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Central Bedfordshire Safeguarding Children Partnership

**Multi-agency guidance for assessment and thresholds of needs, risk and intervention** **for children and young people**

**October 2023**

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**CBSCB Children and Young People’s Needs, Risk and Thresholds Guidance**

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## Introduction

This guidance is designed for anyone working with children & young people and their families:

* To show the criteria for access to services for children based on a multi-agency needs/risk matrix.
* To outline the four levels of prevention, need and risk, including safeguarding thresholds.
* To set out the key principles for service provision to children, young people, and families
* To know what action to take if they are worried about a child’s welfare or safety.
* To understand what will happen if a child is referred to children’s social care.
* To outline the threshold between Early Help and Children’s Social Care, although in some circumstances both services will be involved.

It does not cover every possible circumstance or situation so if you require more information or advice please speak to a more senior person in your organisation or contact the Access and Referral Hub on 0300 300 8585.

This document reflects the guidance in [Working Together to Safeguard Children](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) (July 2018), which is the national framework setting out how services to safeguard and promote the welfare of children should operate and [Keeping Children Safe in Education Keeping children safe in education](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2)

## Principles

Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements in any local area **to safeguard and promote the welfare of children and improve the outcomes for children.** This covers a range of agencies which work with children, including children’s and adult social care, other local authority services, NHS organisations, police, probation service and youth offending teams.

A child is anyone who has not yet reached their 18th birthday. ‘Children’ therefore means ‘children and young people’ throughout this guidance.

All professionals should use their professional judgement alongside this guidance in deciding what action to take and when to refer to children’s social care or another agency. They should seek advice if uncertain and record their actions and reasons for taking the action, including if they take no action.

The following principles should underpin all multi-agency work to safeguard and promote the welfare of children:

* **the child’s needs are paramount**, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates; this may mean the parent’s wishes and needs are secondary.
* all professionals who come into contact with children and families, even if the child is not the primary service user, should be alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children.
* all professionals must **share appropriate information in a timely way**. Failure to share information, or not doing so in a timely way, is a factor repeatedly identified as a significant learning point in Serious Case Reviews.
* all professionals working with children who live in Central Bedfordshire can **discuss any concerns about a child or requests for support needs** with colleagues and CBC Children’s social care, via the **Access and Referral Hub on 0300 300 8585**.
* all professionals need to contribute to whatever actions are needed to safeguard and promote a child’s welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes.
* All professionals working with a child and family need to be aware of **the child’s ‘journey’** from the moment that the need for help has been identified to the end of that help with improved outcomes.
* It is also crucial to understand the timescale for the child and the serious impact neglect and harm can have on babies and young children. “For children who need additional help everyday matters” [Working Together, page 7].
* “Any professional with concerns about a child’s welfare should make a referral to [the Access and Referral Hub on 0300 300 8585]. Professionals should follow up their concerns if they are not satisfied with the…response.” [Working Together, page 9]
* Every assessment should be focused on outcomes.

Everyone who works with children has a responsibility to undertake training that will help them understand the principles of safeguarding and how agencies work together. A range of e-learning and traditional courses are available. See the [Central Bedfordshire Safeguarding Children Board](http://www.bedfordshirelscb.org.uk/lscb-website/home-page) (CBSCB) website for more details.

## Consent to share information

It is important for all professionals to understand when they should share information or refer to another service. The government has issued advice for all frontline practitioners and senior managers working with children, young people, parents, and carers:

[*Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents, and carers (July 2018))*](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)

This makes clear that any professional who “has concerns about a child’s welfare, or believes they are at risk of harm…should share the information with the local authority children’s social care…and/or the police...If it is thought that a crime has been committed and/or a child is at immediate risk, the police should be notified without delay.” The above advice also contains a helpful ‘Myth-busting guide’. There is also guidance in [Working Together](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2).

In general:

* you should **always** seek the parent’s consent; if you try to make a referral without obtaining consent you will be usually asked to do so.
* the overwhelming majority of **parents will give consent** and appreciate practitioners who are honest and direct with them.
* in certain circumstances you **do not need a parent’s consent** if
  + it is evidently dangerous to the child to seek consent.
  + it would cause delay that would significantly add to the risk.
* You may consider override seeking consent if the concern is about sexual abuse, forced marriage, ‘honour’ violence, female genital mutilation, fabricated or induced illness in a child.
* If you are unable to obtain consent or think it may not be appropriate you should seek advice from the designated or named professional or relevant manager in your organisation, by phoning the Access and Referral Hub on 0300 300 8585, but this should not cause a delay in safeguarding a child or young person.
* The young person can consent themselves – this requires a judgement about their capacity, and you should seek advice (from within your own agency or by phoning the Access and Referral Hub) or consult the [NSPCC](https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/) website.

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## Windscreen – levels of need, risks, and thresholds



|  |  |  |  |
| --- | --- | --- | --- |
| **Level 1: Universal Needs** | **Level 2: Additional Needs/Early Help and Early Help Plus (Targeted Early Help)** | **Level 3: Complex needs/Child in need** | **Level 4: Urgent Needs/Child Protection/Looked After Children** |
| Universal support for all children and families, including disabled children and children with Special Educational Needs (SEN). | Children and families, including disabled children/young people, and children/young people with special educational needs, experiencing difficulties and requiring additional support to enable achievement of good outcomes for children in the family and to prevent abuse and neglect. | Children and families, including disabled children/young people, and children/young people with special educational needs, whose needs are complex and without co-ordinated support are likely to escalate into specialist services. | Children and families, including disabled children/young people, and children/young people with special educational needs, whose needs are complex and enduring and cross many domains.  Child at risk of or suffering significant harm or removal from home. |
| Needs are met by universally accessible services such as:   * Schools and colleges * Early Years settings * GPs * Health visitors and school nurses * Midwifery * Housing * Police * Children’s Centres * Youth Services | Needs are met by a combination of the services listed within universal services and also targeted services such as:   * Children’s Centre Services * Early Education and childcare * Family learning and access to work * Welfare rights/benefits advice * Positive activities for young people * Emotional well-being and counselling services * Parenting and family support * Healthy lifestyles and reducing harmful risk. * Early Help+   Services are co-ordinated by a Lead Professional. | Needs are met by a combination of universal and targeted services and are overseen by a social worker. | Needs are met by a combination of universal, targeted and specialist services which are co-ordinated by a social worker. |
| No referral needed. | Professional in the community to complete an Early Help Assessment and send a copy to the Access and Referral Hub.  If needs cannot be met through universal and targeted services a referral should be made Access and Referral Hub. | Professional to refer on to the Access and Referral Hub.  If the threshold for a Child and Family Assessment is not met, the professional may be asked to complete an Early Help Assessment. | Professional to make immediate referral to the Access and Referral Hub. |

## Level 1 Universal services

Children’s needs at this level are met by universally accessible service e.g., schools, colleges, early years settings, health visiting, children’s centres. Children at this level do not need to be referred to Early Help or Children’s Social Care.

## The CBC Children’s Social Care and Early Help Assessment process

The primary role of Children’s Services, whichever team is involved, is to assess the child’s needs, promote their welfare and outcomes, and when necessary, protect them from harm.

