim of anti-social behaviour or crime [including sexual or other forms of harassment] and is at risk of being further victimised	The neighbourhood or locality is having a profoundly negative effect on the child who has been a repeated victim of anti-social behaviour and/or crime and is now at high risk of sexual and other forms of exploitation – including being groomed to be a perpetrator.

The neighbourhood is a safe and positive environment encouraging good citizenship.	The neighbourhood or locality is having a negative impact on the child, for example, the child is known to be part of a group or associated with a group which is involved in anti-social behaviour – including sexual and other forms of harassment	The neighbourhood or locality is having a negative impact on the child who is sometimes participating in anti-social behaviour [including sexual and other forms of harassment] or is present in a group when others do so.	The neighbourhood or locality is having a profoundly negative effect on the child who is frequently involved in anti-social behaviour and criminal activity including, for example, sexual and other forms of harassment or assault
The family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.	The family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress.	The family's legal status puts them at risk of involuntary removal from the country (e.g. asylum-seeking families or illegal workers) OR having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity (e.g. illegal employment, child labour, CSE).	Family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker. There is evidence that a child has been exposed or involved in criminal activity to generate income for the family (e.g. illegal employment, child labour, CSE).

The child is legally entitled to live in the country indefinitely and has full rights to education and public funds.	The child's legal entitlement to stay in the country is temporary and/or restricts access to public funds placing the child under stress.	The child's legal status as, for example, an asylum-seeker or an illegal migrant who may have been trafficked puts them at risk of involuntary removal from the country. Their immigration status means they have limited financial resources/no recourse to public funds and increases their vulnerability to criminal activity (e.g. illegal employment, child labour, CSE).	There is evidence that a child has been exposed to or involved in criminal activity either as a result of being trafficked into the country or to support themselves (e.g. illegal employment, child labour, CSE).
The child and their family have no links to proscribed organisations. See link below for list of terrorist groups or organisations banned under UK law **https://www.gov.uk/government/publications/proscribedterror-groups-or-organisations--2**	The child and/or their parents/carers have indirect links to proscribed organisations, for example, they attend religious or social activities which are, or have been in the recent past, attended by members of proscribed organisations.	Family members, family friends or friends of the child have strong links with proscribed organisations.	The child, their parents/carers or other close family members or friends are members of proscribed organisations.
The child spends time in safe and positive environments outside of the home.	The child is known to be/have been a victim or perpetrator of bullying and/or is part of a group or associated with a group which bullies others.	The child is a repeated victim and/or perpetrator of bullying including sexual or other targeted forms of bullying.	The child is a victim of serious and/or repeated and/or escalating acts of bullying, including sexual bullying.

Parental and Family Factors

Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child's physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.			
Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services.	**Tier 2** Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is NOT required.	**Tier 3** Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	**Tier 4** Children in acute need. Require immediate referral to children's social care and/or the police.
Parenting during pregnancy and infancy			
The parent/carer accesses antenatal and/or post-natal care	The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.	The parent/ carer is not accessing ante-natal and/ or post-natal care.	The parent neglects to access ante natal care and is using drugs and alcohol excessively whilst pregnant. AND/OR The parent neglects to access ante natal care where there are complicating obstetric factors that may pose a risk to the unborn child or new born child.
The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent/carer is struggling to adjust to the role of parenthood.	The parent/ carer is suffering from post-natal depression.	The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children.

The parent/carer is able to manage their child's sleeping feeding and crying and is	The parent/ carer has sustained difficulties managing their child's sleeping, feeding or crying but	The parent/ carer has sustained difficulties managing their child's sleeping, feeding or crying	The parent/carer is unable to manage their child's sleeping, feeding or crying, and is unable or

appropriately responsive.	accepts support to resolve these difficulties.	despite the intervention of support services or refuses to engage with support services.	unwilling to engage with health professionals to address this, causing significant adverse impact on the child.
Meeting the health needs of the child			
The parent/carer understands and is appropriately responsive to the health demands of their child.	The parent/ carer displays high levels of anxiety regarding their child's health and their response is beginning to impact on the wellbeing of the child.	The parent/ carer displays high levels of anxiety regarding their child's health and their response is impacting on the well-being of the child. For example, they are unnecessarily removed from school or prevented from socialising or playing sport. There are some indications that the parent/carer's concerns for the health of the child are unrelated to any physical or mental symptoms of illness.	The parent/carers' level of anxiety regarding their child's health is significantly harming the child's development. For example, their attendance at school is poor and/or they are socially isolated. There are strong suspicions or evidence that the parent/carer is fabricating or inducing illness in their child.

