Lambeth Safeguarding Children Partnership

LSCP Multiagency Safeguarding Level 3 Training

Information Pack

June 2025

Lambeth Safeguarding Children Partnership

Contents

Section 1: understanding key safeguarding principles and duties

Defining safeguarding

Safeguarding refers to the measures and practices put in place to protect children from harm. The statutory guidance, Working Together to Safeguard Children defines safeguarding as:

- Providing **help and support** to meet the needs of children **as soon as problems emerge**
- **Protecting children from maltreatment**, whether that is within or outside the home, including online
- **Preventing impairment** of children's mental health and physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of **safe and effective care**
- Promoting the **upbringing of children with their birth parents**, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- Taking **action to enable all children to have the best outcomes** in line with the outcomes set out in the Children's Social Care national framework

Child protection is part of safeguarding and promoting the welfare of children. Child protection is defined as activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.

Myth busting

What follows are some common myths about safeguarding practice versus the truth.

☒ The Myth	Safeguarding is the sole responsibility of the local authority and social workers.
☑ The Truth	Safeguarding is everyone's responsibility: Working Together to Safeguard Children applies to all organisations and agencies who have functions relating to children, setting out duties to protect and promote the welfare of children. The Children's Social Care National Framework also makes clear that local authorities "cannot meet the needs of all children, young people and families alone" and that multi-agency input is needed for effective safeguarding.

☒ The Myth	It's only child abuse when there is physical or sexual violence.
☑ The Truth	Child abuse involves impairment to a child's health (physical and mental) or development (physical, intellectual, emotional, social or behavioural), which can be caused by both commission (an act) or omission (a failure to act) – witnessing the ill treatment of others is also domestic abuse. The majority of children in Lambeth subject to Child Protection Plans are under the category of emotional abuse and neglect.

☒ The Myth	Reporting a child to social services will mean they are removed from their home.
☑ The Truth	The only authorities who can remove a child from their home are the police (but only in certain situations and for a limited amount of time) or the courts. Social workers can apply to the court for a child to be removed from their home, but by law this is a last resort, and the overriding preference is for children to remain with their families. Indeed, a key principle of the Children Act 1989 is that children are best looked within their families, unless compulsory intervention in family life is necessary.

☒ The Myth	Data protection laws are a barrier to sharing safeguarding information.
☑ The Truth	The Data Protection Act 2018 makes clear that it is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child.

☒ The Myth	Safeguarding stops at age 16.
☑ The Truth	In UK law, a person is a child until age 18 and safeguarding duties apply to all children. Vulnerable adults are also entitled to be safeguarded.

☒ The Myth	In individual organisations, only safeguarding leads need to know about safeguarding
☑ The Truth	Whilst safeguarding responsibilities vary depending on role, Working Together to Safeguard Children makes clear that all staff in organisations having functions relating to children have safeguarding duties.

Key safeguarding principles

Principles serve as the foundations upon which systems are built, and Working Together to Safeguard Children outlines the following core beliefs and principles upon which safeguarding practice is built:

- Every child deserves to grow up in a safe, stable and loving home.
- Children have the right to be safe and should be protected from all forms of abuse and neglect.
- Children's welfare is paramount.
- Children should be helped as early as possible.
- Children's wishes and feelings are sought, heard and responded to.
- Children's social care works in partnership with whole families.
- Children are raised by their families, with their family networks or in family environments wherever possible.
- **Safeguarding is everyone's responsibility.**
- Children are best protected when agencies **work together.**

All safeguarding policy and protocol within any organisation should ensure that these principles are embedded into practice.

Key safeguarding laws

The measures and practice which come under the safeguarding umbrella are constantly evolving in response to individual tragedies and new and evolving forms of harm. As such, the laws underpinning safeguarding practice constantly evolve and change. An overview of safeguarding laws can be summarised as follows.

Children Act 1989 - Before the Children Act came into effect in 1989, there was no piece of legislation that covered child protection in the UK. The Act introduced the concept that the welfare of the child is paramount and should be the main consideration when a court is considering a question about a child's upbringing. It established the principle that a child is best looked after by their family unless intervention in family life is essential. The Act also introduced the concept of parental responsibility.

The Act places a general duty on local authorities to promote and safeguard the welfare of children in need in their area by providing a range of services appropriate to those children's needs (s17) and a duty to investigate when it has reasonable cause to suspect a child is suffering, or likely to suffer, significant harm (s47).

United Nations Convention on the Rights of the Child (UNCRC) – is an international agreement that protects the rights of children and provides a child centred framework for the development of services to children. Children are recognised as being everyone aged under the age of 18. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises every child has a right to (amongst others):

- Life, survival and development,
- Express their views, feelings and wishes,
- Freedom of expression, thought, belief and religion
- Protection from violence, abuse and neglect,
- Health and health services,
- Adequate standard of living,
- Educatoin, and
- Leisure play and culture.

Education Act 2002 – the Act sets out requirements for schools, nurseries and other education providers to safeguard and promote the welfare of children. This includes the need to ensure appropriate safeguarding policies and procedures are in place, including child protection policies. Designated Safeguarding Leads were introduced, whose role is to take responsibility for safeguarding and child protection. School staff are expected to know about the systems in place in their school to support safeguarding, and to be aware of the types of abuse to look out for so they can identify where action, including a referral to children's social care, may be needed. The Education and Training (Welfare of Children) Act 2021 applied these guidelines to academies and independent training providers.

Children Act 2004 - After the Victoria Climbié inquiry, this law was brought in with the aim of improving and integrating children's services, embedding the Every Child Matters agenda[1]. The Act expanded the 1989 Act to reinforce that all people and organisations working with children have a duty to help safeguard children and protect their welfare. The Act allowed for the creation of a Children's Commissioner role and required every local authority in the UK to appoint a Children's Services director. It encouraged the inclusion of multi-disciplinary teams to achieve positive outcomes for children. It provided a legislative basis for better sharing of information and encouraged early intervention. The Act also introduced 'Local Safeguarding Children's Boards' (which replaced non-statutory Area Child Protection Committees). One duty of the LSCB is to undertake self-assessment audits (S11s) of how organisations and services are meeting standards to safeguard children and young people.

Safeguarding Vulnerable Groups Act 2006 – this Act was created following the inquiry into the Soham Murders, and introduced the vetting of all staff or volunteers who would potentially work with children via the Criminal Records Bureau checks. These have now been replaced with the Disclosure and Barring Scheme.

Equality Act 2010 - The Act puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs. To comply with the Equality Act 2010, safeguarding partners must assess and, where appropriate, put in place measures ahead of time to support all children and families to access services, overcoming any barriers they may face due to a particular protected characteristic.

There are nine protected characteristics that safeguard individuals from discrimination:

- **Age**: Protection against discrimination based on age, whether you're young or older;
- **Disability**: Ensures that individuals with physical or mental impairments are not treated unfairly;
- **Gender Reassignment**: Protects those who undergo or plan to undergo a process to change their sex;
- **Marriage and Civil Partnership (in employment only)**: Ensures equal treatment for married couples and civil partners;
- **Pregnancy and Maternity**: Covers pregnancy and the period after childbirth, including breastfeeding;
- **Race**: Protects against discrimination based on colour, nationality, ethnicity, or national origins;
- **Religion or Belief**: Encompasses religious beliefs and philosophical convictions;
- **Sex**: Ensures equal treatment regardless of gender;
- **Sexual Orientation**: Protects individuals based on their sexual attraction (towards their own sex, opposite sex, or both).

[1] Children should: be healthy; stay safe; enjoy and achieve; make a positive contribution; and, achieve economic wellbeing.

Children and Social Work Act 2017 - The Act amended the 2004 act to establish new local arrangements for safeguarding and promoting the welfare of children. A central feature was requiring 3 safeguarding partners – the local authority, NHS integrated care boards and police forces – to take responsibility for safeguarding arrangements in their area. As a result, Local Safeguarding Children's Boards were replaced with Local Safeguarding Children Partnerships. The Act led to the introduction of the national Child Safeguarding Practice Review Panel, with the function of identifying serious child protection cases in England that raise issues of complex or national importance. There is a duty on agencies to identify serious child safeguarding cases and notify the LSCP. The Act also introduced Social Work England, creating a new regulatory body to replace the Health and Care Professions Council (HCPC).

Domestic Abuse Act 2021 - Section 38 recognises that a child is a victim of domestic abuse in their own right if they see, hear or experience the effects of domestic abuse and are related to either victim or perpetrator of the abuse, or either the victim or perpetrator of the abuse has parental responsibility for that child.

Key Safeguarding Guidance

The UK Government has published 4 key documents, which give statutory guidance about safeguarding. Everyone should read and be familiar with at least Working Together to Safeguard Children, and for people working in schools Keeping Children Safe in Education.

Working Together to Safeguard Children 2023 - Initially published in 1999, this statutory guidance has been reviewed in 2006, 2010, 2013, 2015, 2018 and most recently in 2023. The **guidance applies to all organisations and agencies who have functions relating to children**, setting out duties to protect and promote the welfare of children. In the latest update, there are new expectations for all staff, from frontline practitioners to strategic directors to *learn* with and from each other, have what they need to help families, *acknowledge and appreciate* difference and *challenge* each other. New guidance is given to the approach professionals should take when working with parents and carers. Designated Social Care Officers (DSCOs) were introduced to improve the links between social care services and the special educational needs and disability system. In Lambeth, this officer is Natasha King (NKing1@lambeth.gov.uk).

Keeping Children Safe in Education 2025 -This statutory guidance applies to all schools and colleges in England, this includes academies, free schools, alternative provisions, maintained school nurseries and pupil referral units. The guidance is updated annually and all staff who work directly with children in education setting should read at least **Part One** of the guidance. The duties apply not just to providing a safe environment in which children can learn, but a **duty to identify children who may benefit from early help** (i.e. providing support as soon as a problem emerges at any point in a child's life). Any staff member who has concerns about a child's welfare must act immediately by following their child protection policy and speak to their designated safeguarding lead. Schools also have specific responsibilities in cases of suspected Female Genital Mutilation (FGM), Child on Child abuse and children at risk of sexual exploitation.

Children's Social Care National Framework 2023 - Published in 2023, this statutory guidance that sets out the purpose of children's social care as existing to support children and families, to protect children by intervening decisively when they are at risk of harm and to provide care for those who need it, so they grow up and thrive with safety, stability, and love. It is recognised that **local authorities cannot meet the needs of all children, young people and families alone** – and they need to collaborate with others to draw on the knowledge, skills and expertise of other agencies. As such, whilst the guidance is about children's social care, the responsibilities of all agencies to contribute to effective multi-agency working is reflected as the **first enabler** to good outcomes. The guidance is written for those who work with children's social care, as well as those who work within it. This includes health practitioners, GPs, nurses, health visitors, school nurses, probation workers, police, youth workers and VCS organisations amongst others.

Enablers refer to what should be in place so the system is effective. These are identified as:

- Multi-agency working is prioritised and effective
- Leaders drive conditions for effective practice
- The workforce is equipped and effective

Domestic Abuse Statutory Guidance 2022 - This statutory guidance highlights the importance of all agencies in identifying and responding to domestic abuse. Less than 1 in 5 victims will report abuse to police, so everyone needs to be alert and aware to indicators of abuse. The guidance sets out how to identify and respond to domestic abuse concerns and is essential reading for anyone working with victims and survivors, including children.

A summary of key safeguarding duties

The London Safeguarding Children Procedures provides a helpful summary of the core safeguarding duties which apply to all agencies and professionals working in organisations with functions relating to children:

- Be **alert to potential indicators of abuse or neglect**
- Be **alert to the risks of harm that individual abusers**, or potential abusers, may pose to children
- **Share and help to analyse information** so that an assessment can be made of the child's needs and circumstances
- **Contribute to whatever actions** needed to safeguard and promote the child's welfare
- Take part in **regularly reviewing** the outcomes for the child against specific plans
- **Work cooperatively** with parents, unless this is inconsistent with ensuring the child's safety

Section 2: Understanding types of abuse and neglect, the impact and scale

Defining Abuse and Neglect

Working Together to Safeguard Children 2023 provides the following definitions of abuse and neglect:

- **Abuse** - A form of maltreatment of a child. Somebody may abuse or neglect a child by **inflicting harm**, or by **failing to act to prevent harm**. Harm can include ill treatment that is **not physical** as well as the **impact of witnessing ill treatment of others**. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear, or experience its effects. Children may be abused in a **family or in an institutional or extra-familial contexts** by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be **abused by an adult or adults, or another child or children**.
- **Neglect** - The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Domestic abuse

The Domestic Abuse Act 2021 provided the first ever statutory definition of domestic abuse:

> *Domestic abuse involves any single incident or pattern of conduct where someone's behaviour towards another is abusive, and where the people involved are aged 16 or over and are, or have been, personally connected to each other (regardless of gender or sexuality).*

Behaviour is considered abusive if it consists of any of the following:

- Physical or sexual abuse;
- Violent or threatening behaviour;
- Controlling of coercive behaviour[2];
- Economic abuse[3];
- Psychological, emotional or other abuse.

The definition makes very clear that domestic abuse can occur from either a **single** incident or a **series** of behaviours.

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[2] Also known as coercive control, this is a pattern of abuse (on two or more occasions) that involves multiple behaviours and tactics used by a perpetrator to hurt, humiliate, intimidate, exploit, isolate or dominate the victim. It is an intentional pattern of behaviour used to exert power, control or coercion over another person. It is often committed alongside other forms of abuse. Children can be used to control or coerce a victim, for example, by frustrating child contact, telling the children to call the victim derogatory names and hit them or threatening to abduct children.