**The Access and Referral Hub**

The Access & Referral Hub is the single point for all Safeguarding & Support needs for children within Central Bedfordshire

When you refer to the Access and Referral Hub, there are a number of actions Children’s Services can take:

1. offer information and advice if the referral does not meet the threshold to provide Early Help or undertake a Child &Family Assessment (C&FA). The family may be referred to Building Resilience in Families (BRIF) Panel. If the child/young person has a disability, then a C&FA will be offered.
2. the child is identified as needing support through Early Help or Early Help Plus, the Early Help team will identify a professional, usually known to the child, to complete an Early Help Assessment with the child and family.
3. the child is transferred to the relevant social work team, usually the Assessment Service, for a **Child and Family Assessment (C&FA)** under Section 17 of the Children Act 1989
4. the child is transferred to the relevant social work team, usually the Assessment Service, to undertake a **Child Protection enquiry under Section 47** of the Children Act, 1989. In serious cases the SW team will take **immediate action** to protect the child(ren), either with the police or by seeking a court order.
5. if the child was previously receiving a service from a social work team and has been closed within the preceding 3 months the closing team will decide what action should be taken
6. If the concerns relating to the child(ren) are deemed to need further investigation to determine if Threshold is met for assessment, then the case is transferred to the MASH (Multi agency safeguarding Hub)

**What is the MASH?**

Central Bedfordshire MASH is an integral part of the Central Bedfordshire Access & Referral Hub. The MASH is made up of multi-agency professionals, including police, health, social care professionals.

The MASH function is to identify risks to vulnerable children at the earliest possible stage by providing a safe and speedy triage, to determine the most effective interventions. This is achieved by expedient information gathering to support multi-agency informed decisions, to allow children and families access to appropriate timely comprehensive assessments and interventions. To improve outcomes for children and their families.

Central Bedfordshire understands that an overwhelming majority of serious case reviews document poor inter-agency communication, as one of the key contributing factors to tragic outcomes. The Central Bedfordshire Mash is designed to overcome this factor by working to a shared objective and by using local resources.

Expected outcomes:

• More robust decision making

• Less duplication across agencies

• Reduction in repeat referrals and cases requiring No further action

• Better information sharing across partner agencies

• Reduction in the risk of borderline cases slipping through the net

**Timescales:**

Contacts that come into the MASH are graded - green is generally Early Help, yellow are Early Help/CIN and red cases require a Strategy Discussion.

* For cases with a red RAG rating the timescale for decision is 4 hours.
* For Amber and Green RAG rated cases the timescale is 24 hours.

Agencies have 24 hours to respond to MASH information requests.

***What is Early Help?***

Early Help consists of Early Help in the Community, Early Help+ and Early Help within the Children with Disabilities Service.

Early Help will support some children with disabilities or additional needs and their families, including children with ADHD, ASD, or other related disabilities.

**Early Help in the Community** – Early help means providing support as soon as a need emerges, at any point in a child’s life, from the foundation years through to teenage years. Early Help in the Community includes support from both universal and targeted services to support families in a time of need, to prevent the situation escalating. Our Early Help offer within the Community is supported by our Building Resilience in Families (BRIF) meetings. These meetings are made up of a consistent team of partners from different sectors within each locality, with a joint commitment to working together more effectively to intervene early. Professionals within the Community are invited to come and discuss families they are supporting to gain advice and support on identifying services to best support the family going forward.

**Early Help+** - Early Help Plus is made up of five locality teams who sit within Children Services. Within the teams there are a number of Family Partners. Early Help Plus are there to support where threshold is met and support from the community may have not been able to support a family in reaching assessed outcomes. The process is voluntary, and consent will need to be provided by parents.

**Early Help Assessments (EHA)**

Early Help Assessments can be completed within the Community or within Early Help+.

**Early Help Assessments completed within the Community** – The Community Early Help Assessment (EHA) can be completed by any professional supporting children and their families. It is a standardised approach used to assess children and young people’s needs and deciding how their needs can be met, by both universal and/or targeted services. Once completed the EHA will serve as a useful way to share information and to track and review a child or young person’s progress, through regular Team Around the Child (TAC) meetings. The EHA is a voluntary process that helps children, young people and those closest to them at the earliest possible stage to prevent an escalation of needs.

**Early Help Assessments completed by Early Help+** - As outlined in Section 6, once the threshold for Early Help+ support is identified then an assessment is completed.

If Early Help+ is agreed as the best approach to supporting a child / family:

* Early Help+ will identify a Family Partner to complete an Early Help Assessment.
* The Early Help Assessment will identify the child and family’s holistic needs and agree a set of outcomes, which will then be outlined in the Early Help Plan.
* The Family Partner alongside the family and partner agencies will review the Early Help Plan on a regular basis until the outcomes are achieved.

**Child and Family Assessment (C&FA)**

Where the Threshold is met for a Child and Family Assessment, a Social Worker undertakes a C&FA under Section 17 (Child in Need) or Section 47 (Child Protection) they will:

* Discuss the concerns or needs raised with the referrer and record the discussion, excluding Police domestic abuse referrals.
* Clarify if the parents have consented to share the information; consent is only disregarded if the circumstances are judged to be immediate and high risk or seeking consent would place the child at increased risk.
* Consult records already held by Children’s Services
* Contact other agencies to gather information.
* Assessments are completed within 45 working days.
* The referrer and other agencies will be informed of the outcome.

## How to use the levels of need and Threshold Chart

The following three tables set out a brief description of the levels of need and risk, some of the most significant need and risk factors and how services will respond. The examples of needs and risks in the second column are **indicators** of need or risk. They should not be considered in isolation. The presence of one need or risk will rarely be evidence of the overall level of need. The overall level of need and risk will usually be based on

* The presence of a number of factors
* The balance of needs and risks at different levels
* The presence or absence of resilience or protective factors (see section 11 below),
* There may be other significant factors not covered in these tables, and
* The accumulation of known concerns and historical background.

The tables are designed to help professionals working with children understand when a child, young person or their family should be referred to the Access & Referral Hub and the most likely response. If in doubt any professional can always contact the Access and Referral Hub Team for advice.