All the child's needs (e.g. disability, behaviour, long-term conditions) are fully met by the parents.	Parents are meeting the child's needs but require additional help in order to do so.	One or more child's needs (e.g. disability, behaviour, long-term conditions) are not always met by the parents, with additional support required, and this is having an impact on the day to day lives of the child/children's siblings/parents.	One or more children's needs (e.g. disability, behaviour, longterm conditions) have a significant impact on the day to day lives of the child/children and their siblings and/or parents.

Meeting the educational and employment needs of the child			
The parent/ carer positively supports learning and aspirations and engages with school.	The parent is not engaged in supporting learning aspirations and/or is not engaging with the school.	The parent does not engage with the school and actively resists suggestions of supportive interventions.	The parent/carer actively discourages or prevents the child from learning or engaging with the school.
The young person is supported to success in the labour market.	The young person is not supported to success in the labour market.	The young person is often discouraged from success in the labour market.	The young person is actively obstructed and discouraged from success in the labour market.

The child has an appropriate education and opportunities for social interaction with peers.	There is concern that the education the child is receiving does not teach them about different cultures, faiths and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas.	The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views.	The child is being educated by adults who are members of or have links to prescribed organisations – see link below for list of terrorist groups or organisations banned under UK law **https://www.gov.uk/governmen t/publications/proscribedterror-groups-or-organisations- -2**
Meeting the emotional needs of the child			
The child is provided with an emotionally warm and stable family environment. The parenting generally demonstrates praise, emotional warmth and encouragement.	Parenting often lacks emotional warmth and/or can be overly critical and/or inconsistent.	The family environment is volatile and unstable. For example, parenting is intolerant, critical, inconsistent, harsh or rejecting and this is having a negative effect on the child who, due to the	The child has suffered long term neglect of their emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a

		emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups	perpetrator or victim

There is a warm and supportive relationship between the parent/carer and the child which supports the child's emotional, behavioural and social development.	Occasional periods of relationship difficulties impact on the child's development.	Relationship difficulties between the child and parent/ carer significantly inhibits the child's emotional, behavioural and social development which if unaddressed could lead to relationship breakdown.	Relationships between the child and parent/carer have broken down to the extent that the child is at risk of significant harm. For example, the parent/carer rejects their child from home.
The parent/ carer sets consistent boundaries and give guidance.	The parent/ carer struggles to set age appropriate boundaries and has difficulties maintaining their child's routine.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries and their child is frequently exposed to dangerous situations in the home and / or community.
There is a positive family network and good friendships outside the family unit.	There is a significant lack of support from the extended family network which is impacting on the parent's capacity.	There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family.	The family network has broken down or is highly volatile and is causing serious adverse impact to the child.
The child is not privately fostered. OR The child is privately fostered by adults who are able to provide for his/her needs and there are no	There is some concern about the private fostering arrangements in place for the child.	There is some concern about the private fostering arrangements in place for the child, and that there may be issues around the carers' treatment of the child. And/or the local authority hasn't	There is concern that the child is a victim of CSE, domestic slavery, or being physically abused in their private foster placement.

safeguarding concerns. The local authority has been notified as per the requirements of 'The Children (Private Arrangements For Fostering) Regulations 2005'.		been notified of the private fostering arrangement.	
	A child is known to live with an adult or older child who has extreme views. The child either doesn't express support for these views or is too young to express such views themselves.	A child is taken to demonstrations or marches where violent, extremist and/or age inappropriate imagery or language is used.	The child, their parents/carers or other close family members or friends are members of proscribed organisations.
	A child is known to live with an adult or young person who has extreme views and the child has unsupervised access to computers which means they may view violent extremist imagery which the adults or young people have been viewing	A child is being sent violent extremist imagery by family members/ family friends or is being helped to access it. Parents/carers either don't challenge this activity or appear to endorse it.	A child is circulating violent extremist images and is promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views.