[3] Defined as any behaviour that impacts the victim's ability to acquire, use or maintain money or property and/or obtain goods or services.

'Personal connection' means the individuals concerned:

- are due to be, are currently, or have been, married or civil partners to each other
- are, or have been, in an intimate personal relationship with each other
- are, or have been, parents (or had a parental relationship) to the same child
- are relatives (the Act gives further definitions of 'relatives')

Again, this makes very clear that the perpetrator and victim do **not** need to be in a relationship, they also do **not** need to be living together.

Children are recognised as victims of domestic abuse in their own right if they see, hear or experience the effects of abuse between two personally connected individuals who are aged 16 or over. Children exposed to domestic abuse require a safeguarding response.

Anyone can be a victim of domestic abuse, regardless of sex, gender reassignment, age, ethnicity, socio-economic status, sexuality or background.

Teenage relationship abuse

Young people experience the highest rates of domestic abuse of any age group: 25% of 13–17-year-old girls and 18% of boys from the same age group reported experiencing some form of physical violence from an intimate partner.[4]

This is sometimes referred to as 'teenage relationship abuse'. If the involved children are under 16, this would not legally be recognised as domestic abuse but still constitutes a safeguarding concern which requires a safeguarding response.

Child and Adolescent to Parent/Carer Violence (CAPVA)

Child and adolescent to parent/carer violence (CAPVA) occurs where a child commits abusive behaviour towards a parent or carer. There is no governmental definition, but Respect use the term CAPVA to describe the dynamic where a young person (8 years -18 years) engages in repeated abusive behaviour towards a parent or adult carer.[5] Abusive behaviour means more than physical violence, and includes emotional, coercive, or controlling behaviour, sexual abuse, and economic abuse.

Often these children are under 16, so are not legally recognised or treated as domestic abuse perpetrators. CAPVA is often a hidden harm, with 40% of parents experiencing CAPVA refusing to report it.[6] It is common for parents and children to feel shame about this behaviour, and there is a fear of children being criminalised or removed from families. The behaviours can be criminal and are complex to support but are a safeguarding concern that require support and intervention.

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4 Safe Young Lives: Young People and Domestic Abuse

5 Respect: CAPVA

6 London Violence Reduction Unit: Comprehensive needs assessment of child/adolescent to parent violence and abuse in London (March 2022)

Emotional abuse

Working Together to Safeguard Children defines emotional abuse as:

> *The persistent emotional maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.*

Examples of emotional abuse include:

- humiliating or constantly criticising a child
- threatening, shouting at a child or calling them names
- making the child the subject of jokes, or using sarcasm to hurt a child
- blaming and scapegoating
- making a child perform degrading acts
- not recognising a child's own individuality or trying to control their lives
- pushing a child too hard or not recognising their limitations
- exposing a child to upsetting events or situations, like domestic abuse or drug taking
- failing to promote a child's social development
- not allowing them to have friends
- persistently ignoring them
- being absent
- manipulating a child
- never saying anything kind, expressing positive feelings or congratulating a child on successes
- never showing any emotions in interactions with a child, also known as emotional neglect.

As per the definition, some level of emotional abuse is involved in all types of maltreatment of a child, but it can occur alone and merits a safeguarding response in its own right.

Neglect

Working Together to Safeguard Children defines neglect as:

> *The **persistent** failure to meet a child's basic **physical** and/or **psychological** needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:*
> - *provide adequate food, clothing, and shelter (including exclusion from home or*
> - *abandonment)*
> - *protect a child from physical and emotional harm or danger*
> - *ensure adequate supervision (including the use of inadequate caregivers)*
> - *ensure access to appropriate medical care or treatment*
> - *provide suitable education*

> *It may also include neglect of, or unresponsiveness to, a child's basic emotional needs*

In its broadest sense, neglect can be understood as a child's basic needs not being sufficiently met. Unlike physical or sexual abuse, where deliberate action is taken; neglect occurs when there is failure to act (often without intention to cause harm).

It is important when thinking about neglect to put the child's lived experience first – a focus on whether the child's needs are being met, regardless of parental intent, is the approach taken in the UK.

The inclusion of '**persistent'** in the definition highlights that unlike other forms of abuse, neglect rarely manifests as a specific incident that demands immediate action but is cumulative over time. While we know serious immediate harm can result from child neglect, longer-term effects of chronic neglect are more prevalent, even if less visible.

Under the LSCP Neglect Strategy, 4 categories of neglect are outlined:

1. Physical Neglect - A child's basic needs, such as food, clothing or shelter, are not met or they aren't properly supervised or kept safe.
2. Emotional Neglect - A child doesn't get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating or isolating them.
3. Educational Neglect - A parent doesn't ensure that their child is given an education or are obstructive in providing their child access to education
4. Medical Neglect - A child isn't given proper health care and may not be brought to appointments. This includes dental care and refusing or ignoring medical recommendations.

Neglect is repeatedly identified as an area where professionals struggle to identify and act, and the LSCP Neglect Strategy and Toolkit is intended to provide additional support and guidance. Please book onto an LSCP Neglect Briefing Session for further information about how to identify neglect and use the toolkit.

Physical abuse

Working Together to Safeguard Children defines physical abuse as:

> *A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.*

It is important to note physical abuse includes causing physical harm to a child, which could be – for example, through the use of exercise or stress positions as a punishment.

It is unlawful for parents to smack their children, but - in some situations - parents are allowed to use the defence of 'reasonable punishment'. What constitutes reasonable punishment is not defined by law and depends on the circumstances of each case (including the age of the child and the nature of the smack).

However, there are situations which are clearly 'unreasonable': if a parent has caused injuries amounting to grievous bodily harm or actual bodily harm, they are not entitled to use the reasonable punishment defence[7]: i.e. any form of physical punishment that **leaves a mark** on a child or young person is considered an assault and is illegal: these are safeguarding concerns which must be reported.

The Crown Prosecution Service has issued guidance which suggests injuries including grazes, scratches, abrasions, minor bruising, swelling, reddening of the skin, superficial cuts and black eyes would result in a parent/carer being charged with a criminal offence and are unreasonable.

Where a child discloses being **hit with a fist, implement or has a visible injury** this must be reported to Children's Social Care immediately. Such situations will normally trigger the duty to investigate under S47 of the Children Act 1989, which can include the child being interviewed jointly by a police officer and social worker. Reporting these concerns immediately enables more time for these processes to be followed and the child to be safeguarded, whereas leaving the report until the end of the school day can expose the child to further harm.

[7] S58 of the Children Act 2004

Sexual abuse

Working Together to Safeguard Children defines sexual abuse as:

> *Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.*

It is important to note sexual abuse can happen in person and online. Perpetrators of sexual abuse can be both male and female, and both child and adult.

There are two types of sexual abuse – contact and non-contact abuse.

Contact abuse is where an abuser makes physical contact with a child or forces the child to make physical contact with someone else. This includes:

- sexual touching of any part of a child's body, whether they're clothed or not
- using a body part or object to rape or penetrate a child
- forcing a child to take part in sexual activities
- making a child undress or touch someone else.

Contact abuse can include touching, kissing and oral sex – sexual abuse isn't just penetrative.

Non-contact abuse is where a child is abused without being touched by the abuser. This can be in person or online and includes:

- exposing or flashing
- showing pornography
- exposing a child to sexual acts
- making them masturbate
- forcing a child to make, view or share child abuse images or videos
- making, viewing or distributing child abuse images or videos
- forcing a child to take part in sexual activities or conversations online or through a smartphone.

Contextual harm

(aka extra-familial harm / harm outside the home)

Working Together to Safeguard Children defines extra-familial harm as:

> *Children may be at risk of or experiencing physical, sexual, or emotional abuse and exploitation in contexts outside their families. While there is no legal definition for the term extra-familial harm, it is widely used to describe different forms of harm that occur outside the home. Children can be vulnerable to multiple forms of extra-familial harm from both adults and/or other children. Examples of extra-familial harm may include (but are not limited to): criminal exploitation (such as county lines and financial exploitation), serious violence, modern slavery and trafficking, online harm, sexual exploitation, child-on-child (nonfamilial) sexual abuse and other forms of harmful sexual behaviour displayed by children towards their peers, abuse, and/or coercive control, children may experience in their own intimate relationships (sometimes called teenage relationship abuse), and the influences of extremism which could lead to radicalisation.*

Contexts outside a child's family, sometimes called 'extra-familial contexts' include a range of environments outside the family home in which harm can occur. These can include peer groups, school, community/public spaces as well as online.

Child sexual exploitation (CSE)

This is a form of child sexual abuse; it occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity in exchange for something the victim needs or wants *and/or* for the financial advantage or increased status of the perpetrator.

CSE can occur even if the activity appears consensual. CSE can occur through the use of technology.

Child Criminal Exploitation (CCE)

Occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity:

- In exchange for something the victim needs or wants, and/or
- For the financial or other advantage of the perpetrator, and/or
- Through violence or threat of violence

Children can be criminally exploited even if the activity appears consensual. CCE can occur through the use of technology.

County lines: a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to export children and vulnerable adults

to move and store the drugs and money, and will often use coercion, intimidation, violence (including sexual violence) and weapons.

Financial exploitation: defined by WTSC as exploitation which takes place for the purpose of money laundering, where criminals target children and adults and take advantage of an imbalance of power to coerce, control, manipulate or deceive children into facilitating the movement of illicit funds. This can include physical cash and/or payments through bank and cryptocurrency accounts.

Serious violence

Covers specific types of crime, such as homicide, knife crime, gun crime and crime where serious violence or threat of violence is inherent, such as in gangs and county lines.

Modern slavery and trafficking

Defined as recruiting, moving, receiving and harbouring children for the purpose of exploitation. It is a form of modern slavery. Children might be trafficked into the UK from overseas but can also be trafficked from one part of the UK to another. Trafficking can happen for CSE, CCE, forced marriage, domestic servitude, forced labour and illegal adoption.

Online harm

Children may experience abuse online and/or be exposed to harmful content. This can include stalking, harassment, grooming, creating or sharing child sexual abuse material, sending indecent / offensive / false / threatening communications, sending private sexual content without consent and cyber bullying.

Peer-on-peer harmful sexual behaviour

Problematic sexual behaviour is developmentally inappropriate or socially unexpected sexualised behaviour, which doesn't have an overt element of victimisation or abuse. **Harmful** sexual behaviour occurs where the developmentally inappropriate sexual behaviour is harmful or abusive.

Peer-on-peer sexual abuse happens where sexual abuse takes place between children of a ***similar*** age or stage of development; child-on-child sexual abuse takes place between children of ***any*** stage of development.

Teenage relationship abuse

A number of studies have attempted to understand the extent to which young people experience teenage relationship abuse. In 2009[8], a study of 13- to 17-year-olds by the NSPCC found that for a large number of young people domestic abuse, in many forms, starts from an early age. The research identified that 25% of girls and 18% of boys reported physical violence

[8] The Children's Society: Missing the Mark (May 2020)

from an intimate partner, 72% of girls and 51% of boys reported experiencing some form of emotional partner abuse and 31% of girls and 16% of boys reported experiencing some form of sexual partner violence. The majority of young people across all groups either told a friend or told no one about their experiences of abuse.

Extremism

Defined as the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faithers and beliefs. The WTSC definition also includes calls for the death of members of the British armed forces.

Grooming

Grooming is a process which often leads to contextual harm. The process involves the offender building a relationship with a child, and sometimes within their wider family, gaining their trust and position of power over the child in preparation for abuse. Grooming is broken down into 3 stages:

1. Target – identify the vulnerabilities of the child, which can include poverty, social isolation, SEND, previous trauma, education exclusion, neglect
2. Trust – build trust by meeting the needs of the child, by giving them money, attention, love, belonging based on their vulnerability
3. Trap – maintain control via coercion, threats, violence and entrapment in criminal offences

Grooming can happen online, in organisations and in public spaces. Children can be groomed by strangers and people they know, including family, friends and professionals. The age gap between a child and their groomer can be relatively small.

Impact of abuse and neglect

Children who suffer abuse and neglect can experience a range of short and long-term consequences; these examples are not exhaustive but seek to show the harm caused.

Behavioural

- Developing 'risky' behaviours, like stealing, bullying others, running away, drinking or using drugs
- Seeking out attention
- Being clingy
- Not caring about themselves and self-neglect
- Withdrawal, isolation and avoidance
- Actively trying to make others dislike them
- Aggression or rudeness

Emotional

- Difficulty feeling, expressing or controlling emotions
- Lacking confidence and self-worth
- Feelings of anger and loss of control
- Anxiety
- Depression
- Self-harm
- Suicidal ideation
- Eating disorders
- Feeling guilt and shame
- Post Traumatic Stress Disorder (PTSD)

Physical and developmental

- Physical injuries
- Sexually transmitted infections (STIs)
- Pregnancy
- Brain development
- Speech, language and communication needs
- Failure to thrive

Social

- Having less friends
- Not being accepted by peers
- Being wary and suspicious of others, not trusting others
- Being isolated
- Being hypervigilant
- Avoiding school or other social / learning opportunities
- Not having boundaries

Long-term

- Failing exams of dropping out of education
- Become a parent at a young age
- Unemployment
- Finding it difficult to make and maintain healthy relationships in later life
- Higher levels of depression and health problems as adults
- Inter-generational trauma
- Substance misuse and criminality
- Homelessness

For further information, an evidence review undertaken in 2017, The impacts of abuse and neglect on children, provides extensive evidence and detail regarding the impact of abuse.

Scale of abuse and neglect

The Government produces annual statistics relating to the number of children in England who are subject to Child in Need and Child Protection planning. Between 01 April 2023 to 31 March 2024, there were 49,900 children subject to Child Protection Plans in England and 399,500 children subject to Child in Need Plans in England.