## Level 2, Level 3, and Level 4 Threshold Chart:

|  |  |  |  |
| --- | --- | --- | --- |
| **Threshold** | **Additional Needs/Early Help and Early Help Plus (Targeted Early Help)**  **LEVEL 2** | **Complex needs/Child in need**  **LEVEL 3** | **Urgent Needs/Child Protection/Looked After Children**  **LEVEL 4** |
| **The child or young person** | Children and families, including disabled children/young people, and children/young people with special educational needs, experiencing difficulties and requiring additional support to enable achievement of good outcomes for children in the family and to prevent abuse and neglect. | Children and families, including disabled children/young people, and children/young people with special educational needs, whose needs are complex and without co-ordinated support are likely to escalate into specialist services. | Children and families, including disabled children/young people, and children/young people with special educational needs, whose needs are complex and enduring and cross many domains. They are at risk of significant harm or removal from home. |
| * Children from families where carer(s) are experiencing difficulties which **may** affect the child’s health, development, or achievement. * Children who are vulnerable and who need more help than can be provided by a single universal service. * Children with emotional, behavioural and/or social difficulties requiring additional help. * Disabled children or children with additional needs. | * Children with complex needs requiring targeted preventative services, i.e.:   + at risk of becoming looked after,   + at risk of suffering significant harm   + whose parent’s ability to care is significantly compromised. * Children whose health and development are or may be impaired or affected. * Children and families where there are a risk of deterioration and the child’s health, or development may be affected in the near future. * Disabled Children or children who have an additional need.   Children at Level 3 are Children in Need and will be reviewed by the MASH to assess whether an assessment is required by Children’s Social Care. | * Children are suffering or likely to suffer significant harm. * Children or young people in need of protection * Children or young people with enduring health problems or disabilities where the appropriate support essential for their health and well-being is not being adhered to * Children or young people who have no parent or other responsible adult to care for them. * Children or young people who need to be looked after for their protection |
|  | **The following circumstances and key features are for guidance and should always be considered in respect of the impact on the child or young person including unborn and newly born. Each child’s case will be individually considered taking into account the child’s circumstances and the strengths of the family.** | | |
| **Examples of possible needs and risks** | **Child or young person’s developmental needs:**   * Delay in reaching developmental milestones. * Overweight/underweight/enuresis/ * encopresis * Concerns regarding sexual health/harmful risk * Some concerns re diet, hygiene, clothing etc. * Under-stimulated * Child has caring responsibilities (young carer) * Parent/carer curtailing child’s growing independence * Limited peer relationships * Poor punctuality/late for school * Intermittent school absences/regular non-attendance/truancy * Repeat fixed term exclusions. * Not making good progress in school * Children not attending school or missing from education. * Identified learning needs. * Children struggling to engage with education because of an additional need. * Isolation and lack of social opportunities for disabled children and young people * Emerging concerns regarding substance misuse. * Self-harming and/or suicidal thoughts * Emerging concerns in relation to missing episodes. * Harmful sexualised behaviour towards others. * Regularly missing routine and non-routine health appointments, immunisation, and checks * Disruptive/challenging behaviour in school/community/home * Children who are at risk to or experiencing exploitation. | **Child or young person’s developmental needs:**   * Violent behaviour in school/community/home * Parent’s relationship problems are significantly impacting on child. * Young carer whose responsibilities are adversely affecting development. * Behaviours from disabled children and young people which challenge the family and supporting services. * Sexualised behaviour which is not age appropriate – please refer to the [Traffic Light Tool](https://www.brook.org.uk/training/wider-professional-training/sexual-behaviours-traffic-light-tool/#tlttraining)) * Harmful sexual behaviour * At risk of child exploitation and child criminal exploitation * At risk of child sexual abuse * Significant alcohol/drug use * Significant mental health concerns in relation to the young person. * Children persistently missing or absent * The child is privately fostered. * Child is exiting a Tier 4 Bed * Severe isolation of the child * Child(ren) are out of education for a sustained period of time. * Child or young person is homeless. | **Child or young person’s developmental needs:**   * Child involved in serious substance misuse or offending behaviour. * Allegation of historical sexual abuse where perpetrator no longer present. * Child previously in care or previous request that is taken into care. * Child persistently goes missing. * Child is being exploited. * Chronic neglect * Serious harmful sexual behaviour * Child is subject to MAPPA. * Child has suffered or at serious risk of significant harm (Physical, sexual, emotional) * Child being trafficked or sexually exploited. * Child has acute mental health needs that impact on safety/care of child. * Child at risk of honour-based violence, forced marriage or female genital mutilation. * Victim of child sexual exploitation * Perpetrator of child sexual exploitation * Bruising on non-mobile children (either explained or unexplained) |
| **Factors affecting parenting capacity:**   * Parents may need support if their child has additional needs, either diagnosed physical, learning, or emotional needs or undiagnosed needs. * Parents need advice with regards to parenting including child development, behaviour * Parents and sibling’s history or current contact with the Criminal Justice System, anti-social behaviour or hate crime. * Provides inconsistent boundaries/parenting. * Inconsistent emotional responses to child * Emerging parental health problems e.g., physical health, mental health, substance misuse * Parent’s relationship is in conflict and impacting on the children. * Domestic abuse * Aggression in the family home * Parents are teenage parents. | **Factors affecting parenting capacity:**   * Struggling to support child’s health needs and/or struggling to provide adequate home conditions. * Parents action or in-action is impacting on the child’s developmental needs. * No effective boundaries * Concerns about parents’ ability to keep the child safe. * Teenage pregnancy/parent * Late presentation to pregnancy care * Significant anti-social behaviour or criminal justice involvement by the parent * Parental learning disability or physical disability * Parental mental health concerns * Parental substance misuse concerns * Parents unable to undertake essential day to day tasks due to the impact of parenting a disabled child. * Parents do not take consistent action when the child goes missing from home. | **Factors affecting parenting capacity:**   * Parents action or in-action is having a significant impact on the child’s developmental needs. * Parents are not responding to a child’s mental health needs. * History of enduring domestic abuse incidents * A severe or significant incident of domestic abuse * Parental disability, mental health, or substance problems where there are concerns about parents’ ability to meet the basic needs of the child. * Attachment problems – highly critical or apathetic to child * Child or young person is beyond parental control. * Severe mental/physical illness of parent/carer severely impairing care of child * Serious substance misuse of parent/carer severely impairing care of child * For unborn children – Parents have had previous children removed in the past 12 months – please refer to [Pre-Birth Assessment Guidance](https://bedfordscb.proceduresonline.com/p_pre_birth.html) * Parents are perpetrators or facilitators of child sexual exploitation. * Parent or family member is MAPPA 1,2 or 3 * Parent is vulnerable and a victim of exploitation or cuckooing. |
| **Family and environmental factors:**   * May not access universal services adequately. * Dispute over contact arrangements * Housing issues * Limited family support/community support * At risk of radicalisation * At risk of forced marriage or honour-based abuse * There is a history of criminal activity within the family. * There is suspicion or some evidence that the family are involved in gangs and or exploitation. * Consideration that 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 family. | **Family and environmental factors:**   * Evidence of domestic abuse impacting on the child’s safety and wellbeing. * Impact of disabled child or young person’s behaviour on the siblings/family * Evidence of radicalisation * Family is isolated. * Chronic housing issues * A criminal record or concerns relating to serious or violent crime is held by a member of the family (e.g., parent, carer, or another child) * There is a known involvement in gang activity. * Extreme poverty * Family is currently homeless with no recourse to public funds. | **Family and environmental factors:**   * Child has been a ‘Child in Need’ for a year with little progress made and repeat escalations regarding safeguarding concerns have been made – A review of the Child Protection decision should be carried out. * No effective support systems * Negative impact from extended family * Inadequate supervision that puts the child at risk of significant harm * Consideration that 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 family. * There is a known involvement in gang activity impacting significantly on the child and family. * Child exposed to immediate danger. * Families with chronic history of abuse and persistent neglect * Person posing a serious risk to children present in home or has access to child. * At risk of serious harm because of radicalisation |
| **Our Response** | Referrals can be made to the Access and Referral Hub for advice or to determine if support can be offered through Early Help in the Community or via Early Help+ with consent of the parents.  Education settings may also be providing additional support through a SEND Support plan or an Educational Health Care Plan (EHCP).  Parents can apply for a Parent Carer Needs Assessment online, which will be sent to the Children with Disabilities Team (CWD) for them to review/respond.  Some outcomes may include advice, guidance, or financial support.  In relation to concerns of radicalisation, the Access and Referral Hub will be the first point of contact and they can provide advice.  Where concerns are related to neglect consideration should be given to completing a Graded Care Profile. | Access and Referral Hub to be contacted.  Children’s social care will make a decision within 24 hours of referral about whether an assessment of the child’s needs is appropriate and inform the referrer where appropriate.  If Children’s Social Care undertake a Child & Family Assessment (C&FA) this will be completed within 45 days.  The assessment may identify needs that can be met by complex packages of support and specialist services.  Some children may be subject to more than one assessment. This can be stressful for a child or family, and it is very frustrating when different professionals or agencies ask families for the same information. If this is the case practitioners should liaise to minimise duplication and inconvenience for the child and family.  Where a child is privately fostered a Child and Family Assessment will be carried out along with an assessment of the carer.  For some children Early Help will already be involved and it may be appropriate for them to remain involved, or an Early Help service may be part of the plan.  Where children have an Educational Health Care Plan (EHCP), Social Care will provide advice and recommended outcomes where appropriate.  Where voluntary Early Help Services have been working with a family and limited change has occurred, these cases need to be considered for escalation.  Where concerns are related to neglect consideration should be given to completing a Graded Care Profile.  It should be noted that Level 3 is consent led. | **Access and Referral Hub to be contacted**.  **Where children/young people are in need of immediate protection or where there is a risk of immediate family breakdown an urgent response may involve:**   * Joint investigation with the police under Sec 47 of the Children Act. A Strategy Meeting or discussion will be arranged. * Immediate court action * Agreement to provide accommodation for the child.   After the urgent response a C&FA will be undertaken to ensure a full assessment of the child and family’s circumstances and a plan will be made to meet their needs and manage the risks.  If an urgent response is not needed, but it is clear the needs and risks are high priority a C&FA will be completed in not more than 45 days. Many C&FAs will take less than this. See section 5 above for more details.  The referrer or other agencies can seek information on progress of the referral or assessment at any time.  The assessment may identify needs that can be met by complex packages of support and specialist services.  Some children may be subject to more than one assessment. This can be stressful for a child or family, and it is very frustrating when different professionals or agencies ask families for the same information. If this is the case practitioners should liaise to minimise duplication and inconvenience for the child and family.  Where concerns are related to neglect consideration should be given to completing a Graded Care Profile. |
| **Level of Assessment** | Early Help Assessment | Child and Family Assessment | Child and Family Assessment / Child Protection (S47) Investigation |