	The child and/or their parents/carers express strong support for a particular extremist organisation or movement but do not express any intention to be actively involved.	The child and/or their parents/carers express strong support for extremist views and a generalised, non-specific intention to travel to a conflict zone in support of those views.	The child and/or their parents/carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities.

Meeting the practical needs of the child			
The parent/ carer makes appropriate provisions for food, drink, warmth and shelter.	The parent/ carer occasionally makes inappropriate or inadequate provisions for food, drink, warmth and shelter.	The parent/ carer regularly makes inappropriate or inadequate provisions for food, drink, warmth and shelter.	The parent/carer has consistently failed to provide appropriate or adequate provisions for food, drink, warmth and shelter.
The parent/carer provides appropriate clean, clothing.	The carer gives consideration to the provision of clean, age appropriate clothes to meet the needs of the child, but their own personal circumstances can get in the way of ensuring their child has these clothes.	Carer(s) neglect their child physically through their indifference to the importance of providing clean, age appropriate clothes for the child. , This impacts on the child and prevents them meeting developmental milestones.	The parent /carer neglects their child physically and/or emotionally for example providing dirty or inappropriate clothing and this causes the child severe distress and/or prevents him/her meeting their developmental milestones.

The parent/carer provides for all the child's material needs	The parent/carer is sometimes neglectful of the child's material needs and this could make them vulnerable to peers or adults who offer them clothes, foods etc in return for favours.	Parent/carer has been/is often neglectful of the child's material needs and this is having a negative impact on the child who may, for example, be socially isolated because of their old or dirty clothing or may be involved in petty theft to get clothes etc. This puts them at risk of grooming for sexual exploitation or involvement in criminal activity.	The child has suffered long term neglect of the material needs and is now at risk of or is already involved in criminal activity to meet their material needs and/or they are being sexually exploited.
Domestic abuse			
The expectant mother or parent/carer is not in an abusive relationship.	The expectant mother/ parent/carer is a victim of occasional or low-level nonphysical abuse.	The expectant mother /parent/carer has previously been a victim of domestic abuse and is a victim of occasional or low-level non-physical abuse.	The expectant mother/parent/carer is a victim of domestic abuse which has taken place on a number of occasions.

There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home.	One or more adult members of the family is physically and emotionally abusive to another adult member/s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence.	One or more adult members of the family is a perpetrator of persistent and/or serious physical violence which may also be increasing in severity, frequency or duration. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence. The children may also be at risk of physical violence if, for example, they seek to protect the adult victim.
There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home.	The child has or continues to witness an adult in their household being physically or emotionally abused by another member of the household and are suffering emotional harm as a result. They are starting to exhibit behaviours that suggest they are at risk of becoming perpetrators or victims of abuse including CSE	The child is at high risk of, or is already either a perpetrator or a victim of serious abusive behaviour, including child sexual exploitation.

Parental and family health issues and disability			

Parents do not use drugs or alcohol. OR Parental drug and alcohol use does not impact on parenting.	Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety. The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases.	Drug/alcohol use has escalated to the point where it includes binge drinking, drug paraphernalia in their home, the child feeling unable to invite friends to the home, the child worrying about their parent/ carer.	Parental drug and/or alcohol use is at a problematic level and the parent/ carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose.
There is no evidence of siblings or other household members misusing drugs or alcohol. Nb See Parental factors for assessment of need relating to parental drug/alcohol misuse]	Siblings' or other household members' drug or alcohol mis-use occasionally impacts on the child.	Siblings' or other household members' drug or alcohol mis-use consistently impacts on the child.	Siblings' or other household members' drug or alcohol mis-use is significantly adversely impacting on the child.
The physical or mental health of the parent/carer does not affect the care of the child.	Physical and mental health needs of the parent/carer create an adult focus which at times detracts attention away from the child.	Physical or mental health needs of the parent/ carer is overshadowing the care of their child.	Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm.