Section 3: recognising abuse and neglect

What children say

The starting point when we consider the identification of abuse and neglect, and recognising the risks of when a child may be at risk of abuse and neglect is to consider what children tell us they need from professionals.

- Vigilance – to have adults notice when things are troubling them
- Understanding and action – to understand what is happening; to be heard and understood; and to have that understanding acted upon
- Stability – to be able to develop an ongoing stable relationship of trust with those helping them
- Respect – to be treated with the expectation that they are competent rather than not
- Information and engagement – to be informed about, and involved in procedures, decisions, concerns and plans
- Explanation – to be informed of the outcome of assessments and decisions and reasons when their views have not been met with a positive response
- Support – to be provided with support in their own right as well as a member of their family
- Advocacy – to be provided with advocacy to assist them in putting forward their views
- Protection – to be protected against all forms of abuse, exploitation and discrimination, and the right to special protection and help if a refugee.

Spotting the signs: indicators of abuse and neglect

A child or concerned person may disclose abuse or neglect, but it is also important to be alert to signs of abuse and neglect which stem from observation. It is important you consider not only what you hear (disclosures), but also what you see (observations).

Observations

It is important that you are alert to unspoken indications of abuse and neglect, which will be based on observation. Below is a list of things you might see or observe that could indicate abuse or neglect is occurring:

Physical appearance - Unexplained or frequent injuries; Weight loss / weight gain; Poor oral hygiene; Body odour; Tiredness; Illness patterns.

Behavioural changes – Passive; Withdrawn or depressive behaviour; Angry or avoidant interactions; Not seeking comfort; Self-neglect; Struggling to focus; Struggling to maintain relationships; Behaving in a way perceived as aggressive or hostile; Seems isolated; Fear of specific people; Flinching when approached or touched; Reluctant to change or wearing long-sleeves/trousers in hot weather; Missing education; Missing appointments.

Developmental needs - Failure to thrive; Speech, language and communication needs; Struggles with social interactions; Lack of academic attainment; Bed wetting or soiling.

Home environment – Chaotic; Unsanitary; Unsafe; Lack of food.

Interaction with others - Fear of parents/carers; Avoidant or isolated; Flinching; Parent/carer behaviours towards the child.

These examples are not exhaustive, and if you have any concerns or suspicions that maltreatment could be occurring it is important to speak to your safeguarding lead or seek advice from Children's Social Care.

It is also important to consider context. There are well-known characteristics which make a child more vulnerable: for example, their age and/or additional needs or disabilities. The child's age and stage of development is also an important context, for example, we would not expect a baby to be criminally exploited – but their parent might. There are also periods in a child's life where they may be more vulnerable, for example, transition from primary to secondary school is a significant time in a child's life. Environmental context, such as the area they live in and community tensions also matters. Parental factors, such as mental health or substance abuse, can also increase vulnerability. Where a child is vulnerable, subtle signs may be more important and increase the need to be aware and observe the child.

Observing contextual harm

Children experiencing harm outside the home may show any of the unspoken signs listed above, but there are additional indications to be alert to:

- Missing episodes – children who are missing from home, care or education – either overnight or during the day, could be experiencing contextual harm.
- Unexplained new possessions, money, access to substances or food – children coming home with money, goods or clothing which their family have not bought for them might be experiencing contextual harm. This also extends to children who have access to alcohol, drugs or food which their family have not given them.
- Attachment to new areas or group of peers (including online) – change in location and peer groups could be an indication of contextual harm.
- Developmentally inappropriate, unhealthy or harmful sexual activity – could be caused because the child has been harmed outside the home.
- Missing education – avoiding or truanting education, training or employment could be an indication of contextual harm.

- Multiple phones / new bank accounts / frozen bank accounts – access to several mobile phones, especially 'brick' phones could indicate contextual harm. Additionally, having new or frozen bank accounts could be associated with money laundering and contextual harm.
- Becoming anxious, hypervigilant and worried about safety – could be an indication that the child feels, or is, at risk from extra-familial harm.

Responding to disclosures

The common term for when a child says they have been abused or neglected is a 'disclosure'.

It is important to remember that children who make disclosures are asking for help. The fact the disclosure is being made to you is an indication of trust, it is important not to break that trust as safe and trusted relationships are a key part of safeguarding.

The initial response from the person receiving the disclosure should be limited to listening carefully to the child to:

- Clarify the concerns
- Offer re-assurance about how the child will be kept safe
- Explain what action will be taken and within what time frame

Children must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

Open-questioning techniques should be used: these are the who, what, where, how, when questions which do not require a yes/no answer. Avoid 'why' questions, as these can imply blame. Allow the child to talk at their own pace and reassure them that it is not their fault and they are brave for talking to you.

If the child can understand the significance and consequences of making a referral to local authority children's social care, they should be asked their view. However, it should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children. It is important to be clear that the information needs to be passed on to help keep the child safe.

As a professional, whenever you enter into a professional relationship – with either a child, young person or family member – it is helpful to explain limits of confidentiality and duty to safeguard. This can help in responding to disclosures when they are made later.

For more information, watch a short video made by the NSPCC here.

Section 4: Responding to abuse and neglect

Pan-London Levels of Need

The first step in responding to and reporting concerns is based on the levels, or threshold, of need. If you have seen or heard something which causes you to suspect abuse or neglect, it is important that quick and proportionate action is taken.

The Pan-London Threshold Document was adopted by Lambeth in 2023, and provides the framework that safeguarding professionals and social workers use to decide what action they need to take. The document is accompanied by a Continuum of Need Matrix which provides some examples of what types of situation may constitute each level of need in a range of topics (for example, health, education, domestic abuse, etc.).

The Threshold Document outlines the 4 different levels of need a child may experience and the type of response they should be given:

Level 1: No additional needs / universal services - These are children with no additional needs; all their health and developmental needs will be met by universal services. These are children who consistently receive child focused care giving from their parents or carers. The majority of children living in each local authority area require support from universal services alone.

Level 2: Early help - These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. These children may be subject to adult focused care giving. This is the threshold for a multi-agency early help assessment to begin. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres. These will be provided within universal or targeted services provision and do not include services from children's social care. Not all level 2 children will need a response from Lambeth Early Help targeted services, as their needs may also be met within the multi-agency partnership by convening a Team around the Family or Child meeting.

Level 3: Children with complex multiple needs - These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from specialist services. In some cases, these children's needs may be secondary to the adults needs. This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989 although the assessments and services required may come from a range of provision outside of children's social care.
A combination of needs under Level 2, may mean the case is a Level 3 case overall.

Level 4: Children in acute need - These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be

considered by their parents. This level also includes Level 4 health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.

The framework recognises that however complex a child's needs, universal services e.g. education and health, will always be provided alongside any specialist additional service.

*****Level 3 and 4 concerns should result in a referral into Children's Social Care, whereas Level 2 cases might be managed in the community or by Early Help.*****

Significant harm

S31 of the Children Act 1989 defines harm as ill-treatment or impairment of health or development.

- Ill-treatment includes sexual abuse, neglect, emotional abuse and psychological abuse.
- Health means physical or mental health
- Development means physical, intellectual, emotional, social or behavioural development

The Act states that the question of whether harm to a child's health or development is 'significant' is based on a comparison to what would be reasonably expected of a similar child.

This definition was clarified in S120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include "impairment suffered from seeing or hearing the ill treatment of another" for example, where there are concerns of Domestic Abuse.

A single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Recognised Child Protection Concerns

It is important to have an understanding of what is likely to constitute a child protection concern, as these require the most urgent action and are likely to result in investigation by social care and/or police.

Although this is now an out-of-date version, the London Threshold Document outlines a non-exhaustive list of situations which should lead to a referral into Children's Social Care for consideration of a child protection investigation:

- Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child
- Allegations or suspicions about a serious injury / sexual abuse to a child

- 2 or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children)
- Inconsistent explanations or an admission about a clear non-accidental injury
- Repeated allegations or reasonable suspicions of non-accidental injury
- A child being traumatised, injured or neglected as a result of domestic violence
- Repeated allegations involving serious verbal threats and/or emotional abuse
- Allegations / reasonable suspicions of serious neglect
- Medical referral of non-organic failure to thrive in under-fives
- Direct allegation of sexual abuse made by a child or abuser's confession to such abuse
- Any allegation suggesting connections between sexually abused children in different families or more than one abuser
- An individual (adult or child) posing a risk to children
- Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority
- No available parent and child vulnerable to significant harm (e.g. an abandoned baby)
- Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness
- Children subject of parental delusions
- A child at risk of sexual exploitation or trafficking
- Pregnancy in a child aged under 14
- A child at risk of female genital mutilation, honour-based violence or forced marriage

This is not an exhaustive list, and if unclear, call Lambeth Children's Social Care for advice: 0207 926 3100.

Lambeth Pre-Birth Protocol duty to refer

The duty to refer where there are concerns about a child has suffered, or is at risk of suffering, significant harm applies to unborn children. The Lambeth Pre-Birth Protocol was last reviewed in September 2024 and outlines the circumstances where a referral should be made to Children's Social Care for unborn children as follows:

- Child aged under 13 is pregnant
- Parent, household member or regular visitor is identified as posing a risk to children
- Sibling or child in the household is, or was, subject of a Child Protection Plan
- Sibling has previously been removed from the household either temporarily or by court order
- Parent is a Looked After Child
- Significant domestic abuse issues
- Parental substance misuse and/or parental mental health and/or parental impairment is likely to impact significantly on baby's safety or development
- Significant concerns for the parental ability to self-care and/or care for the child
- Any other concerns that the baby may have suffered, or is likely to suffer significant harm (including previous suspicion of fabricated or induced illness)
- Previous unexpected or unexplained death of a child whilst in the care of either parent
- Maternal risk factors, including denial or pregnancy, 3 or more failed appointments, non-cooperation with services or treatment

- Contextual safeguarding concerns for one or both parents

Pre-birth referrals should be made to Children's Social Care from booking (between 8-12 weeks), and normally pre-birth assessments are started after the 12th week of pregnancy (although in exceptional circumstances work can begin before this). It is important concerns are addressed as early as possible, to enable a full assessment to be undertaken.

Responding to Child Protection Concerns

Tier 4 concerns have a more urgent nature than other concerns, and so it is important to consider these factors once a Tier 4 concern has been seen or heard:

- **Consent** - should still be sought; we know that parents/carers are more likely to meaningfully engage with plans to change where they have agreed to support. However, a Tier 4 concern can be shared even if you have asked for consent and it has not been given. Moreover, if you believe seeking consent will place a child at risk then you do not have to seek consent.
- **Immediate action** – as soon as the concern is noted, it should be shared. Do not wait until the end of the day. This creates delays to social workers and police taking action and can leave a child in danger. For example, if a disclosure is made at start of school day, then the child is safe in school whilst the investigation begins. If left to the end of the day, the child may be sent home and placed at risk before investigation has begun.
- **Injuries** – where a child has a serious injury, medical attention must be the immediate priority. Once ambulance crews have been called / hospital attended, then a report to Children's Social Care must be made immediately.
- **Do not assume** – a known failure of multi-agency working is the assumption that someone else will pass information on. It is important that you report your concerns; even if other people share and report these concerns, the multi-agency perspective helps to investigate the concern.
- **Share information** – if you have concerns for a child who has moved out of area, ensure you share these concerns with the new local authority area. If you do not know the new area, report to your local area for further investigation.
- **Written referrals** – any phone calls must be followed-up by written referrals, in Lambeth these are completed on Multi-Agency Referral online form. Guidance on completing a good quality referral can be found here.
- **Participate** – sharing the concern does not end the duty to safeguard the child; if a strategy meeting is convened you must prioritise attendance and participate in the multi-agency safety planning and investigation.

Private Fostering Arrangements

Definition: Private fostering is when a child under the age of 16 (or under 18 if disabled) is cared for by someone who is not their parent or a close relative. This is a private arrangement made between a parent and a carer, expected to last 28 days or more.

For any child living with someone who is not their parent, a person with parental responsibility, or a relative for more than 28 days, the local authority *must* be notified.

A relative under the Children Act 1989 is defined as a 'grandparent, brother, sister, uncle or aunt (whether full blood or half blood or by marriage or civil partnership) or step-parent.

Partners of the mother or father of a child, and other extended family members such as great aunts and uncles or parent's cousins do not qualify as a relative. Therefore, if a child under 16 (or 18 if disabled) is living with such a person for more than 28 days, the local authority must be notified.

Usually a birth parent chooses and arranges a private foster placement, and they and/or the private foster carer are expected to notify the local authority, but we know this does not often happen in practice and so professionals must not assume this has been done.

The person making the notification should provide the following information:

1. The name, gender, date and place of birth and address of the child;
2. The racial origin, cultural and linguistic background and religion of the child;
3. The names and address of the person giving the notice and any previous address within the last five years;
4. The name and addresses of the child's parents and any previous addresses within the last 5 years;
5. If different, the name and address of the person from whom the child was or is to be received;
6. The name and address of the private foster carers and any previous addresses within the last 5 years;
7. The name and address of any other person who is involved in making the arrangement;
8. The name and address of any siblings of the child who are under 18, and the current arrangements for their care;
9. The purpose and likely duration of the arrangement;
10. The intended date when the child is to be placed with the private foster carers or the date when the placement began.

Consent

Once you have determined the likely level of need, a referral into Children's Social Care should be made for level 3 or 4 cases, and possibly level 2 if targeted Early Help is needed. Consent is also needed to refer onto other partner agencies, for example, domestic abuse services, mental health services, mentoring services, etc.