## Resilience Factors

In making a decision about which service should help a child or the level of needs and risks it is important to consider the resilience factors which may protect and counterbalance the risks. Being resilient can mean a child in otherwise challenging circumstances can develop ‘normally’ or they can overcome adversity. A number of factors have been identified that can contribute to resilience:

* Individual factors:
  + good communication skills
  + humour
  + religious faith
  + capacity to reflect.
  + intelligence
  + a talent or skill that is allowed to develop.
* Family factors:
  + at least one supportive relationship in close family
  + affection
  + clear boundary setting
  + support for education
  + family acknowledge difficulties and are cooperating with services to help them.
  + acknowledgement and understanding of the child’s additional needs or disability.
* Community factors:
  + a wide support network, e.g., extended family
  + positive friendships
  + a supportive relationship with an adult outside the family
  + access to sport and leisure activities
  + a good standard of living
  + a good school with academic and non-academic opportunities
  + good housing

These (and other factors) will be taken into account when a decision is made about what assessment or service should be considered for a child, young person, or family. The Adverse Childhood Experiences of a parent should also be considered when making decisions about assessment or service should be provided to a family.

## Children & Young people with specific needs or risks

Some children and young people require a specific assessment and/or help because of their particular circumstances or because of the nature of the risk they are exposed to. These are:

1. children who commit offences and are known to the criminal justice system.
2. children who return home from care
3. [children at risk of female genital mutilation (FGM)](http://bedfordscb.proceduresonline.com/chapters/p_fgm.html) \*
4. [children at risk of radicalisation](http://bedfordscb.proceduresonline.com/chapters/p_supp_violent_extrem.html) \*
5. [children at risk of child sexual exploitation](http://bedfordscb.proceduresonline.com/chapters/p_safeg_ch_young.html) \*
6. Children who are missing
7. children at risk of honour-based abuse or forced marriage.
8. young carers
9. children with disabilities
10. children not a school
11. Neglect – Completing a Graded Care Profile 2 (GCP2)

\*For these areas of risk there is a senior practitioner in the Access and Referral Hub who has lead responsibility. If you require more advice or wish to discuss a child or young person who is exposed to this specific risk and they do not have a social worker, please ask to speak to the “senior practitioner who leads on…”

Children exposed to the risks or needs listed above will normally be assessed and receive services from Early Help or Children’s Social Care according to the risks, needs and resilience factors set out in Sections 8, 9, 10 and 11 of this guidance, i.e., according to the Level 2, 3 or 4 indicators and the resilience factors. But additionally, the following procedures will be followed.

1. **Children involved in the Criminal Justice System**

Children involved in the criminal justice system will be known to and supervised / work undertaken by the local Youth Offending Service (YOS), who undertake a range of interventions to reduce the risk of re-offending by young people, including working with their parents, carers, and the victims of crime.

In addition to managing the safety and well-being of children known to the Service, The YOS enforces Court and pre-Court disposals managing risk of offending and risk of harm to others. The YOS has a responsibility to risk assess and manage the safety of victims (current and future) and offers services to the victims of the children known to the YOS.

The Youth Offending Service is made up of representatives from the police, probation service, social services, health, education. Because the service incorporates representatives from a wide range of partners, it can respond to the needs of young offenders in a comprehensive way. The Youth Offending Service identifies the needs of each child by assessing them using a national assessment format (ASSET plus). This helps to identify specific problems that may contribute to the child’s offending as well as measuring the risk they pose to others. This enables the YOS to identify suitable programmes to address the needs of the child with the intention of preventing further offending. As part of their assessment, they will check if the child or family is known or previously known to Children’s Social Care/Adult Services. They will also consider whether the child has specific needs such that s/he would benefit from referral to Early Help or Children’s Social Care or whether they are suffering abuse or neglect in which case they must be referred to children’s social care.

The assessment also includes checks on the child’s education, training, and employment (ETE) status and any special educational needs. The YOS practitioner will liaise with colleagues in schools, colleges, and the SEN team where appropriate. Physical and emotional/ mental health is another part of the assessment process and checks will be made with colleagues in health around any concerns the young person presents or interventions they need.

Any professional who is involved with the child should ensure that any new information they have or changes in the child’s circumstances are conveyed to the YOS worker as soon as practical. They can contact the YOS worker at any point to pass on information or seek clarification about the progress of the assessment or of ongoing work. Children’s Social Care records indicate if a child is currently open or previously involved with the YOS. The YOS may work with the older sibling of children open to other services such as Early Help. Robust joined up work and planning across all services working with a family is essential.

The YOS has a lead officer (Service Manager) responsible for ensuring safeguarding is at the forefront of their business.

The YOS is a shared service across both Bedford Borough and Central Bedfordshire. They work with children aged between 10 and 18 who are within the criminal justice system. They offer work in relation to pre-Court disposals which includes a Diversion programme as well as those subject to Court outcomes. The YOS delivers the work of Court disposals on behalf of the Court. The age of criminal responsibility is 10, a child who commits and offence at the age of 18 will be dealt with by the adult Criminal Justice system.

A child who is remanded to youth detention accommodation (YDA), becomes looked after (i.e., is ‘in care’) under the Legal Aid Sentencing and Punishment of Offenders Act, 2012. Children’s Social Care must visit the child and assess her/his needs. A Detention Placement Plan (DPP) must be prepared for the child, setting out how the YDA and other professionals will meet the child’s needs. The DPP must be reviewed in the same way as a care plan for any other looked after child.

1. **Children who return home from care**

Children usually come into care because there are serious concerns about the care they received from their parents, or some other serious family difficulty meant their parent(s) could not care for them. Children who return home from care are at greater risk than other children of experiencing abuse or neglect. Therefore, the decision by Children’s Social Care to return a child from care to their parents will always require very careful consideration and specific procedures have to be followed.

There are three circumstances in which children can return home:

• the return home is planned by the social work team and the child ceases to be looked after

• the return is unplanned (e.g., an older child takes themselves off home)

• the child is placed at home while remaining subject to a Care Order, so s/he remains looked after

Children who return home in a planned or unplanned way will normally be considered as children in need, or if the risks are sufficient, they may become subject to a Child Protection Plan. Children/young people whose return home in a planned way can also return home on a Care Order. We will seek discharge the Care Order after 12 months approximately if positive progress has been made.

Planned return: When a child is looked after an assessment will have been completed already or will be completed. Her/his needs should be addressed before a decision is made about the child's return home. Government regulation sets out the requirement that an assessment by a social worker must take place before the child returns home. This must consider the views of all professionals who know the child including her/his carers. This will provide evidence of whether the necessary improvements have been made to ensure the child's safety when they return home. The NSPCC Reunification Framework (2015) is an additional framework to follow as part of an evidence based comprehensive approach to decision making. Appropriate support will be provided for children who return home, ensuring that they are safe and the risks and needs, as set out in Sections 8, 9, 10 and 11 above (i.e., according to the Level 2, 3 or 4 indicators and the resilience factors), are met.