The parents/ carers learning disabilities do not affect the care of their child.	The parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk.	The parents/ carers learning disabilities are affecting the care of their child.	The parents/ carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.
The parent/carer's mental health	Adult mental health impacts on	Adult mental health impacts on	Adult mental health is significantly

does not impact the child adversely.	the care of the child. The carer presents with mental health issues which have sporadic or low level impact on the child however there are protective factors in place.	the care of the child. The carer presents with mental health issues which has sporadic or low level impact on the child and there is an absence of supportive networks and extended family to prevent harm.	impacting on the care of the child. Any carer for the child presents as acutely mentally unwell and /or attempts significant self-harm and/or the child is the subject of parental delusions.
Where siblings or other members of the family do not have disabilities, serious health conditions or mental health concerns.	Where siblings or other members of the family have disabilities, serious health conditions or mental health concerns which require additional support.	Siblings or other members of the family have a disability or serious health condition, including mental health concerns which impact on the child.	Siblings or other members of the family have disabilities, health conditions or mental health concerns that are seriously impacting on the child, for example causing neglect, putting them at risk of significant harm or causing them high levels of stress and emotional anxiety.
Protection from harm: physical or sexual abuse			

The parent/ carer protects their family from danger/ significant harm.	The parent/carer on occasion does not protect their family which if unaddressed could lead to risk or danger.	The parent/carer frequently neglects/is unable to protect their family from danger/significant harm.	The parent/ carer is unable to protect their child from harm, placing their child at significant risk.
The parent/carer does not sexually abuse their child.	There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to protect the child.	There are concerns around possible inappropriate sexual behaviour from the parent/carer. Parent or carer has expressed thoughts that they may sexually abuse their child but are willing to	The parent/ carer sexually abuses their child. There is a risk the parent/carer may sexually abuse their child and he/she does not accept therapeutic interventions.

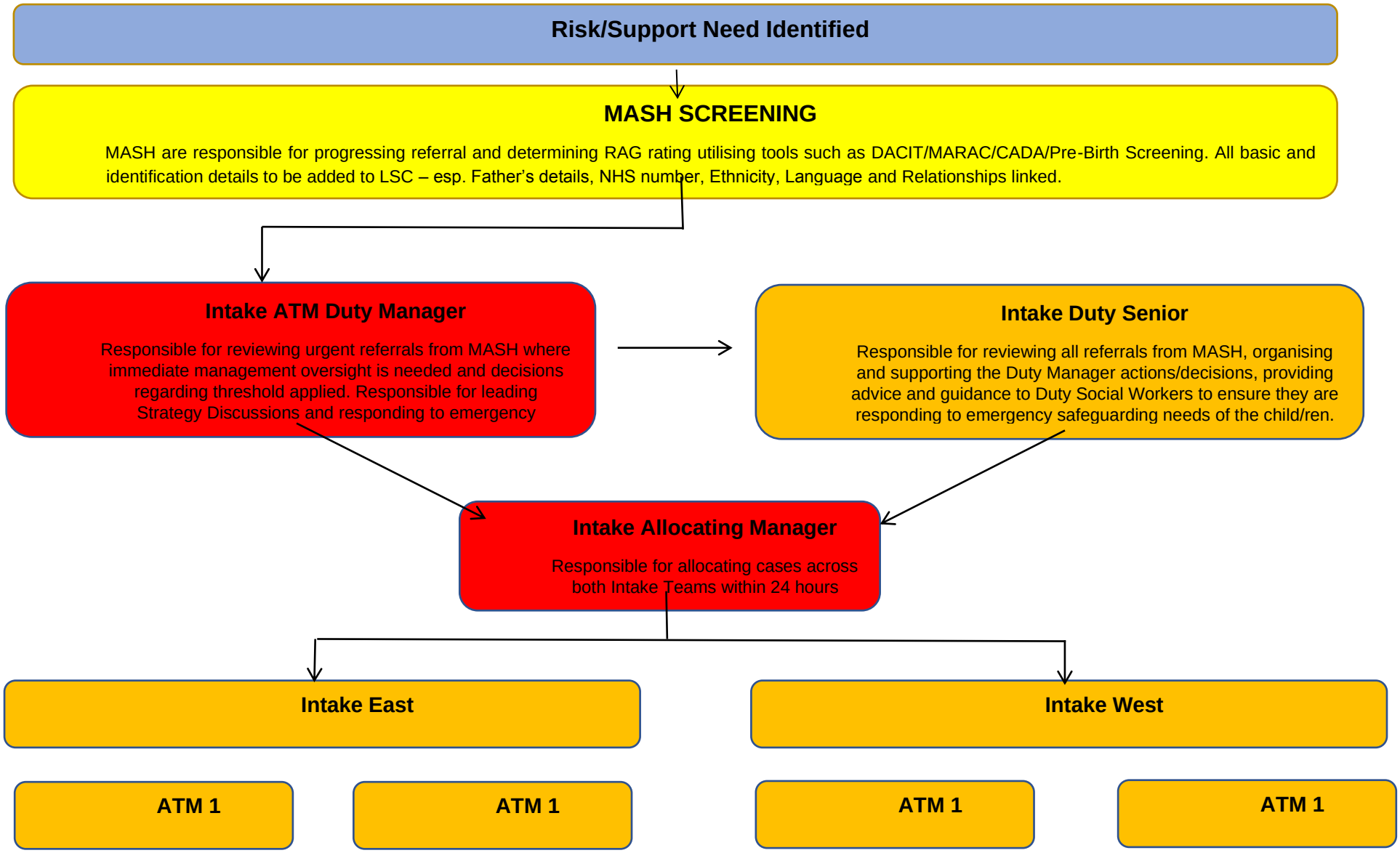
		engage in therapeutic support.	
There is no evidence of sexual abuse.	There are concerns relating to inappropriate sexual behaviour in the wider family.	The family home has in the past been used on occasion for drug taking /dealing, prostitution or illegal activities.	The family home is used for drug taking and/or dealing, prostitution and illegal activities. The child is being sexually abused/exploited. A schedule 1 offender who is a serious risk is in contact with the family.