Consent is important; unless this compromises a child's safety then consent needs to be explored. Consent can be overridden where a child is suffering, or likely to suffer, significant harm. But without consent, family's may be less likely to engage or achieve meaningful change and so all attempts must be made to obtain consent where safe to do so.

Seeking consent can be an uncomfortable and difficult process: you might be highlighting a parents' commission of abuse or omission to protect or sharing information about a child's experiences in the community which the parent may not be privy to. Parents might be

embarrassed, affronted or defensive. Where parents have vulnerabilities around substance misuse or mental health, there might also be concern about volatile reactions.

That said, if positive outcomes are going to be achieved for this child then there will be some change the parent/carer needs to make, and unless they are clear about what needs to change and why, engagement is less likely. Conversations about concerns and consent are often the beginning of meaningful intervention.

Some handy tips about approaching these conversations are outlined below:

1. **Consider the environment** - have you got a confidential and private room? If discussing via telephone, have you checked their location and privacy to talk? Are they in the middle of something else?
2. **Acknowledge un-comfortability** and **highlight mutual goals** – it can be helpful to acknowledge this is an uncomfortable and difficult conversation and set the context of why it needs to happen. Most parents/carers want the best for their children, so a starting point could be acknowledging un-comfortability and place create a focus on the child by stressing that the aim of the conversation is for the safety and wellbeing of the child.
3. **Be clear and factual -** Give clear examples of what you have seen or heard and why this is a worry. For example:
   - Kiyah has come into school with a cut lip today and she has said you hit her with a belt; this is worrying because she has been injured and upset.
   - Frank has told the school counsellor he is in a sexual relationship with a 12-year-old girl; this is worrying because he is 16 and this is a crime and could get into trouble with the police.
   - Janice has not been seen for 3 days, and it took you 2 days to let the police know; this is worrying because she could be in an unsafe situation and by not telling the police sooner it has delayed the opportunity to find her.
4. **Avoid judgemental or shaming language** – when giving examples and explaining why this is a worry, avoid any judgement or opinion – stick to the facts.
5. **Be curious** – ask the parent/carer's thoughts about what the worry – do they share that worry? Have they seen or heard other things which add to the worries? If they are not worried, why not?
6. **Think Family** – explore if there is anything else happening for the family which underlies the worry, are there other things happening that they want support with? What is working well in the family and are there strengths which can be built on?
7. **Be collaborative & explain next steps** – summarise the discussion and make sure to give clear information about the next steps which will be taken.

Example: Thanks for taking the time to see me today, I mentioned on the phone that we had some worries for Frank and I appreciate you making the time to come in. This might be quite a difficult and uncomfortable conversation to have but as a parent I know you care about Frank a lot and want the best for him. What has happened is Frank has told the school counsellor he is in a sexual relationship with a 12-year-old girl; this is worrying because he is 16 and this is a crime and could get into trouble with the police. It would be good to explore your thoughts about this, is this something you have had any worries about? Have you had any similar worries in the past? Has anything else been happening in your family, neighbourhood or network that might have contributed?

Signs of Safety

Signs of safety is the practice framework adopted by Lambeth Children's Social Care to provide a consistent approach to safeguarding and promoting the welfare of children. It is a relationship based and safety orientated practice framework, which relies upon collaboration with children, families and other professionals to help identify risk and encourage collaborative problem solving.

All multi-agency partners are asked to adopt the signs of safety framework in safeguarding practice.

The approach has three principles:

1. Working relationships are paramount. - Relationships must enable honest and respectful discussions of concerns and worries, draw on and honour everything positive, consider multiple perspectives, and always incorporate skilful use of authority. Research shows that, irrespective of the type of intervention, professionals see better outcomes when there is **shared understanding of what needs to change and agreement on purpose and goals**, in addition to where family members feel their worker understands them.

2. Thinking critically and maintaining a stance of critical inquiry. - To minimise error, a culture of shared reflective practice and a willingness to admit you may be wrong are vital. Risk assessment is a core task and requires constant balancing of strengths and dangers to avoid the common errors of drifting into an overly negative or positive view of the situation.

3. Grounded in everyday experience. - Assessment and safety planning is always focused on the everyday lived experience of the child. Families, and the practitioners who work with them, are the key people who can say whether practice works, or it doesn't.

In applying a signs of safety framework, you are asked to:
1. Adopt critical thinking about the levels of worry and risk,
2. Focus on existing strengths and safety,
3. Identify clear outcomes, or goals, which help families to understand what they are working towards.

Adopting critical thinking

When trying to establish the levels of worry and risk you are asked to consider 3 things:
1. Past harm – what has already happened to make you worried? Try to answer these 3 questions:
   - When was the first incident?
   - What was the worst incident?
   - When was the last incident?

This harm analysis matrix is a very helpful tool in trying to think about and explain past harm.

Signs of Safety Harm Analysis Matrix V1.1

Time / Actions & Experience	Timespan	First Incident	Worst Incident	Last Incident
Behaviour *The dangerous or harm causing adult behaviour. Can also be a young person's dangerous behaviour*	What is the worrying adult behaviour and how long has it been happening? How many times has that adult behaviour happened over the total time span?	When and what was the first time your Trust heard about the worrying adult behaviour?	When, and what was the worst event of worrying adult behaviour your Trust knows about?	When, and what is the most recent event of worrying adult behaviour your Trust knows about?
Severity *Describes how bad the harmful adult behaviour is*	Over the whole timespan the adult behaviour has been happening, how bad has the adult behaviour been?	How bad was the first event of adult worrying behaviour?	How bad was the worst event of worrying adult behaviour?	How bad was the most recent event of worrying adult behaviour?
Impact *Describes the physical and emotional impact of the adult behaviours on the child.*	Over the whole timespan the adult behaviour has been happening what has been the overall impact on the children?	What was the impact of the first incident on the child(ren)?	What was the impact of the worst incident on the child(ren)?	What was the impact of the most recent incident on the child(ren)?

2. Future danger – what do you think will happen in the future if nothing changes? This can also be called a 'danger statement'.
3. Complicating factors – what are the factors/issues/things that make this situation more complicated, both for the family and for the professionals? Typical complicating factors are things like poverty, addiction, mental illness, isolation, disputes between professionals and family, previous unhelpful and difficult relationships between professionals and family members, the fears and misunderstandings that easily happen between peoples of different cultures, professionals using their authority oppressively, too many professionals involved in a case, and professionals not working together.

It can sometimes be difficult to differentiate between a worry and a complicating factor. The main thing to consider here is the impact on the child. For example, it is not a worry in itself that a child has a parent living with mental health. Lots of children can and do live safely with parents who have mental health diagnosis. But it would be a worry if the parent's diagnosed needs were, for example, leading to neglect of the child's needs.

For example:

Amy has 50% school attendance this academic year, which has dropped from 65% academic attendance last year. When Amy is in school, she is often emotionally dysregulated. The first time this happened was 2 years ago, when Amy got upset in PE and told her teacher her mum was sick and she had to look after her younger siblings. The worst incident was 2 months ago, when Amy became very upset and hit another student – saying afterwards she was fed up with life and wanted to end it all. The most recent incident was today when Amy said "I want to die" (PAST HARM)

I am worried that Amy may harm herself or act on suicidal thoughts. I am worried about her academic attainment and lost learning, there is also a risk she could be excluded from school because of the behaviour. I am worried she may come to harm when not in school, if she is not supervised. I am worried that Amy and her siblings' needs might be neglected (FUTURE DANGER).

Amy's mum has a diagnosis of paranoid schizophrenia. This is normally well managed, but she has relapsed historically (last time 2 years ago). This is a single parent household impacted by economic deprivation and limited family support network (COMPLICATING FACTORS).

Focus on existing strengths and safety

Finding these positives (no matter how small) provides you with something you can use to honour and engage family members, which creates hope and a foundation upon which it is possible to talk about the difficult things. It is rare to see a case where it is impossible to find meaningful positives.

- Strengths are the people, plan and actions that contribute to the child's wellbeing.
- Safety is the evidence that things are already being done to keep the child safe.

Look particularly for strengths and existing safety that are meaningful in terms of the worries. Be wary of strengths that have little significance to child safety and wellbeing that helping professionals can tend to create in the name of being strengths-based. For instance, saying things like 'she comes to appointments', 'the mother is well groomed', or 'Dad loves his kids'.

For example:

Amy has seen a school counsellor weekly for the past year and has built a good relationship which allows Amy to share her feelings and build her coping mechanisms (STRENGTH). Amy asked for extra counselling sessions 2 months ago when she was in crisis and spoke about suicide: access to these sessions stopped her from acting on these thoughts (SAFETY): school can continue to facilitate extra support in a crisis (STRENGTH). Amy's mum is supportive of these sessions. Amy's mum has her own mental health worker who she also trusts and is historically normally compliant with her treatment and medication plan. Amy has an aunt who lives 5 minutes away and has been known to help out with childcare when mum has been in crisis (STRENGTHS). In the past, Amy's mum has called her sister to come and collect Amy when she has relapsed and heard voices suggesting she should hurt Amy to stop her from acting on these thoughts (SAFETY).

Identify clear outcomes

Outcomes should *not* be just a list of actions – avoid process over progress. What you are asked for here is to have a clear goal to work towards, *then* to identify the steps needed to achieve these.

Goals should be child-focussed and directly related to their lived experience: they must be very clear about what needs to stop or start happening. This can also include parental behaviours. Goals need to be measurable, so it is important to be specific about the change that needs to happen so that it is easier for everyone to review if these have been met.

Next steps should not just be a list of referrals but should also include changes for the family to make.

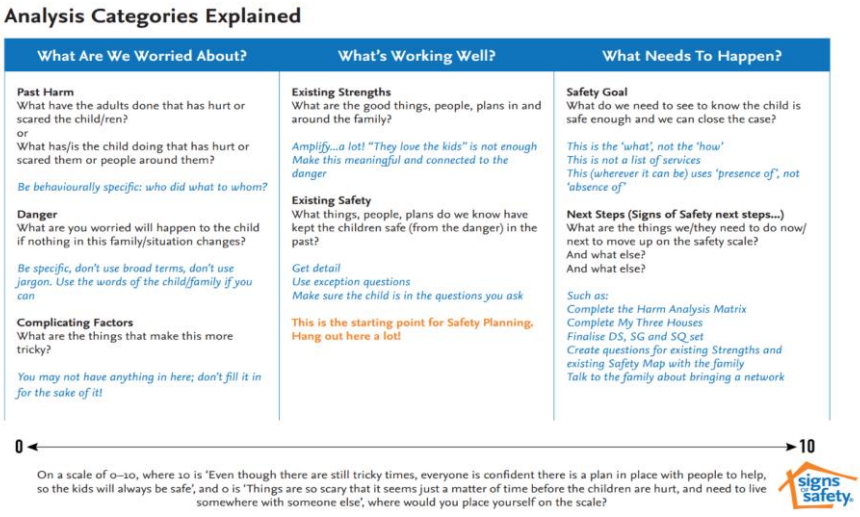
For example:

Our goals are for: (1) Amy will be able to regulate and manage her difficult emotions in healthy ways so that she does not lash out or hit people or experience suicidal and self-harming thoughts. (2) Amy will reach 80% school attendance. (3) Amy will not have to look after her younger siblings or get them ready for school. (4) Amy's mum will always ensure the children are supervised by an adult.

To help achieve these goals the next steps are: (1) Amy will continue to see the school counsellor to build coping skills and a CAMHS referral will be made to ask for extra support; (2) Amy's mum will set aside 20 minutes 1-to-1 time every day to talk about her thoughts and feelings and offer support; (3) Amy's mum will book an urgent appointment with her mental health worker to review her treatment; (4) School will make referrals to Young Carers and Children's Social Care to ask for extra support with home and family life.

The final step is scaling! Considering the worries, strengths and plan – it is helpful to then consider how worried you are for the child on a scale of 0 to 10. 0 indicates the most worried, and means that you feel the child remains unsafe and is likely to be hurt in a matter of time. 10 indicates that the children can be kept safe despite the difficulties. This finally part of the puzzle can help children, families and professionals to understand the extent of the worry and the urgency of action.

The following summary of the analysis categories is a helpful overview to keep when considering risk and concerns.



Principles for working with parents and carers

Working Together to Safeguard Children highlights that working in partnership with parents and carers, as far as possible, is crucial to a child-centred approach. Parents/carers need to understand what is happening, what they can expect from the help and support provided, what is expected of them and be supported to say what they think.

Think about it in this way, if you went to a meeting with your manager and they told you that you were going to get the sack (or go into a disciplinary), you would expect that your manager has previously raised the concern with you. You would expect your manager to tell you why your practice needed to improve, what the consequences would be if they didn't and to offer you support to avoid those consequences.

Safeguarding is no different. Working collaboratively means parents/carers have the best chance to make changes, and working collaboratively enables professionals to make fair and accurate decisions.

This does not detract from the wishes and feelings of the child and the child's best interest, which is central to decision making – but offers an approach where those best interests are most likely to be achieved.