Unplanned return: If the child’s return home is unplanned, e.g., the child is ‘taken from care’ by a parent or carer or the child chooses to return home without agreement then Children’s Social Care must consider whether there are any immediate concerns about the safety and well-being of the child. If the child is not safe a Strategy Meeting will consider further legal or police action. If it is safe for the child to remain at home an assessment will be undertaken, and support provided as for children who return home in a planned way.

Placement at home under a Care Order: If a child is subject to a Care Order and a care plan for her/him to return home is agreed this will require the agreement of the Assistant Director, Children’s Operations. An assessment will be completed as above and, if agreed, a support plan will be put in place. The child will remain subject to the normal review process for looked after children.

If the child is subject to an Interim Care Order the agreement of the court will be required if there is a plan to return her/him home and the Guardian must be informed.

If it becomes unsafe for a child to remain at home steps will be taken as for any other child where this decision is reached.

1. **Children at risk of female genital mutilation (FGM)**

Female genital mutilation is a criminal offence and any girl for whom FGM is planned will be a child in need of protection.

The [Serious Crime Act, 2015](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwNDE3LjQ0MTk0NjcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDQxNy40NDE5NDY3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDQxMzQ1JmVtYWlsaWQ9amFzaHBhbC5tYW5uQGJlZGZvcmQuZ292LnVrJnVzZXJpZD1qYXNocGFsLm1hbm5AYmVkZm9yZC5nb3YudWsmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&105&&&http://www.legislation.gov.uk/ukpga/2015/9/contents/enacted) has updated and extended the law in relation to FGM. The law now covers and protects not only UK nationals, but also anyone who is ‘habitually resident’ in the UK. This refers to a person’s ordinary residence, as opposed to a short, temporary stay in the country. This applies irrespective of whether the person is subject to immigration restrictions or whether they are in the UK lawfully.

The Act introduces a new offence of failing to protect a girl under the age of 16 from FGM. A person is liable if they are ‘responsible’ for a girl at the time when the offence is committed. A ‘responsible’ person will have parental responsibility and have frequent contact with the girl. Alternatively, it is any adult who has assumed responsibility for caring for a girl in the manner of a parent.

There is a new duty on healthcare professionals, teachers, and social care workers, to notify the police when, in the course of their work, they discover that an act of FGM appears to have been carried out on a girl who is under-18.

Health professionals in GP surgeries, sexual health clinics and maternity services are the most likely to encounter a girl or woman who has been subjected to FGM so need to be particularly alert to the following indications, and consider the risk to siblings, children of a woman who has had FGM, and extended family members.

Indications that FGM may be about to take place include:

* The family comes from a community that is known to practise FGM.
* A child may talk about a long holiday to her country of origin or another country where the practice is prevalent, including African countries and the Middle East
* A child may confide to a professional that she is to have a 'special procedure' or to attend a special occasion.
* Any female child born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family.
* Any female child who has a sister who has already have undergone FGM must be considered to be at risk, as must other female children in the extended family.

Indications that FGM may have already taken place include:

* A child may spend long periods of time away from the classroom during the day with bladder or menstrual problems.
* A prolonged absence from school with noticeable behaviour changes on the girl's return could be an indication that a girl has recently undergone FGM.
* Professionals also need to be vigilant to the emotional and psychological needs of children who may or are suffering the adverse consequence of the practice (e.g., withdrawal, depression, etc.)
* A child requiring to be excused from physical exercise lessons without the support of her GP.

Where a child is thought to be at risk of FGM, professionals should be alert to the need to act quickly, to prevent the child being abused through FGM in the UK or abroad. A referral should be made to the Access and Referral Hub as a potential child protection referral.

Further procedures are being developed by a Pan-Bedford Group, which will be available on the [CBSCB website](http://www.bedfordshirelscb.org.uk/lscb-website/home-page) when complete.

1. **Children at risk of Radicalisation**

Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups. The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame.

While the risk of radicalisation may raise serious security issues, children and young people may still need the help and support that can be provided through Early Help, Child in Need, and safeguarding services. The process should be seen as the same as for other children with welfare or safeguarding needs.

The national Prevent strategy emphasises the importance of a multi-agency partnership to monitor activity and risks, which should include Children's Services. The Channel programme is an initiative led by the Police and provides support to those at risk of being drawn into violent extremism. Young people at risk of being radicalised are likely to be exposed to safeguarding risks or have other needs which require intervention from either Early Help or Children’s Social Care.

Any professional who is aware of a young person at risk of radicalisation, for example as a result of observed behaviour or reports of conversations to suggest the child supports terrorism and/or violent extremism, must report these concerns to the named or designated safeguarding professional in their organisation or agency. Professionals should share their concerns with child and family where there is no immediate risk of harm to gain understanding of the child’s behaviour / conversation to avoid misunderstanding.

All case should be referred into the Access and Referral Hub in the first instance in line with other safeguarding concerns.

In exceptional cases, it may be considered that a child or young person is already involved or potentially involved in supporting or pursuing extremist behaviour. This may be, for example, where the child is part of a family with known extremists (e.g., people who are currently subject to criminal proceedings or who have been convicted of terrorism related offences). Where this is the case, a referral must be made to the Access and Referral Hub and the police must be informed as soon as possible. It may be that sharing information about the concerns with the parents may increase the risk to the child and therefore may not be appropriate at the referral stage. More information about radicalisation can be found on [CBSCB website](http://www.centralbedfordshirelscb.org.uk/lscb-website/professionals/radicalisation-and-extremism)

1. **Children at risk of child sexual exploitation (CSE)**

Where there are concerns that a child or young person is at risk of sexual exploitation, the Bedfordshire Child Exploitation Tool, available to professionals via the CBSCB website, must be completed. This is also then reflected on to the Children’s Services electronic database. This tool offers prompts to identify risk factors and provides guidance as to indicators that professionals should consider in respect of CSE to inform their assessment of risk. If there is evidence of modern-day slavery, a National Referral Mechanism (NRM) referral will need to be completed. Professionals should also consider referrals to services such as iCash, Link to Change and VERU YIS team to ensure the child/young person and family have sufficient support. If the concerns about exploitation have arisen due to a significant incident, a strategy meeting will need to be held. Whereby there are more than one young person impacted upon by a significant or ongoing incident, consideration for a complex strategy meeting will be needed to ensure location/perpetrator specific disruption and safety plans can be implemented.

Whereby external agencies have concerns regarding CSE, they should complete a referral to the Access and Referral Hub, as for any other child where there are safeguarding concerns, to allow a decision to be made about Children’s Services intervention. External agencies can also lead on completing the Bedfordshire Child Exploitation Tool and submit this to the Access & Referral Hub to ensure that safeguarding measures can be appropriately taken where needed.

The Child Sexual Exploitation & Missing SPOC meeting is held fortnightly to discuss individual cases and the Child Exploitation & Missing meeting (CEM) to discuss trends, disruption and forms of intervention is held monthly. The SPOC meeting is used to discuss concerns for young people who regularly go missing and/or who are being sexually exploited. The exploitation and missing Coordinator will liaise closely with social workers and team managers to ensure that there are clear plans in place for any children/young people who are discussed at the SPOC meetings. The CEM is informed by intelligence that is submitted to the Police by professionals and members of the public.

More information about child sexual exploitation can be found on the dedicated page on the CBSCB Website: [Child Sexual Exploitation](https://centralbedfordshirelscb.org.uk/lscb-website/professionals/child-exploitation)

1. ***Children who go missing***

Children and young people who go missing in Central Bedfordshire are responded to in accordance with the Bedford Borough, Central Bedfordshire Safeguarding Children Board Safeguarding Children and Young People who Run Away and go missing from Home and Care protocol. Please click here for [CBSCB protocol](https://bedfordscb.proceduresonline.com/p_missing_home_care.html).