The parent/carer does not physically harm their child. The parent uses reasonable physical chastisement that is within legal limits – that is they do not leave the child with visible bruising, grazes, scratches, minor swellings or cuts.	The parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child's emotional wellbeing (for example, the child appears fearful of the parent). There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of their child and/or expresses the belief that only physical punishment will have the desired impact on the child's behaviour. However, The parent is willing to access professional support to help them manage their child's	The parent/carer physically chastises their child leaving the child with visible bruising, grazes, scratches, minor swellings or cuts – this may result from a loss of control. The parent is willing to access professional support to help them manage their child's behaviour.	The parent/ carer significantly physically harms child.

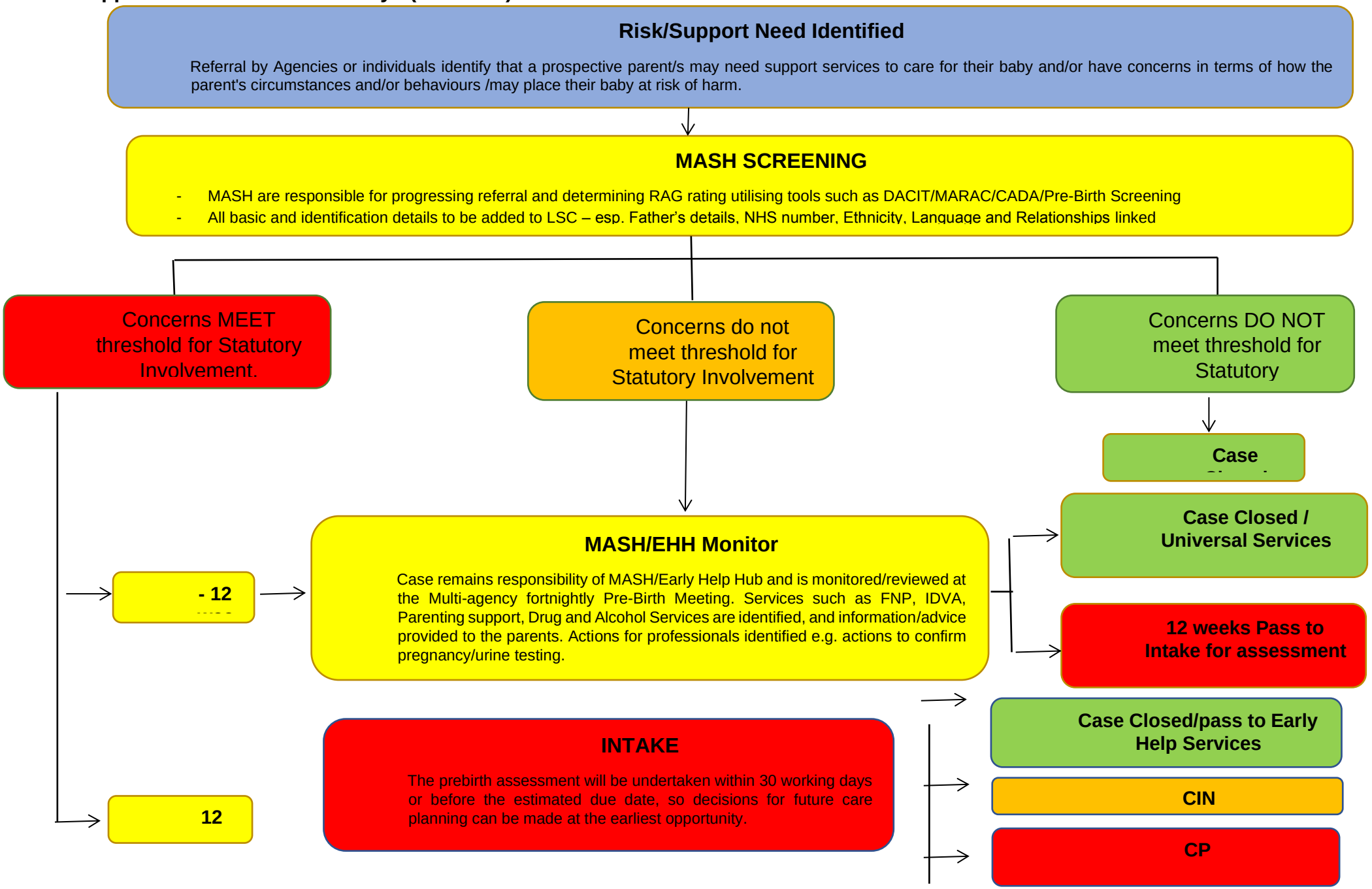
	behaviour.		
There is no concern that the child may be subject to harmful traditional practices such as FGM, HBV, Forced marriage and Belief in Spirit possession.	There is concern that the child is in a culture where harmful practices are known to have been performed however parents are opposed to the practices in respect of their children.	There is concern that the child may be subject to harmful traditional practices.	There is evidence that the child may be subject to harmful traditional practices.
Criminal or anti-social behaviour			

There is no history of criminal offences within the family.	There is a history of criminal activity within the family.	A criminal record relating to serious or violent crime is held by a member of the family which may impact on the children in the household.	A criminal record relating to serious or violent crime is held by a member of the family which is impacting on the children in the household.
The family members are not involved in gangs.	There is suspicion, or some evidence that the family are involved in gangs.	There is a known involvement in gang activity.	There is a known involvement in gang activity which is impacting significantly on the child and family.

Appendix 4 – Referral Pathway



Appendix 5 – Referral Pathways (Pre-Birth)



Appendix 6 – Child in Need Standard Track

Week 1

DAY 1

ACTIONS:
Case Allocated and direction - cases where there is a long history of involvement and neglect is the theme, a comprehensive QoC should be triggered within MASH before referral to Intake.

Review LCS history and request any paper/back files

Chronology to be completed/started for assessment visit

Basic genogram to be developed – uploaded

Assessment Plan drawn up, noting assessment due date and day 10.