With this in mind, WTSC provides 4 key principles to underpin work with parents and carers:

1 - Effective partnership working with parents and carers happens when practitioners build strong, positive, trusting, and co-operative relationships by:

- approaching families and their wider family networks and communities with empathy, respect, compassion, and creativity
- avoiding reinforcing family shame, suffering, and blaming
- using strength-based approaches, working with parents and carers to identify what is working well and how their strengths could support them to effect positive change
- ensuring they work sensitively with parents, carers, and children, to identify and understand the impact of adversity and trauma in their lives. They seek to understand how adversity and trauma might manifest and affect children and parents' engagement and use their expertise to adapt their response with care and compassion
- adapting their responses to meet the diverse needs of parents and carers, including fathers and male carers, and the specific challenges being faced, including parents and carers of disabled children, and where harm is outside the home
- ensuring they understand the families' background, ethnicity, religion, financial situation, ability, education, sex, ages and sexual orientation, and potential barriers these create in seeking and accessing help and support
- being alert and recognising where parents or carers may not be acting in the best interest of the child or where children may be experiencing abuse, neglect, and exploitation as a result of actions by parents, carers, or other individuals in their lives. Practitioners use their skills and expertise to adapt their response to secure engagement

- being mindful of negative stereotypes when making decisions which might lead to false assumptions

2 - Communication should be respectful, non-blaming, clear, inclusive and adapted to parent/carers needs. - This applies to verbal and non-verbal communication. Materials and information must be jargon free. Materials must be developmentally appropriate and in a format easily understood. Where appropriate, materials should be translated into first languages. Professional interpreters should be provided where needed – **do not rely on family members or partners for interpretation, including British Sign Language**

3 - Empower to participate -

- creating a culture of "no surprises", for example, making parents and carers aware of who will attend meetings and discussions, if the child will be invited to participate and the format of the meeting or discussion
- explaining that parents and carers can bring a family member, a friend or supporter to meetings
- giving parents and carers adequate preparation at every stage, relevant information, a safe and appropriate environment for participation and suitable access arrangements
- signposting parents and carers to sources of help and support available locally or through the local authority
- helping parents and carers to understand what the issues are and how these impact on the child, what decisions could be made, what changes need to be made, why and how, timescales and possible outcomes

4 - Practitioners involve parents, carers, families, and local communities in designing processes that affect them, including those focused on safeguarding children. They value their contributions, expertise and knowledge reflecting them in service design and continuously seek feedback from parents, carers, family networks, children, and local communities to inform service improvements. Practitioners use feedback from parents and carers to reflect on their own practice.

Working with domestic abuse victims and survivors

When looking at the principles of working with parents and carers, we have to be mindful of the different risk and safety dynamics where parents are in survivor/perpetrator dynamics. There are some additional considerations to be had when supporting victims and survivors of abuse, and information sharing has to be done safely.

- **Consider environment** – safety and confidentiality are even more important when discussing domestic abuse concerns. Make sure the conversation is in a private space where the perpetrator cannot hear or access the information. When speaking by phone, always check it is safe to talk and try to agree a safe word in advance.
- **Prioritise safety** – this does not mean telling the victim to leave the relationship: there are many factors which can make it difficult for victims to leave. The priority is making them safe, so if they remain in the relationship explore safety factors and safety planning.

- **Be empowering and believing** – this means not blaming the victim or asking how they contributed to the dynamic. Don't encourage them to make changes in their own behaviour, or attend mediation or counselling. Do not doubt their experiences. It is a brave thing to disclose abuse, and this must be acknowledged.
- **Be empathetic** – domestic abuse can be triggering and difficult to talk about. Do not show shock, horror, judgement or disinterest. Use active listening techniques to show you have heard what has been said and express empathy.
- **Offer specialist support -** Professionals who are trained to do so can use tools such as the Domestic Abuse, Stalking and Harassment (DASH) risk assessment to help identify the level of risk an individual is facing and to tailor their support accordingly. However, for untrained professionals it is important to instead talk about the support and resources available.

Support and resources

Lambeth hosts a range of multi-agency meetings to provide support to people impacted by domestic abuse as follows:

- MARAC - Multiagency Risk Assessment Conference: a fortnightly meeting where statutory and voluntary agencies share information on high-risk cases of domestic abuse and create a plan to reduce risk to the victim and survivor and children and hold perpetrators to account. Referrals must be made on the online form.
- SEHP - Sexual Exploitation and Harm Panel: a monthly conference where statutory and voluntary agencies share information on high-risk cases of sexual exploitation, including sex work/prostitution, and create a plan to address the safety and support needs of victims and survivors and their children, as well as hold perpetrators to account. Any professional working with victims and survivors, children or perpetrators can refer to the SEHP by emailing this completed form to lambethsehp@lambeth.gov.uk ***The perpetrator must not be informed of the referral as this can increase risk to the victim and survivor.***
- MAVE **-** Multiagency violence and exploitation panel: a fortnightly meeting to agree multiagency action to mitigate risks to children and young adults from exploitation and serious violence.

The Violence Against Women and Girls Team also hosts a quarterly **VAWG Forum** which shares information about local resources and best practice.

There are additionally a range of specialist services available locally for people impacted by domestic abuse:

- Gaia centre – provides confidential, non-judgemental and independent support services for people living in Lambeth and experiencing gender-based violence, including domestic abuse and sexual violence. Partner agencies include:
  - Africa Advocacy Foundation: supporting female genital mutilation
  - Bede: therapy for children aged 5-17
  - Respeito: recovery support for Portuguese speakers
  - Spire: outreach for women at risk of domestic abuse and sexual exploitation

  For all services complete the referral form and email lambethvawg@refuge.org.uk
- Victim support – free and confidential support services to people affected by crime.

- The Havens – specialist centres in London for people who have been raped or sexually assaulted.
- Bambu – provides support to children aged 11-24 who have experienced domestic abuse in the home.
- DART – Domestic abuse Recovering Together is a group support programme for mothers and children aged 7-14 who have experienced domestic abuse. For more information or to make a referral, contact dart@lambeth.gov.uk
- The Freedom Programme – a nationally recognised educational programme designed to provide a safe place for survivors of domestic abuse to explore their personal experiences. Available to anyone who does not identify as male, the programme explores tactics used by perpetrators to maintain power and control in abusive relationships.

Please also be aware about the Domestic Violence Disclosure Scheme, also known as Clare's Law, which allows people in relationships, or concerned people, to request information about a current or ex-partner if worried they may have a history of abuse and pose a risk.

Making a good quality Children's Social Care referral

Good quality referrals

- Are made to the right local authority
- Are submitted on the right form
- Uses clear and simple language
- Provides detail: correct contact information, household / family information, previous assessments, specific details and time
- Provides context and information sources
- Provides known/relevant history
- Is accurate and factual
- Has consent and safe words
- Provides a summary of what has been tried
- Is submitted as soon as a disclosure occurs

Poor quality referrals

- Are made to the wrong local authority
- Are made without using the form
- Uses jargon or acronyms
- Makes short sweeping statements without context or detail; doesn't say if the concern is past or present; lacks contact or household information
- Gives no context and/or opinion only
- Does not state who, what, where – encourages assumptions
- Does not state information source (i.e. first or second hand?)
- Does not state what action has already been taken
- Is delayed

Always **check which local authority area** the child resides in: some children attend out of Borough schools, and referrals into the school's authority can delay the child receiving support from their home authority. Make sure your records are up to date, and if you have previously referred and are using the old referral form make sure you change the address. However, if the child is looked after by Lambeth, always send the referral to Lambeth. Please use the online form. Some agencies just send emails, but these do not provide all of the information needed. Some agencies use word forms, but these might be old documents

which do not cover all of the required fields – for these reasons please ensure referrals are made on the form.

Please do not use jargon or acronyms – these may be unknown by the receiving agency or may be temporal. For example, if a referral was made 10 years ago and the acronym is no longer in use, can a decision maker understand the historical context? Ensure language is **clear and simple**.

Good quality referrals must **provide detail**. Make sure the correct contact information is provided, including email addresses. If you know a parent/carer works full-time, state when they can be contacted. Give as much information about household and family composition as you can – especially non-resident parents. Detail is needed about specific incidents, including the dates, details and time.

For example:
"Risk of child exploitation" or "child mental health" is not a good quality referral. There needs to be **factual context**, for example:

- Chris came to school on X date with a designer tracksuit, which mum did not buy for him
- Chris was off school did not attend school on X dates, mum said he was not at home either
- When Chris came back to school on X date, he had lots of bruises and was withdrawn
- Chris's friend, X, told the DSL on X date that Chris has been threatened by gangs

The details are very important – be very clear about what has been seen or heard, avoiding assumptions or opinions. Be clear about the source of the information – is the information first or second hand? Try and use the signs of safety framework to summarise information.

If the agency has had concerns for the child in the past, state what these were using the similar fact-based presentation and state what happened.

Consent needs to be obtained unless this would place the child's safety at risk. If the concern relates to domestic abuse, ensure you have discussed safe times to contact and agreed a safe word.

State what action has already been undertaken by your agency, and the impact/outcomes.

Make sure the referral is made at the first available opportunity, especially for child protection concerns.

Local Authority Designated Officer (LADO)

All allegations where risk of harm to a child made against staff (including volunteers and foster carers) in a position of trust with children, whether made about an incident in their personal or work life, need to be referred to the Designated Officer, formerly known as the Local Authority Designated Officer (LADO). An Allegations Referral Form must be filled in for every case where it is alleged that a person working with children has:

- Behaved in a way that has harmed or may have harmed a child; OR
- Possibly committed a criminal offence against or related to a child; OR
- Behaved towards a child or children in a way that indicates they would pose a risk of harm to children; OR
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children; OR
- Behaves in a manner that discriminates against a child on the basis of one or more of their protected characteristics as defined by the Equalities Act 2010.

How to make a referral

- First phone the LADO on 020 7926 4679 to discuss your potential referral.
- Always email the LADO inbox (LADO@lambeth.gov.uk) to request a discussion should the call not be answered.
- Should it be agreed a formal allegations referral form is required, complete the Allegations Referral Form and email the completed form to - LADO@lambeth.gov.uk AND helpandprotection@lambeth.gov.uk
- Phone 020 7926 4679 after approximately 10 minutes to speak with the LADO to ensure that it has been received in the LADO inbox.

What to do if there is a 'shared nude' incident

In February 2024, the UK Council for Internet Safety issued guidance which gives advice regarding how to response to incidents involving nude and semi-nude incidents. In summary, if a nude or semi-nude image is bought to your attention:

- **Report it to your Designated Safeguarding Lead (DSL) or equivalent immediately. Your setting's child protection policy should outline codes of practice to be followed.**
- **Never** view, copy, print, share, store or save the imagery yourself, or ask a child to share or download – **this is illegal**. If you have already viewed the imagery by accident (e.g. if a young person has showed it to you before you could ask them not to), report this to the DSL (or equivalent) and seek support.
- **Do not** delete the imagery or ask the young person to delete it.
- **Do not** ask the child/children or young person(s) who are involved in the incident to disclose information regarding the imagery. This is the responsibility of the DSL (or equivalent).
- **Do not** share information about the incident with other members of staff, the young person(s) it involves or their, or other, parents and/or carers.
- **Do not** say or do anything to blame or shame any young people involved.
- **Do** explain to them that you need to report it and reassure them that they will receive support and help from the DSL (or equivalent).

Section 5: Recording & Sharing Information

London Safeguarding Children Procedures, Core Procedure 1 requires the referrer to keep a formal record (either hardcopy or electronic) of:

- Discussions with the child
- Discussions with the parent
- Discussions with their managers
- Information provided to children's social care
- Decisions and actions taken (with time and date clearly noted, and signed)

Other tips include:

- *Avoid acronyms and jargon* – do not assume the reader will understand these. It is also worth remembering that your referrals may be accessed years later, at a point where jargon and acronyms may be out of use. If using these, please ensure you include a definition.
- *Keep on a shared drive* – the recorded information needs to be accessible to your organisation if you have planned or unplanned absence, or leave the organisation.
- *Utilise chronologies* – chronologies are helpful way to track information where there is an ongoing concern. These should be used in addition to organisational information recording systems. A chronology template can be found here.

The government has also produced Information Sharing Advice for Safeguarding Practitioners.

Section 6: importance, challenges, duties and best practice in multi-agency working

Why multi-agency working?

Many children, young people and families who need support will get the help they need from their own family network or universal services. However, safeguarding and promoting the welfare of children requires a multi-agency response. It cannot be done by local authorities alone. This goes beyond the duty to identify and report concerns but requires multi-agency working on the response.

For example: Anna is in an abusive relationship with James. During the 8 months they have been together, he has perpetrated emotional abuse and coercive control. Anna is depressed and has lost her job. She doesn't feel financially able to separate from James. Tyreece has begun to be extremely emotionally dysregulated and has hit other children. Anna's mum and sister are desperate to help her, but don't know how.

In the above example, think about all of the agencies who might need to be involved in support: domestic abuse services, mental health services, therapeutic services for Tyreece and family support network. A social worker alone cannot provide effective protection without the multi-agency input.

The importance of multi-agency working is recognised in the statutory guidance, the Children's Social Care National Framework, which acknowledges that children cannot be safeguarded by social services alone.

Multi-agency working enables information sharing, this helps to build a more **complete picture** of the child's past, present and future. For example: a school nurse might share that in the past the child did not attend important health checks. A GP might share in the present the child has missed an important hospital appointment. The diabetes nurse might then share that without medical treatment, the child could experience serious harm or death. The past, present and future helps to analyse, assess and predict the risk to the child and determine what type of response is needed.

The **expertise-led** element is important. Each agency brings unique specialist knowledge – health, education and police all have expert knowledge about how best to achieve outcomes in their different fields. This expertise helps to shape actions which will lead to positive outcomes.

Agencies come with different expertise, and also different mandates: this can sometimes lead to different values, principles or practices. Multi-agency working is necessary to ensure there is a shared vision, shared approach and collaborative working. This gives children and families a more **consistent** experience. For example, without multiagency working one worker might tell a child not to go to school (because the journey or area might be dangerous for the child), whilst another worker says they need to go to school (because school itself is a safe place).

Multi-agency working enables a chance to explore the nuances of safeguarding: healthy discussion and **professional challenge** reduces the risk of 'groupthink'. Groupthink is a phenomenon that occurs when a group of individuals reaches a consensus without critical reasoning or evaluation of the consequences or alternatives. Groupthink is based on a common desire not to upset the balance of a group of people.