Repeatedly going missing should not be viewed as a normal pattern of behaviour. For example, repeat episodes of a child/young person going missing could indicate exploitation concerns. A referral for support under Early Help or statutory Children’s Services should be made whereby there are concerns about repeat missing episodes and/or exploitation. If a child/young person has been missing for over 24 hours or three or more times within a 90-day period, a strategy meeting will be held, and consideration will be made for the child and family to be supported under Child in Need processes.

When a child/young person whose whereabouts are unknown are reported to the police, the police will categorise that child/young person as ‘missing’ or ‘absent’ using the Association of Chief Police Officers definitions. All missing people under the age of 18 years will be classified as at least an ‘amber’ on the Police risk assessment. Where there is an immediate threat to life or the risk of harm is assessed as being immediate, the missing child may be raised to a ‘red’ on their risk assessment.

These definitions are as follows: Missing - “Anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another” or Absent – “A person not at a place where they are expected or required to be and where there is no apparent risk”.

The Statutory Guidance on Children Who Run Away or Go Missing from Home or Care 2014 is issued under Section 7 of the Local Authority Social Services Act 1970 and states that local authorities must offer an independent return interview to all children who run away or go missing from their family home or care’. In Central Bedfordshire, any young person who has been reported as missing or absent to the police or to another organisation will be offered a return home interview by our independent return home interview service. The return home interview service will accept referrals via the access and referral hub, parents/carers, and professionals.

1. ***Honour Based Abuse and Forced Marriage***

Honour Based Abuse (HBA) is a crime or incident that has been committed to protect or defend the honour of the family or community. Identifying that a crime or incident may be ‘honour based’ is key to being able to respond to it appropriately and correctly and ensuring that the correct support is given to those involved.

IZZAT is a term commonly used within the cultures associated with Honour Based Abuse. IZZAT aka Family Honour is very impactive on the victim and plays a large part in motivating the families’ behaviour and actions. The Honour code is an unwritten code of conduct that involves loss of face on someone’s part and if offended against is very serious for the victim, especially in groups of the community where loyalty is considered paramount.

Cultures in which HBA exist sometimes also practice forced marriage, and do not accept that a woman can have a partner before marriage or that they can choose their own spouse. Remember that where there is a forced marriage, there is likely to be a rape.

Honour Based Abuse can be distinguished from other forms of violence as it is often committed with some degree of approval and/or collusion from family and/or community members. Examples of HBA may include murder, un-explained death (suicide), fear of or actual forced marriage, coercive control, child abuse, domestic abuse, rape, kidnapping, false imprisonment, threats to kill, assault, harassment, forced abortion.

Any act may cause HBA but those commonly found are: -

* Dishonourable Behaviours
* Defying Parental Responsibility
* Use of Drugs or AlcoholSmoking
* Declaring Sexuality
* Girlfriend/Boyfriend
* Becoming Westernised Wearing Make-up
* Intimacy with another person
* Seeking a Divorce

A Forced Marriage (FM) is where a marriage is entered into without the full and free consent of one or both parties, as a result of physical or psychological pressure or abuse. This issue of consent is paramount in these cases.

True Consent is an “agreement by choice, and the freedom and capacity to make that choice” Professionals must also consider whether a complainant had the capacity (i.e., the age and understanding) to make a choice OR whether he or she was in a position to make that choice freely and was not constrained in any way. Assuming that the complainant had both the freedom and capacity to consent, the crucial question is whether the complainant agrees to the activity by choice.

Forced Marriage Protection Orders (FMPO) is made to protect someone from being forced into marriage & an Order can be made to protect someone who has already been forced into marriage. Each one is bespoken to the individual and can help protect from Threat of harm, violence, harassment, and Travel. They can be applied for at the County Court by the victim, Police, Social Services, or any interested 3rd party. A breach of an FMPO should be treated in the same way as any breach of an order i.e., a non–molestation order.

Professionals working with a child or young person who believes they are at risk of or victim of HBA or FM should complete a referral to the Access and Referral Hub to allow a decision to be made about Social Care intervention. Professionals should also consider referrals to services such as the Police and the Foreign and Commonwealth Office. At no point should the professional: -

* Enter into Mediation.
* Send them away believing it’s not serious.
* Approach the family or community leaders.
* Use interpreters from the community.
* Go to the family home/ alert those with influence that there is professional involvement / last resort.
* Contact them by phone to find out if they are being held against their will.
* Give information to well-meaning enquirers, be aware of some counsellors, MPs, and or persons with authority requesting information or offering mediation.
* Breach confidentiality / share information without their consent unless they are a child or there is an imminent risk of serious harm or threat to life of the victim.
* Make contact with overseas law enforcement agencies.
* Return them to the family or tell family where they are.

1. **Young carers**

A young carer is defined in Working Together, 2015 as:

a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work).

Young carers are usually young people living with a family member, most often a parent or sibling, who have a disability, chronic physical illness or mental illness, or an alcohol or drug misuse problem. They may have to cook, clean, shop, provide nursing or personal care, or emotional support at a level that is significantly greater than would be expected in a family where another family member did not have these difficulties. Additionally, the parent’s difficulties may mean they are not able to care for and support their child as well as another parent.

Young carers often miss out on opportunities that other children have to play and learn. Some may struggle educationally and are sometimes bullied for being ‘different’. They can become isolated, with little relief from the pressures at home, and little chance to enjoy a normal childhood. They may be afraid to ask for help as they fear letting the family down or being taken into care.

Any professional concerned that a child is a young carer, and this is adversely affecting their well-being should complete an Early Help Assessment and contact the Access and Referral Hub if this identifies support needs greater than can be met by that agency.

Children’s Social Care has a duty to carry out an assessment under the Young Carers’ (Needs Assessment) Regulations 2015 and must carry out a young carer’s needs assessment in a manner which is appropriate and proportionate to the needs and circumstances of the young carer if they consider the young carer has support needs. The assessment must consider the impact of the child’s caring role on their health and development; and reach a view about whether, in the view of the child’s needs and personal circumstances, any care tasks are “inappropriate” or excessive. The local authority must also carry out such an assessment if a young carer, or the parent of a young carer, requests one. Depending on the circumstances the assessment will be carried out through an assessment by Early Help, Children’s Social Care, or the Children with Disabilities Service.

Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer’s needs and wishes. The Regulations require local authorities to look at the needs of the whole family when carrying out a young carers’ needs assessment. A young carers’ assessment can be combined with assessments of adults in the household, with the agreement of the young carer and adults concerned.

In Central Bedfordshire there are a number of services that can support young carers. **Carers in Bedfordshire** provide universal support for all carers, and there is individual support for young carers and children affected by parental mental illness provided by the Early Help Service. There is also specialist commissioned provision for children affected by parental substance misuse who may also be young carers.

1. **Children with disabilities**

The Children with Disabilities Service has developed guidelines to explain how Early Help and Child in Need or with urgent, immediate, or other high priority needs are assessed and responded to in their service.

### Level 2 Intervention – Early Help Services

* Early intervention and childcare
* Family learning and access to work
* Positive activities for children and young people which promote their aspirations, health, and well-being.
* Parenting and Family Support
* Healthy lifestyles and risky behaviours
* Emotional well-being and counselling support services
* Low level carer breaks

The process will require an assessment and recommendation to the Manager. If appropriate an Early Help package will be considered by Panel and then monitored and reviewed through Team Around the Child Meetings. This will contribute to the process to develop an Education, Health & Care Plan.

### Level 3 & 4 Intervention - Child in Need or with urgent, immediate, or other high priority needs

Disabled children and young people who meet the threshold criteria for a service and whose needs are complex, enduring, and cross many domains will often be at risk of isolation, family breakdown, lack of good enough or consistent and confident parenting, significant harm or of coming into care.