Schedule home/ office visits with a letter of introduction

Gain verbal consent for welfare checks

Consider initial interventions/referrals needed to be discussed at assessment visit

Week 2

BY DAY 10 – LCS alert needed
ACTIONS:
LCS to be fully updated with all basic information /demographics about family (all relationship information to be obtained and updated) in 10 working days; this should include basic information of their DOB, ethnicity, religion, immigration status, disability, NHS no. contact details etc

Visit to family and see, speak and observe child – utilise direct work tools

Management Supervision case note at Day 10 from allocation. Consider QoC trigger if neglect is now considered primary issue.
*case progress of assessment plan, intervention, risk analysis and case summary progress

Practice Guidance:
Written consent for Welfare checks to be gained from adults with PR
Obtain children's wishes and feelings
Explore professionals' view of family and young person in the context of this referral

Week 3

BY DAY 20

ACTIONS:
Welfare checks and update from professionals to be ascertained and escalated where not received to ATM/TM

Case Summary completed along with professional network contact details.

Mobilise/Finalise Interim Services if clearly required- chase referrals and allocation of workers/professional network.

Practice Guidance:
Consider best practice guidance for Case Summaries

Make arrangements for a Network meeting to take place in Week 4 if the case is definitely to stay open.

Week 4/ 5

BY DAY 25

ACTIONS:
Second visit (if needed) to the family and children; continue undertaking direct work with the children as well as having further update/discussion re assessments

Outcomes to consider:
- Close – no further action
- Stepdown to EIS/Lead Professional
- Child in Need Plan
- Escalate to Initial Child Protection Conference.

Practice Guidance:

Consider whether enough information is known to decide next steps eg Closure, Stepdown to EIS, continue with assessment/ intervention, escalate

See Guidance for SMART planning.

Refer to Early Help Hub

Week 6

BY DAY 29

ACTIONS:

Chronology to be finalized

Assessments to be sent for authorisation **by day 29** to have time to discuss and make amendments if needed.

Decisions from management supervision from Day 10 to have been actioned. The assessment should highlight and analyse these actions and their outcome i.e. parental willingness to engage, change that they can achieve for the children, will they act as mitigating factors, etc. and their impact on the outcome of assessments.

Practice Guidance:

- Obtaining children's wishes and feelings particularly for close/step-down
- consider children's views for Review Network meeting in Week 9
- Monitor that the plan is on track, noting any drift or delay
- Check in with professionals to get updates on children and progression of plan
- Discussion to take place in Supervision to consider what needs to happen to close/ progress the Plan

Week 7

BY DAY 30

ACTIONS:

Assessment authorised by manager and actions identified in assessment and case note.

Where reassessment or progression to ICPC is considered appropriate: QoC assessment should be triggered whilst case is in Intake to allow detailed work around neglect to start.

Brief QoC to be considered in those CIN cases that are presenting neglect as the theme if not already triggered by this point.

Initial network meeting to be booked to take place within 2 weeks of assessment completion.

Closure assessments sent to BSSO and closure letter sent to family and professionals.

Assessment to be sent out/discussed with family by SW where CIN/CP/EIS.

Closures completed within 3 working days of assessment authorisation to include updating case summary and chronology.

Early Help referrals/Step downs to be completed within 3 working days of assessment authorisation.

Practice Guidance:

Chronology updated for outcome of assessment.

Consider Early Hub referrals and network closure CIN as method of step down, to take place within 2 weeks of assessment

Week 8/9

BY DAY 45

ACTIONS:

CIN Network Meeting has been held.

Next CIN review is booked for 4 weeks after initial CIN.

2nd/ 3rd Home Visit – Children must be seen.

Write up Minutes and finalise and authorise CIN Plans.

Practice Guidance:

- SMART Plan
- consider whether progress has been made, including soft indicators
- Consider whether the risk has been/is being mitigated, has the need been/is being met?
- Are there any new issues/areas of risk to consider?

-Consider early help services and whether progress has been made for step down at this stage.

Week 10 - 12:

DAY 50 - 60

ACTIONS:

Management Oversight

Recommendation for further care planning

- Illicit wishes and feeling to inform recommendations for continuing case management
- CIN plan and minutes to be shared with Network
- Monitor that the plan is on track, noting any drift or delay
- Check in with professionals to get updates on children and progression of plan

Practice Guidance:

- Managers to review direction of case; Consideration to be given to Closure, Continuation of Plan or Escalation.
- If continuation of plan is to be recommended that clear timescales to be set for review and need for Transfer out by 2nd Network Review

Appendix 7– Section 47 Flow Chart