An example of groupthink in safeguarding: In a child in need meeting, a social worker reports that visits to the family have gone well: mum has taken onboard advice about leaving an abusive relationship and is now separated from the perpetrator. Mum agrees and says life is a lot better now he has left the home. The school representative got feedback from the school counsellor this morning, and the child has said dad was at the home all weekend; but they choose not to say anything because the meeting is going really well and the social worker is the expert.

Professional challenge is an important part of safeguarding, and multiagency working is necessary to achieve this.

Finally, multiagency working helps to enable sustainable and **positive long-term outcomes**. Successful multiagency working will always look to ensuring the child's needs can be met within their family network and universal services. We call this 'stepping down', and it is important this is always done in a phased manner.

What happens when multi-agency working doesn't work? Learning from reviews.

Where a local authority in England knows or suspects that a child has been abused or neglected, and where that child dies or is seriously harmed, the local authority must notify the National Child Safeguarding Review Panel.

Between April 2022 to March 2023, this panel received 393 serious incident notifications with around two-fifths of these due to the death of a child which was related to abuse and/or neglect. Local Authorities can commission a Child Safeguarding Practice Review to identify what lessons need to be learnt about practice.

Sadly, the same practice themes consistently arise:

- Information is not shared at all, or not shared in a timely manner
- Evidence is not pieced together, history is not considered, patterns are missed
- A lack of professional curiosity about what the child's life is actually like and a failure to listen to the views of the wider family: practice can focus on the parent's needs
- Domestic abuse not being understood of explored
- Assumptions were made based on bias
- Engagement was inconsistent or resistant
- A lack of critical thinking and professional challenge

In Lambeth, local reviews and learning have also shown similar themes:

- A need to improve **access to education**, particularly for children placed at alternative provisions, with Education Health Care Plans and who are electively home educated. Understanding of education systems, educational neglect and parental duties were all identified areas of learning and development.
- A need to improve awareness, understanding of and responses to **child sexual abuse**.
- A need to improve identification of **extra-familial harm**, increase professional curiosity around push/pull factors, improve disruption responses and increase knowledge of local resources.
- A need to improve **cultural competency and address adultification**, so that interventions are culturally competent, combat racism and adultification and address the reality of low-income households and ensure children are treated as children.
- A need to improve responses to **domestic abuse**, increasing understanding of children who witness domestic abuse as victims, of parents who withdraw allegations as fearful and to raise awareness of schemes like Clare's Law and the MARAC process.
- A need to address **drift via effective escalation**, reviewing the escalation process and creating a culture of 'professional challenge' with consistent use and tracking of the escalation process.
- A need to better understand **neglect**, including how to identify indicators of neglect and respond at the earliest opportunity.
- A need to better understand **parental responsibility**, ensuring that children in private fostering arrangements or living with carers who do not have parental responsibility are identified and supported.
- A need to improve **professional curiosity**, ensuring proactive and tailor-made efforts are made to creatively hear the voice of the child (particularly for children with additional needs), engage non-resident parents, consider siblings, explore the impact of trauma and adverse childhood experiences and respond to 'limited responses'.
- A need to improve **trauma-informed practice, relationship building and working with resistance**, by adopting trauma-informed approached to relationship building and adopt evoking change principles.
- A need to improve **understanding of thresholds** to ensure the right levels of intervention are offered at the right time and there is consistent understanding of thresholds.

Understanding and overcoming the challenges.

Understanding the challenges

When we think about the tragic deaths and harm that have been caused to the children subject to these reviews, it is safe to assume none of the professionals or agencies involved wanted these outcomes to happen or deliberately chose not to identify need, share information or work in collaboration.

So, it is also important to understand why these things happen – self-awareness invites critical reflection and best practice. A number of factors and cognitive biases have been identified as underpinning failures in safeguarding and multi-agency working.

Adultification – when children are perceived as being adult-like and not acknowledged as vulnerable and in need of protection. The notions of innocence and vulnerability are not afforded to certain children. This is determined by people and institutions who hold power over them. Adultification disproportionately impacts black children, with black teenage boys most likely to be adultified by services.

Diffusion of responsibility / not my area of expertise – diffusion of responsibility is a psychological phenomenon where people are less likely to take action when in a group. Think about the situation where you are on a busy public road, a man starts to convulse and seize. Many people look, but no-one goes to help. Everyone thinks "someone else has already called for help". 'Not my area of expertise' can happen when we think our opinion is not specialist enough, and that someone else is better placed to notice or act.

Source bias – a tendency to interpret information based on the source, not the substance. Think of the 'boy who cried wolf'.

Confirmation bias – the tendency to search for, interpret, favour and recall information in a way that confirms or supports prior beliefs of values. Think Donald Trump! Many of his supporters will receive all information in a way which confirms their belief that the establishment is trying to persecute him.

Risk aversion bias – a preference to choose an outcome that's certain over one that is uncertain. The child's disclosure might be significant, but social care might say it's nothing. Why disrupt the relationship if they will refuse the referral anyway?

Optimism bias – it is natural to think the best of families with whom we work, but optimism bias occurs when there is no evidence to support optimism. One quote from the report into the tragic death of Peter Connely was that "There was a pervasive belief among professionals that the baby's injuries were accidental". Optimism bias is particularly prevalent when the parent is vulnerable or has a history of abuse themselves, so little changes are interpreted as significant changes and the lived experience of the child is overlooked. Think about the scenario – after 2 months of a social worker trying to see the children at home, they get let in! The success of gaining access is viewed with optimism – they are engaging with me now! But the home conditions have not improved…

Assumptions, unconscious bias and fixed views – everyone makes assumptions and has unconscious bias, the important thing is to be self-aware and critically think. For example, it may be a class bias that children from affluent homes are well cared for and looked after, so signs of abuse and neglect may be overlooked. Views can be fixed in relation to particular families too, for example, "that's just what things are like in that house, they will never change".

Anxiety and/or fear of confrontation – there might be anxiety or fear about how the parent/carer will respond, sometimes grounded if there is a history of violence or aggression.

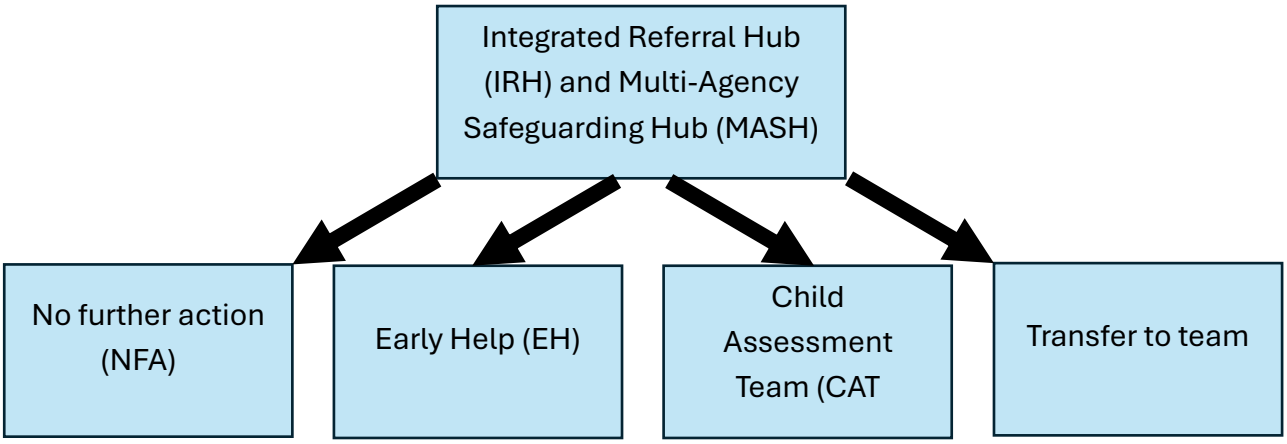
Fear of being considered judgemental - especially when working with vulnerable families or in relation to family culture or lifestyle choices.

Overcoming the challenges

Use of good reflective supervision and access to training is crucial. Lambeth is rolling out the signs of safety model, which promotes multi-agency group supervision to reflect on strengths, worries and actions. Healthy professional challenge as opposed to "group think" is important especially in long standing and complex family situations.

The LSCP provides training on adultification and cultural competency, and other safeguarding training which is aimed to build confidence.

What happens to Lambeth Children's Social Care referrals?



All incoming contacts are processed by the Integrated Referral Hub (IRH), sometimes referred to as the 'front door', 'MASH' or 'help and protection'.

Contact information: E: helpandprotection@lambeth.gov.uk T: 0207 926 3100 T (out of hours): 0207 926 5555

IRH is a specialist team comprised of initial contact workers who receive incoming information, social workers who explore incoming information and advanced practitioners/managers who give direction and make decisions. They are a small team who respond to an average of over 1000 contacts each month.

Incoming contacts are 'RAG' rated by a manager:

- **Red** – potential child protection issues that need immediate action. For example: serious injury to a child. A decision about next steps must be made within 4 hours.
- **Amber** – significant concerns but immediate action not required. For example: domestic abuse in household. A decision about next steps must be made within 24 hours.
- **Green** – there are wellbeing concerns, but not needing statutory involvement. For example, school attendance concerns. A decision about next steps must be made within 72 hours.

- **Blue** – there are no safeguarding or wellbeing concerns and the issue can be dealt with by a universal service. A decision about next steps must be made within 72 hours.

The decision made by the IRH team will be in relation to which of the 4 outcomes below is needed. Where there is ambiguity, or further information is needed to make a decision, the referral will be presented to the Multi-Agency Safeguarding Hub (MASH) meeting. The MASH meeting happens daily and is attended by agencies including police, health and education. Information is accessed from each agency to establish what is known about the child and to inform decision making. Contacts that are discussed at MASH may take longer than 48 hours to conclude, whilst information is gathered to support decision making.

There are 4 potential outcomes:

1. **No further action (NFA)** – this requires no further intervention from Lambeth Children's Social Care, but signposting information/advice might have been provided to either the family or referrer.
2. **Early Help** – the referral is passed into a Lambeth Early Help team to review and offer a service.
3. **Child Assessment Team** – the referral is passed to the statutory social work team who will undertake an assessment under S17 or S47 of the Children Act
4. **Transfer to Team** – the child is already receiving services from a team, and the contact is passed to the allocated social worker and manager for follow-up.

Best practice is to inform the referring agency of the outcome of their referral, but this does not always happen. To enquire about the outcome/status of a referral you have made please contact helpandprotection@lambeth.gov.uk providing: the reference number, the child's name and DOB and the date of the referral.

What are the different Lambeth Children's Social Care Teams?

Lambeth Children's Social Care is a division of Lambeth's Children, Families and Education Directorate. Other divisions of this Directorate include Education and Commissioning. The director of Lambeth Children's Social Care is Robert (Bob) Bielby: RBielby@lambeth.gov.uk

There are 4 services within Children's Social Care, each comprised of several different teams:

Early Help, Access, Assessment and Contextual Safeguarding Service	Safeguarding Service	Corporate Parenting Service	Quality Assurance Service
Teams: ➢ Integrated Referral Hub (IRH) ➢ Child Assessment Teams (CAT) ➢ Early Help (EH) ➢ Contextual Safeguarding (CxS) ➢ No Recourse to Public Funds (NRPF) ➢ Private fostering ➢ Family support service ➢ Emergency Duty Team (EDT)	Teams: ➢ Family Support and Child Protection Teams (FSCP) ➢ 0-25 Disabilities Service ➢ Flourish Team	Teams: ➢ Children Looked After Teams (CLA) ➢ 16+ Teams ➢ Leaving Care Teams ➢ Special Guardianship Order Teams ➢ Unaccompanied Asylum Seeker Service	Teams: ➢ Child Protection Chairs ➢ Independent Reviewing Officers ➢ Practice Evaluation and Audit Team ➢ Social Care Academy ➢ Practice Development Leads ➢ Complaints ➢ LADO ➢ Family group conference ➢ Family information service

Early Help, Access, Assessment and Contextual Safeguarding Service
Assistant Director: Sue Staley SStaley1@lambeth.gov.uk

Integrated Referral Hub (IRH) – also known as the 'front door', 'MASH' or 'help and protection' this team is responsible for managing all of the contacts sent to Children's Social Care. Read more here.

Child Assessment Teams (CAT) – there are 5 assessment teams who undertake S17 or S47 assessments where there are safeguarding concerns for children who do not already have a social worker. CAT is a short-term service, as if a child is assessed as requiring Level 3 or 4 intervention then the family will be transferred to a long-term social work service. However, if on completion of the assessment the family's needs have not met the threshold to continue with statutory services at a Level 3 or 4 but could benefit from further support services at Level 2, then they could be transferred to the Early Help service (this is sometimes called a 'step-down' or to community services under a Team Around the Family ("TAF"). Assessments can also be closed with no further action if no needs are identified or if Level 2 or 3 support is declined by the family.

Early Help (EH) – there are 4 early help teams who provide targeted 6-month interventions to families in need of support requiring a Level 2 intervention. Families are allocated to an Early Help Family Practitioner who undertake a whole family assessment (unless the transfer to Early Help has come via step-down and a statutory assessment has already been completed) and then convenes a TAF to create a family intervention plan. Transfer from Early Help to Child Assessment Teams occur when new safeguarding concerns arise (these are often referred to as a 'step-up').