 Additional risks may include barriers to development and the minimising of hopes, aspirations and potential. When undertaking an assessment of a disabled child, the local authority must also consider whether it is necessary to provide support under section 2 of Chronically Sick and Disabled Persons Act (1970).

Children with disabilities with these high-level needs are helped by a combination of universal, targeted and specialist services and coordinated by a Social Worker. Depending on the severity of need this may include.

* Social Work Assessments (C&FA)
* Child In Need planning and review
* Short-break planning
* Family Group Meetings and Conferences – where to include this?
* Complex Multi-Agency meetings

For a small number of children Child Protection or Looked After Assessment, Planning, Visits and Reviews processes will be followed. If a local authority considers that a parent carer of a disabled child may have support needs, they must carry out an assessment under section 17ZD. The local authority must also carry out such an assessment if a parent carer requests one. They may also require the local authority to undertake an assessment of their ability to provide, or to continue to provide, care for their child. The local authority must take account of the results of any such assessment when deciding to provide services to the disabled child.

1. ***Children not in school***

The Access and Inclusion service has clear protocols in place for schools in respect of children who are missing from education, are excluded from school, have poor attendance, where parents chose to electively home educate and children who work or perform.  These factors alone do not indicate a child is at risk of harm or neglect.  The Service will work with schools to ensure that these protocols are effectively implemented.

Children Missing from Education

A situation in which a child is not receiving a suitable full-time education requires action by a local authority under education law. But it is important to bear in mind that unsuitable or inadequate education can also impair a child’s intellectual, emotional, social or behavioural development, and may therefore bring child protection duties into play. This will depend on the facts of the case, but local authorities should consider whether they ought to take action under safeguarding law, especially when steps taken have not been, or seem unlikely to be, sufficient to address a risk to a child’s welfare. A failure to provide suitable education is capable of satisfying the threshold requirement contained in s.31 of the Children Act 1989 that the child is suffering or is likely to suffer significant harm. ‘Harm’ can include the impairment of health or development, which means physical, intellectual, emotional, social or behavioural development, so the provision of unsuitable education clearly can amount to this. The causing of significant harm need not be intentional or deliberate, but case law 11 indicates that it must be ‘considerable, noteworthy or important’. This is a key point for local authorities in considering whether the use of safeguarding powers is appropriate in a case relating to the home education of a specific child. However, local authority staff should be clear that when the use of safeguarding powers is justified, they should be used.’

The Access and Inclusion Service will follow statutory procedures to track and locate those children that move schools both within the local authority area and nationally.  During the process of locating these children if at any time safeguarding concerns arise these will immediate be shared with Children’s Social Care. The service will continue to locate the children until they cease to be of statutory school age (last Friday in June of year they are 16). In most cases children are located within 4 weeks.

Children Excluded for School

The Access and Inclusion Service ensures that schools follow legislation and statutory guidance regarding suspension and permanent exclusion from school. When children are not in school this makes them more vulnerable to CME/CSE and other negative influences, so reducing suspension and permanent exclusion is a key task. When the LA become aware of illegal exclusions then these are challenged and where required escalated both within the LA and if appropriate the DfE or Regional Schools Commissioner

Children with poor school attendance

Where children are persistently absent from school the service has clear expectations on schools what their responsibilities are but each school has a named officer to offer advice, support, and challenge. There is a clear legal framework that both schools and the LA are required to work to.  

Children who electively home educated.

Where the service is made aware that a parent has chosen to electively home educate, they will follow both local and national guidance.  This includes contacting the family to offer advice and guidance.  If the service has any concerns, then a request will be made for a home visit and should ‘it appear’ the child is not being educated, it will use its statutory powers to make a legal order for the parent to return the child to a school.  If there are any safeguarding concerns, then contact will be made with the Early Help service.

Children who work and perform

Where we are informed about children/young people who take part in part time work or performances, the statutory responsibilities given to the Local Authority are carried out in line with national legislation and local bylaws, to ensure that children only take part in these activities in accordance with the relevant laws and regulations. This is to ensure the young people are neither exploited, placed in danger nor asked to undertake activities which may have a negative impact on their education/personal development. The Local Authority will refuse to issue/withdraw work permits and performance licences where it is deemed in the best interests of the child/young person.

1. ***Neglect – Completing a Graded Care Profile 2 (GCP2)***

GCP2 is an assessment tool, which supports practitioners in identifying and assessing neglect. Neglect is the most prevalent form of child maltreatment in the UK and the most common reason for children to be subject to a Child Protection plan. Assessing neglect and its impact can be difficult as it is complex and so the use of the evidence based GCP2 aids accurate assessment and planning.

Principles:

* Where neglect is known/suspected a GCP2 should be used across the multiagency partnership, including to support referrals to other agencies.
* Where immediate referral and/or immediate action is required, practitioners may not have had the opportunity to undertake the GCP2 and not having a GCP2 should not preclude a referral being made/accepted.
* The GCP2 supports assessment/intervention in known/suspected neglect backed up with ongoing and sound professional judgement and multi-agency collaboration.
* The GCP2 and its contents should be used in supervision to ensure sound professional judgements are supported in cases of known/suspected neglect.
* The GCP2 should be repeated regularly (e.g., 3 monthly/as agreed in supervision/multi-agencies) to monitor change in parental care given and to support ongoing interventions.
* The GCP2 can be undertaken by one practitioner or more (e.g., in a Core Group).
* Parental consent is required to undertake the GCP2 where the threshold of significant harm has not been met.

What are the circumstances for using the GCP2?

* In any agency where there is an ‘open case’ of suspected/known neglect, this includes in any part of the agency’s system e.g., a Looked After
* Child, Disability services, etc.
* Where a referral about known/suspected neglect is made to Early Help a completed GCP2 should accompany the referral be underway.
* Parental consent should be given for the GCP2 assessment. Where parents do not consent, this should be noted and contribute to the
* ongoing assessment and analysis of the child’s circumstances. When there is no consent, the referrer’s knowledge of the family should be.
* used alongside the GCP2 to continue to assess and offer the most effective response to safeguard the child(ren) and support the family.
* Where a referral about known/suspected neglect is being made to Children’s Social Care then a completed GCP2 should accompany the referral or be underway. Where an urgent referral is made without a GCP2, the referrer will undertake or contribute to the GCP2 following referral.
* Where parents do not consent to the GCP2 being done, the referrer will support the completion of the GCP2 using their knowledge.
* of the family - as long as this is made clear in the records.
* Child Protection Conferences where a child:
  + is placed on a Child Protection Plan under the category of neglect.
  + is placed on a Child Protection Plan under a different category but where neglect is known/suspected.
  + has not had a completed GCP2 done for known/suspected neglect in previous 3 months.

Who should undertake the GCP2 with the family?

Only those who have received the GCP2 training and been assessed as competent to undertake assessments using the GCP2. The Pan Bedfordshire Safeguarding Children Partnerships are committed to the GCP2 being used across all agencies. Where there is a multi-agency group of practitioners working with a family, e.g., a Team Around the Family or a Core Group, they may wish to explore who is best placed to use the GCP2, usually the Lead Practitioner. Equally practitioners could do the GCP2 assessment together, either co-working the whole assessment or dividing up the assessment between practitioners.

## Allegations against staff or volunteers working with children and young people.

Allegations are sometimes made against professionals or others working with children. It is a legal requirement that **any agency must inform the designated officer (formerly known as the LADO) within one working day when an allegation is made against any member of staff or volunteer** and prior to any further investigation taking place. [See Working Together 2015, Chapter 2, paragraph 4-8]

Referrals must be made to 0300 30008142 or lado@centralbedfordshire.gov.uk.

This procedure must be followed if any person who works with children has.