Contextual Safeguarding (CxS) – there are 4 teams within contextual safeguarding service each serving a different function:

- Support team – a multi-disciplinary team providing specialist support to young people aged 10-25 who are experiencing or at risk of contextual harm.
- Community team – supports the community guardians programme, supports location and peer group assessment, delivers 'Location in Need' plans and supports outreach services.
- Knowledge team – provides intelligence and supports the work of the Multiagency Violence & Exploitation Panel (MAVE); also provides expert consultations for individuals, locations and peer groups and helps with 'peer mapping'.
- Missing team – helps to safeguard & reduce risk to children & young people who go missing from home or care by providing guidance, advice and facilitating return home interviews.

No Recourse to Public Funds (NRPF) – a team supporting families who have no recourse to public funds *and* who are at risk of homelessness or destitution. The team assesses if families are entitled to local authority support, which can include accommodation and financial assistance.

Private Fostering – when a notification is received of a private fostering arrangement the team will undertake an assessment as to the safety and suitability of the arrangement and whether further social work or early help intervention is needed to support the child.

Family Support Service – the team supports families who are in crisis and where there is a risk of a child being received into local authority care by providing intensive and time-limited support around family relationships.

Emergency Duty Team (EDT) – the out of hours service available 5pm-9am on Monday, Tuesday, Wednesday and Thursday and from 5pm Friday to 9am Monday. The team is able to deal with safeguarding emergencies only.

Safeguarding Service
Assistant Director: Maura Banda mbanda@lambeth.gov.uk

Family Support and Child Protection Teams (FSCP) – there are 9 social work teams who provide support to children and families subject to Child in Need and Child Protection Plans. These teams are sometimes referred to as 'long-term' teams. These teams also work with children and families where there are ongoing court proceedings between the Local Authority and family members regarding the care arrangements for the child.

0-25 Disabilities Service - (previously known as Children with Disabilities) – provides support for children and young people with disabilities, including short breaks. You can read more about eligibility and criteria for this service here.

Flourish Team – a small team providing support to mothers who have had children removed from their care.

Corporate Parenting Service
Assistant Director: Teresa Gallagher TGallagher1@lambeth.gov.uk

Children Looked After Teams (CLA) – the teams provide support to children who are looked after by the Local Authority, both by voluntary S20 agreements and by Family Court Order.

16+ Teams – also known as the '*Leaving Care*' teams. These teams work with young people aged 16-25 who are looked after by the Local Authority, both by voluntary S20 agreements and by Family Court Order. Social workers support children aged 16-18 to provide specialised support for their transition into adulthood, whilst Personal Advisors support those children aged 18-25.

Unaccompanied Asylum Seeker Service – the team provides support to children who have arrived in the UK unaccompanied and who have been received into Local Authority care.

Quality Assurance Service
Assistant Director: Ranganathan Gajendran RGajendran@lambeth.gov.uk

Child Protection Chairs – although employed by the local authority and managed within Children's Social Care, Child Protection Chairs are independent, and their role is to oversee the delivery and effectiveness of Child Protection Plans.

Independent Reviewing Officers – provide independent oversight and scrutiny of the delivery and effectiveness of support provided to children who are looked after by the Local Authority.

Practice Evaluation and Audit Team – oversee quality assurance work in Children's Social Care by undertaking audits and tracking improvement plans.

Social Care Academy – provide training, learning and development to Children's Social Care teams to promote good practice.

Complaints – manage complaints made regarding Children's Social Care services.

Local Authority Designated Officer (LADO) – the team responds to and investigates allegations against adults who work with children. Read more here.

Family group conference team – the team works with families and their networks to create family-led plans for children.

Family information service – the team provides free, reliable and impartial information and assistance to parents, carers, professionals and children about local services and activities available in Lambeth.

Lambeth Information, Advice and Support (IAS) Service – the team provides free, impartial and confidential information about education, health and social care for children, young people, and their parents relating to special educational needs and disabilities.

Child Protection (S47) overview and expectations of multi-agency child protection working

Police Protection Orders and Emergency Protection Orders

Where there is a risk to the life of a child or a likelihood of serious immediate harm, from either inside or outside the home, police can take the child into police protection. This is an emergency power under S46 of the Children Act 1989. The overriding principle is that decisions to remove children from a parent/carer should be made by a court, and so police protection should *only* be used in emergency situations. No-one can be kept in police protection for more than 72 hours.

Police must notify the local authority immediately that PPO powers have been exercised. If the local authority agrees that the continued removal of the child from the home is necessary to safeguard the child, the Local Authority can then apply to a court for an Emergency Protection Order (EPO). Parents/carers are normally given 1 day's notice of the court hearing but in exceptional circumstances no notice needs to be given (e.g. if there is a worry the parent would abscond with the child).

If an EPO is granted by the court, the child becomes Looked After. EPOs normally expire after 8 days, and can be extended to 15 days, but children can be returned if safe to do so. There is no right of appeal against EPOs. It is a common myth that 'social services take children away', in fact, social workers and social services cannot make the decision to remove a child from their family: only police and family court have this power.

It would be exceptionally rare for a local authority to apply for an EPO before a strategy discussion meeting.

Child Protection enquiries ("S47s")

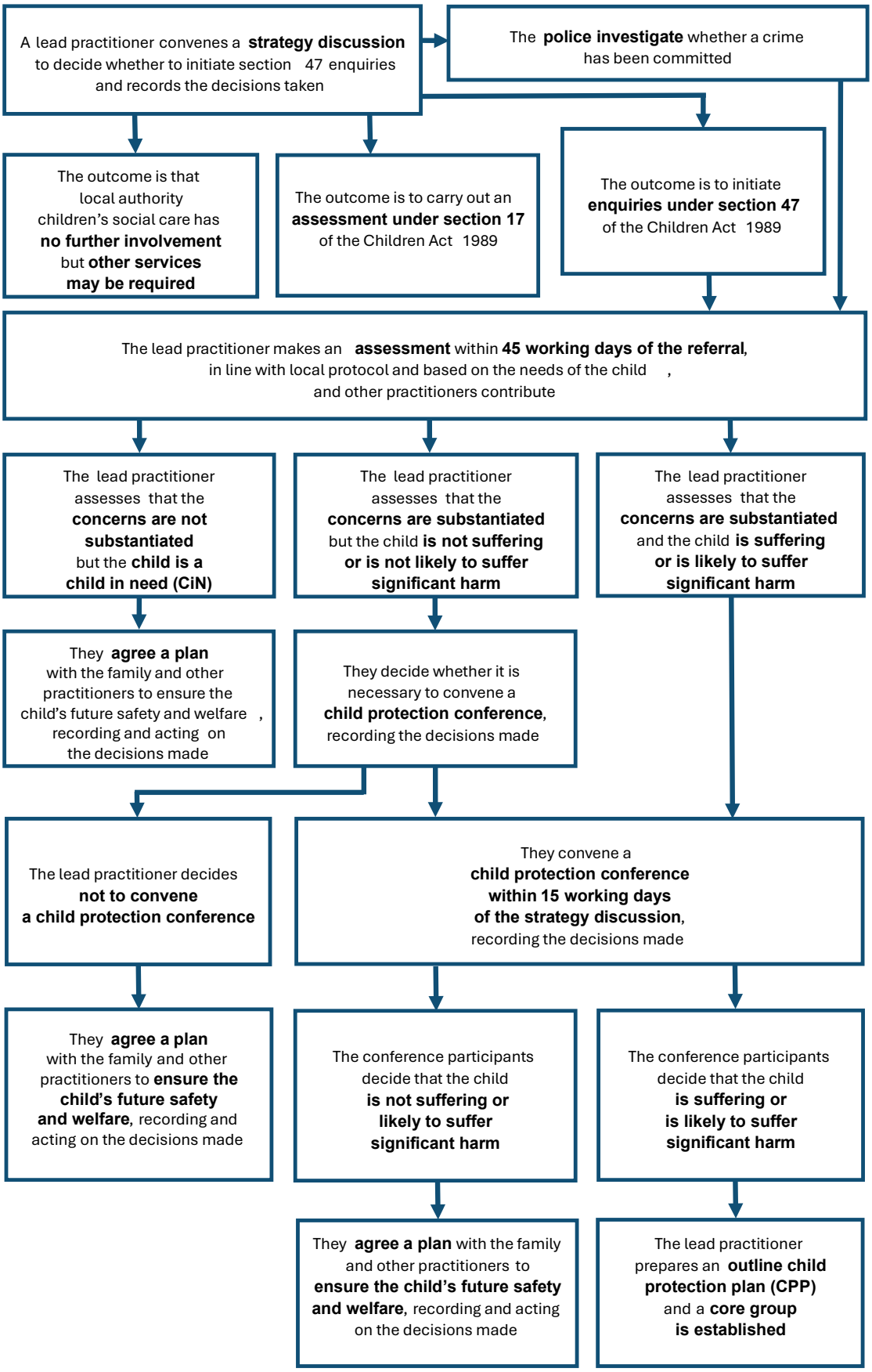
Strategy discussion meetings, more often called '*strategy meetings*' or '*strats*', must be convened when there is a reasonable cause to suspect a child is suffering, or is likely to suffer, significant harm. The purpose of strategy discussion meetings is to determine the child's welfare and plan rapid future action.

Strategy discussion meetings should be attended by Children's Social Care, the police, health and other bodies such as the referring agency, education, early help or other involved agencies. Strategy discussions should take place following a referral and at other times, for example, when new information is received or if there needs to be a review of the impact of actions taken to safeguard the child.

Strategy discussions are used to share, seek and analyse available information; to agree the conduct and timing of any criminal investigation; and to consider whether joint or single enquiries under S47 of the Children Act 1989 should be undertaken (also known as '*Child Protection enquiries*'. Single enquiries are assessments undertaken by social workers, whilst joint enquiries also involve a police investigation. Strategy discussions could also lead to the outcome that no further children's social care involvement is needed *or* that a S17 Assessment is needed.

The purpose of a S47 enquiry is to decide whether, and what type of action, is required to safeguard and promote the welfare of the child. Children must be seen by the social worker and might also be interviewed by police if the enquiry is joint. Parents/carers must be involved, and family history must be considered. S47 enquiries are normally concluded within 45 days, but if there are clear child protection concerns then an Initial Child Protection Meeting should be convened within 15 days of the strategy discussion meeting.

Action following a strategy meeting and S47 enquiry flowchart can be found on the next page.


A lead practitioner convenes a **strategy discussion** to decide whether to initiate section 47 enquiries and records the decisions taken
The **police investigate** whether a crime has been committed
The outcome is that local authority children's social care has **no further involvement** but **other services may be required**
The outcome is to carry out an **assessment under section 17** of the Children Act 1989
The outcome is to initiate **enquiries under section 47** of the Children Act 1989
The lead practitioner makes an **assessment** within **45 working days of the referral**, in line with local protocol and based on the needs of the child , and other practitioners contribute
The lead practitioner assesses that the **concerns are not substantiated** but the **child is a child in need (CiN)**
The lead practitioner assesses that the **concerns are substantiated** but the child **is not suffering or is not likely to suffer significant harm**
The lead practitioner assesses that the **concerns are substantiated** and the child **is suffering or is likely to suffer significant harm**
They **agree a plan** with the family and other practitioners to ensure the child's future safety and welfare , recording and acting on the decisions made
They decide whether it is necessary to convene a **child protection conference**, recording the decisions made
The lead practitioner decides **not to convene a child protection conference**
They convene a **child protection conference within 15 working days of the strategy discussion**, recording the decisions made
They **agree a plan** with the family and other practitioners to **ensure the child's future safety and welfare**, recording and acting on the decisions made
The conference participants decide that the child **is not suffering or likely to suffer significant harm**
The conference participants decide that the child **is suffering or is likely to suffer significant harm**
They **agree a plan** with the family and other practitioners to **ensure the child's future safety and welfare**, recording and acting on the decisions made
The lead practitioner prepares an **outline child protection plan (CPP)** and a **core group is established**

Child Protection Conferences & Plans

Child Protection Conferences bring together family members, supporters, advocates and involved professionals to make decisions for the child. The purpose is to collate and analyse all relevant information and plan next steps. Initial Child Protection Conferences ("ICPCs") take place within 15 days of a substantiated concern that the child is suffering, or likely to suffer, significant harm. ICPCs are overseen by an independent Child Protection Chair who decide whether or not to place the child on a Child Protection Plan and, if so, under which category.[9]

Once a child has been made subject to a Child Protection Plan, a core group must be convened within 10 days. This meeting includes the family, social worker and all involved agencies. The purpose is to create, implement and review the intervention plan.

Review Child Protection Conferences (RCPCs) must be convened within 3 months of the ICPC. These are overseen by the independent Child Protection Chair who makes the decision as to whether the child still needs to be placed on a Child Protection Plan. RCPCs are convened every 6 months thereafter, until a decision is made to remove the child from the plan. Core group meetings take place alongside this and are convened every 6 weeks.

Read more about Child Protection enquiries, Child Protection Conferences and Child Protection Plans in the London Safeguarding Children Procedures.

Multiagency working expectations

When a child is subject to a Child Protection Plan, it is essential that multiagency partners continue to support that child and contribute to safeguarding arrangements. Local authorities cannot safeguard children in isolation and good multi-agency working and support is vital to enabling improvements in the child's lived experience.

As such, as soon as a child protection concern is raised regarding a child or family your agency is involved with the expectations are that you:

- Prioritise attendance at strategy discussion meetings, Child Protection Conferences and Core Group meetings
- Contribute to assessment and planning by presenting information about child's needs, parental capacity, family and environmental factors
- Share evidence of what has been seen and heard
- Provide written information on request
- Volunteer new information once received (do not assume that the social worker and/or other involved agencies already know this information)
- Critically assess and challenge your own and others' input
- Implement the plan and take joint responsibility for carrying out agreed tasks, monitoring progress and outcomes
- Approach work with parents and carers in line with these principles.