* Behaved in a way that has harmed a child or may have harmed a child.
* Possibly committed a criminal offence against or related to a child.
* Behaved towards a child or children in a way that indicates he or she will pose a risk of harm if they work regularly or closely with children.

It is important to note that having a sexual relationship with a child under 18 if in a position of trust in respect of that child, is an offence even if consensual ([Sec 16-19, Sexual Offences Act 2003](http://www.legislation.gov.uk/ukpga/2003/42/contents)).

Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated or considered.

Section 13 of the Education Act 2011 introduces new restrictions implemented in September 2012 on the publication of any information that would identify a teacher who is the subject of an allegation of misconduct that would constitute a criminal offence, where the alleged victim of the offence is a registered pupil at the school. Such restrictions remain in place unless or until the teacher is charged with a criminal offence.

The Pan Bedfordshire Interagency Child Protection Procedures sets out clear polices for dealing with [allegations](http://bedfordscb.proceduresonline.com/chapters/p_man_alleg.html) against people who work with children.

Working Together 2015 also sets out that such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or complaint and these procedures are detailed below.

## Management of professional differences of opinion

From time to time there may be genuine differences of opinion about the level of risk/resilience and how to help a child or family or misunderstandings between professionals or communication does not work well. Professionals have a duty to voice any concerns they have and constructively challenge and be open to challenge to understand the factors leading to the professional difference and work together to provide an acceptable solution, which focuses on the outcome for the child. This applies to all professional and all agencies, who should welcome challenge and accept constructive challenge as part of a healthy professional curiosity.

If you are dissatisfied with the response from any agency including Children’s Services, staff and managers will want to know and there are a number of routes professionals can take to raise complaints or seek to resolve disagreements. Staff can find the full CBSS procedure and timescales for action in the [Pan Bedfordshire inter-agency escalation procedures](http://bedfordscb.proceduresonline.com/chapters/p_reolution_disagree.html).

In general:

* Professionals should attempt to resolve differences through discussion and/or meeting within a working week or a timescale that protects the child from harm.
* Most day-to-day inter-agency differences of opinion will require a children’s social care team manager to liaise with their equivalent in the relevant agencies, e.g., police detective sergeant, named or designated health professional or designated teacher.
* If agreement cannot be reached following discussions between the first line managers within a further working week or a timescale that protects the child from harm, the issue must be referred without delay through the line management to the equivalent of service manager/detective inspector/head teacher or other designated senior professional. Alternatively (e.g., in health services), input may be sought directly from the designated doctor or nurse in preference to the use of line management.
* If professional differences remain unresolved, the matter must be referred to the heads of service for each agency involved.
* Where the professional differences still remain unresolved, or one Agency remains concerned about the process or behaviour of another agency or feels there are wider learning points from the case then please refer the case to the Central Bedfordshire Safeguarding Children Board at LSCB@centralbedfordshire.gov.uk

**IT IS IMPORTANT THAT IF ANY PROFESSIONAL THINKS THE ACTIONS TAKEN OR PROPOSED WILL NOT ADEQUATELY SAFEGUARD OR HELP A CHILD OR FAMILY THAT THEY RAISE THESE CONCERNS CLEARLY AND IMMEDIATELY.**

If a child or family wishes to complain they can do so under the Children Act 1989 and the Representation Procedure (Children) Regulations 2006, by following the Children’s Services Complaints procedure which can be found [here.](http://intranet.centralbedfordshire.gov.uk/council-services/complaints-comments-compliments/childrens-services/default.aspx)

## Whistle blowing

Whistle blowing or confidential reporting polices are designed to encourage any member of staff to raise concerns if they suspect malpractice in their organisation. The Public Interest Disclosure Act 1998 encourages individuals to raise concerns about malpractice in the workplace. Staff should raise concerns within their organisation first unless they think the employer will cover it up, would treat them unfairly if they complained or hasn’t sorted it out and they’ve already told them. If this is the case the employee can contact a [Prescribed Organisation](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/431221/bis-15-289-blowing-the-whistle-to-a-prescribed-person-list-of-prescribed-persons-and-bodies-2.pdf), which has a duty to deal with the concern.

Central Bedfordshire Council’s [Confidential Reporting Policy](http://intranet.centralbedfordshire.gov.uk/images/150421%20Confidential%20Reporting%20Policy_tcm8-53351.pdf) “makes it clear that employees can raise serious concerns without fear of victimisation, subsequent discrimination or disadvantage and is intended to encourage and enable employees to raise those concerns within the Council, rather than overlooking a problem.”

All agencies must have a Whistle Blowing policy as set out in Working Together 2014, page 54. For example, all maintained schools must have their own whistle blowing policy which should be available to all members of staff.

All NHS bodies have whistle blowing policies. NHS employees should seek information from their manager or Human Resources or Personnel Department. More information is available [here](http://www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-at-work-whistleblowing/guidance-for-staff).



## Looked After Children

There are 2 two main routes into the ‘looked after’ system:

* Being accommodated under [**section 20 of the Children Act 1989**](http://www.legislation.gov.uk/ukpga/1989/41/section/20)
* Being made the subject of a Care Order under [**section 31 of the Children Act 1989**](http://www.legislation.gov.uk/ukpga/1989/41/section/31).

**Section 20:**

Under section 20, children and young people can be ‘accommodated’ with the consent of those with Parental responsibility. If the young person is 16 or 17 years old, they do not need the consent of those with Parental responsibility in order to be accommodated by the Local Authority.

A Local Authority may also provide accommodation to anyone between 16 and 21 years old in a community home if they consider it necessary to safeguard or promote that young person’s welfare. Any person who has parental responsibility for a child may at any time remove the child from accommodation provided by or on behalf of the Local Authority under section 20. If the young person is 16 or 17 years old, they can leave the accommodation without parental consent.

Section 20 is based on co-operative working between the Local Authority, the young person and his or her parents because the court is not forcing the child or young person to be looked after. If a child or young person is being accommodated by the Local Authority, then the Local Authority **must**have regard to his or her views. Before making any decision with respect to a child whom they are looking after, or proposing to look after, a Local Authority shall, so far as is reasonably practicable, ascertain the wishes and feelings of the child.

Any person with parental responsibility can remove the child from accommodation provided by the local authority, without giving notice. The only way to prevent a child from being removed from the secured accommodation is for the Local Authority to obtain a care order or invoke emergency provisions.

**Section 31:**

Under section 31 of the Children Act 1989, the Local Authority or any authorised person can apply to the court for a child or young person to become the subject of a Care Order.

Authorised person means:

1 The National Society for the Prevention of Cruelty to Children (NSPCC) and any of its officers

2 Any person authorised by order of the Secretary of State to bring proceedings under this section and any officer of a body which is so authorised; Care Orders can only be made by the court.

The Local Authority will obtain parental responsibility for the child if a care order is granted by the courts.

**Other routes that could lead a child into the looked after system include:**

* When a child has been removed from the parents or carers under an Emergency Protection Order and then potentially subject to an Interim Care Order and care proceedings
* When a child has been removed from his home under a Child Assessment Order
* When a child has been removed to suitable accommodation under police protection ([**section 46 of the Children Act 1989**](http://www.legislation.gov.uk/ukpga/1989/41/section/46))
* Juveniles remanded in care and refused bail.
* Juveniles subject to a supervision order with a provision that they reside in Local Authority accommodation.

## Contact Information

* If you wish to report a concern of abuse or neglect
* If you would like to request early help services
* If a child or young person has made a disclosure about exploitation
* If a young person is at risk of sexual exploitation

**Call the Access and Referral Hub 0300 300 8585**

(Mon-Thurs 8.45-5.20 Fri 8.45-4.20)

Out of Hours - at all other times call the

**Emergency Duty Team 0300 330 8123**

**If you have questions or comments about this document, please contact the Business Unit at CBSCB@Centralbedfordshire.gov.uk or 0300 300 6455**