[9] There are 4 categories under which a child can be placed on a Child Protection Plans: Emotional Abuse, Physical Abuse, Sexual Abuse or Neglect.

Child in Need (S17) overview and expectations of multi-agency child in need working

Child in Need refers to the statutory support provided under S17 of the Children Act 1989 for a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children's social care services.

The duty to provide support is on the local authority, however, there is also a duty on other agencies to co-operate with Children's Social Care in carrying out the duty to assess needs and provide services where necessary.

Parents and carers **must give consent** to a S17 Assessment and, if the assessment concludes that the child should be offered child in need intervention, parents and carers also need to consent to a Child in Need Plan.

Once a child has been assessed as 'in need' a multi-agency Child in Need meeting (also known as *CIN meetings*) must take place within 10 days of the assessment being completed. CIN review meetings should then be held every 8 weeks to review the impact of the support being offered. Children on Child in Need Plans will be seen every 3 weeks by their social worker.

Read more about Lambeth's Practice Standards and Procedures.

If your organisation is working with a child or family who are subject to Child in Need planning, the expectations are that you:

- Prioritise attendance at Child in Need meetings and, if relevant, Strategy meetings
- Contribute to assessment and planning by presenting information about child's needs, parental capacity, family and environmental factors
- Share evidence of what has been seen and heard
- Provide written information on request
- Volunteer new information once received (do not assume that the social worker and/or other involved agencies already know this information)
- Critically assess and challenge your own and others' input
- Implement the plan and take joint responsibility for carrying out agreed tasks, monitoring progress and outcomes
- Approach work with parents and carers in line with these principles.

Early Help overview and expectations of multi-agency team around the family working

Early Help refers to a partnership approach to ensuring that children and families receive the support, advice and help they need at the time they need it. In Lambeth, **Early Help is everyone's responsibility**. This means that Early Help can be provided by the multi-agency partnership without local authority intervention.

However, there are also situations where a family will need more targeted early help support. Lambeth's Early Help service provides this support at two levels:

1. Community Connection – the Specialist & Partnership Team will contact families to provide advice regarding locally based services who can support their needs and help to connect them to these services.
2. Targeted Assessment and Intervention – there are 4 Locality Teams who will undertake a whole family assessment to explore the family's needs in depth and then develop a support plan. This can involve referring the family on to other agencies, but more often involves provision of targeted intervention and support from an Early Help Practitioner. Children are seen every 3 weeks, and Team Around the Family meetings are held every 6-8 weeks to review the impact of the support offered. Targeted Assessment and Intervention services last for up to 6 months.

Read more about Lambeth's Early Help strategy here.

To make an Early Help referral, the expectation is that consent is first obtained. The Supporting Families Assessment Tool should then be completed and emailed to helpandprotection@lambeth.gov.uk. Guidance to completing this form can be found here.

If your organisation is working with a child or family who are receiving Early Help support, the expectations are that you:

- Prioritise attendance at Team Around the Family meetings
- Contribute to assessment and planning by presenting information about child's needs, parental capacity, family and environmental factors
- Share evidence of what has been seen and heard
- Provide written information on request
- Volunteer new information once received (do not assume that the social worker and/or other involved agencies already know this information)
- Critically assess and challenge your own and others' input
- Implement the plan and take joint responsibility for carrying out agreed tasks, monitoring progress and outcomes
- Approach work with parents and carers in line with these principles.

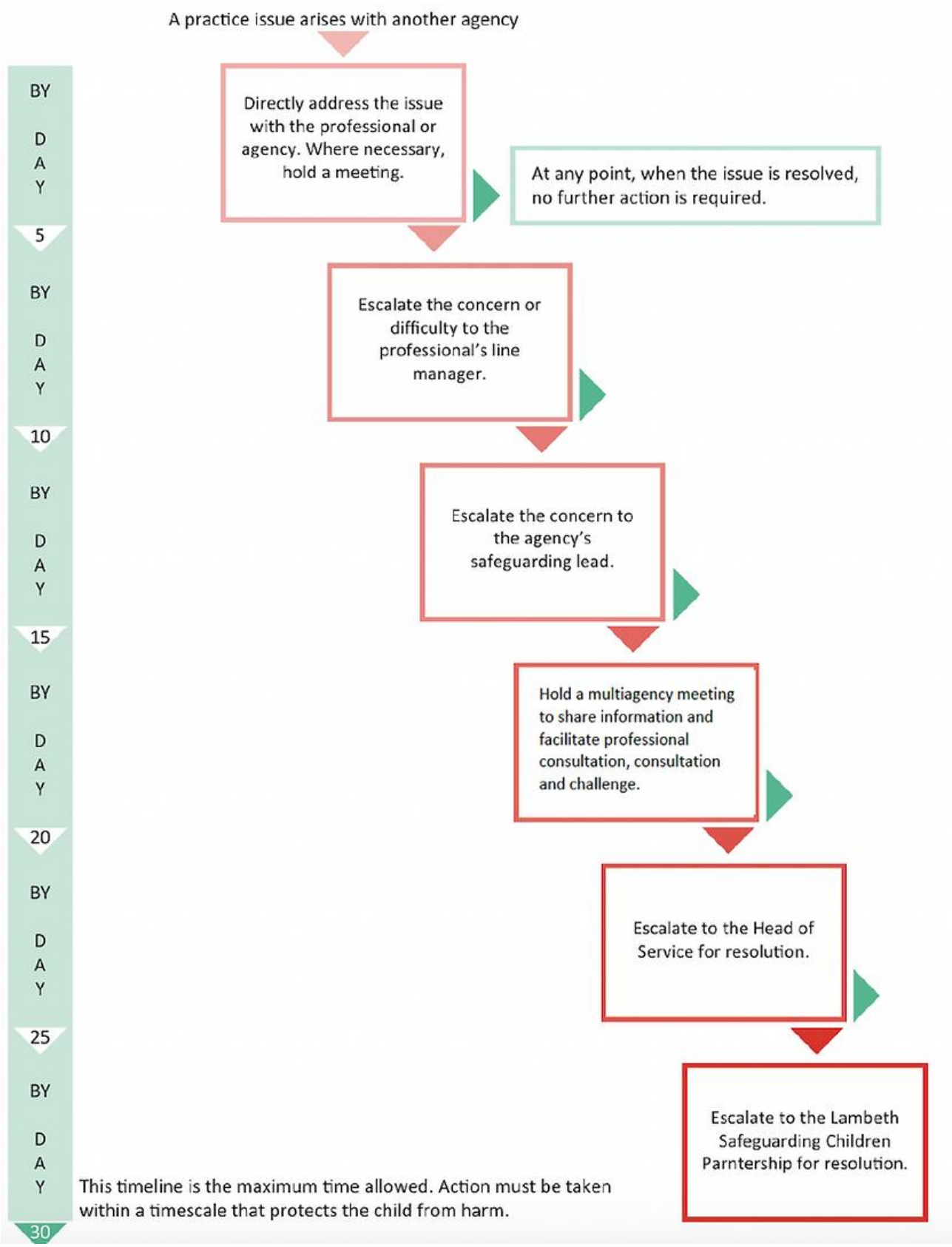
LSCP escalation policy

There will be occasions where a professional or agency has concerns that the wrong threshold and level of support has been applied to a child or family's case. For example, where a child is being supported at a Child in Need level but there are worries that harm might be occur which merits Child Protection intervention. The LSCP multi-agency escalation policy is designed to address these situations.

Escalation is not a paper exercise - it is about a culture of professional challenge, resilience and consultation. The Escalation policy aims to give frontline professionals and managers the support to not only raise their professional concerns, but also to follow them up - seeking second opinions and expert consultation, calling professionals' meetings and working with colleagues across the partnership to explore complex and perplexing situations.

The Escalation Policy explains how concerns and cases should be escalated to LSCP and how any issues with the application of thresholds should be resolved. It is for use by all partners in relation to inter-agency issues, so the same timescales and escalation period should apply across all agencies (although it should be noted that the structural hierarchies may be slightly different in different organisations).

The escalation process is summarised on the next page.



The full escalation policy can be accessed here.

Further reading and resources

Key statutory guidance:

- Working Together to Safeguard Children 2023
- Keeping Children Safe in Education 2024
- Children's Social Care National Framework 2023
- Domestic Abuse Statutory Guidance 2022
- Working Together to Improve School Attendance 2024
- Prevent Guidance

Lambeth / London guidance and protocols:

- Pan-London Threshold Guidance and Matrix
- Lambeth Pre-Birth Protocol
- Lambeth Neglect Strategy and Toolkit
- London Safeguarding Children Procedures
- Lambeth Children's Services Procedures Manual
- Lambeth Children's Social Care Practice Standards

Further learning and support:

- NSPCC Learning
- Lambeth Safeguarding Children Partnership website & training offer
- Lambeth Violence Against Women and Girls service & join the forum
- Lambeth Contextual Safeguarding Service
- The Gaia Centre
- DASH Risk assessment
- Lambeth MARAC service and referral form
- Family Hub Directory

Contacting Lambeth Children's Social Care

Email:	helpandprotection@lambeth.gov.uk
Tel:	0207 926 3100
Tel (out of hours):	0207 926 5555

Make a referral to children's social care here.

Appendix 1 – Good Quality Social Care example

Referral agency details

Section: Referrer and agency information	
Full name (as referrer)	Andrew Smith
Role (of referrer)	Designated Safeguarding Lead
Referral agency / school name	ABC Primary School
Primary contact telephone number	0207 123 4567
Secondary contact telephone number	0208 123 4567
Contact email address	asmith@gmail.com

Section: Safeguarding lead information	
Have you discussed this with your designated safeguarding lead?	Yes
Name	Betty Smith
Contact email address	bsmith@gmail.com
Contact telephone number	0207 123 4567

Using the Lambeth Levels of Need Document (link below), what tier (3 or 4) do you consider the current risk to and needs of this child (and/or their family) to be?	4

Has your agency completed any other assessment regarding this child or family? (e.g. Early Help Family Assessment, Safe Lives DASH risk checklist)	No – I attempted to complete a DASH risk checklist on 15/10/24 with mum but she declined consent.
Date of referral – todays date only	01/11/2024

Child's details

Section: Personal information	
First name	Tyreece
Surname	Smith
Date of birth or expected due date	01/11/2016
Sex assigned at birth	Male
Gender identity	Male
Nationality	British
Religion	Christian
Home address	Lambeth Town Hall, SW2 1EG
Contact telephone number of parents	0777 123 4567

Section: Ethnicity	
Ethnic group	Mixed – White and Black Caribbean
Languages spoken	English
Is an interpreter required?	No

Section: General Practitioner (GP) information	
GP Name	Dr Smith
GP Address	Smith Family Practice, SW2 1AB
Is there a known disability?	No
Do you know the child's NHS number?	No

Section: School information	
School name	ABC Secondary School
School address	Lambeth Town Hall, SW2 1EG
School UPN (if known)	
School telephone number	0207 123 4567

Family details

Do you have details of any other family members?	Yes
How many family members do you have details of?	3

Section: Family member	
First name	Anna
Surname	Smith
Gender	Female
Gender assigned at birth	Female
Relationship to the child	Mother
What is this person's relationship to the child you are referring?	Mother
Does this person have parental responsibility?	Yes
Email address for person (if known)	dsmith@gmail.com
Telephone number for person (if known)	0777 123 4567
Date of birth (if known)	01/11/2000
Are you also referring this person?	Yes
Does this person live in the same household as the child?	Yes
If 'No', please enter their address (if known)	
School UPN (if known)	
NHS number (if known)	
Language(s) spoken	English
Ethnicity (if known)	Black Caribbean
Nationality (if known)	British

Religion (if known)	Christian
Special educational need or disability?	No
Please give more information about any special educational need or disability	
Is there anything we need to know before contacting the parent/carers?	I suspect Anna may be in an abusive relationship, but she has not disclosed this. Her partner works part-time on Monday, Tuesday and Wednesday from 10am-2pm so this should be a safe time to contact her. Anna is not in employment. Anna has reported feeling depressed and has become isolated and withdrawn in recent months.

Section: Family member	
First name	James
Surname	Jones
Gender	Male
Gender assigned at birth	Male
Relationship to the child	Mother's partner
What is this person's relationship to the child you are referring?	Mother's partner
Does this person have parental responsibility?	No
Email address for person (if known)	jjones@gmail.com
Telephone number for person (if known)	0789 123 4567
Date of birth (if known)	01/11/1995
Are you also referring this person?	Yes
Does this person live in the same household as the child?	Yes
If 'No', please enter their address (if known)	
School UPN (if known)	
NHS number (if known)	
Language(s) spoken	English
Ethnicity (if known)	White British
Nationality (if known)	British
Religion (if known)	
Special educational need or disability?	No
Please give more information about any special educational need or disability	
Is there anything we need to know before contacting the parent/carers?	I suspect James is perpetrating domestic abuse against Anna, but she has not disclosed this. James has become the main point of contact for the school recently, and he does the daily drop/off and pick up for Tyreece.

Section: Family member	
First name	Adam
Surname	Johnson
Gender	Male
Gender assigned at birth	Male
Relationship to the child	Father
What is this person's relationship to the child you are referring?	Father
Does this person have parental responsibility?	Yes
Email address for person (if known)	
Telephone number for person (if known)	
Date of birth (if known)	
Are you also referring this person?	No
Does this person live in the same household as the child?	No
If 'No', please enter their address (if known)	HMP Brixton
School UPN (if known)	
NHS number (if known)	
Language(s) spoken	
Ethnicity (if known)	White British
Nationality (if known)	British
Religion (if known)	
Special educational need or disability?	
Please give more information about any special educational need or disability	
Is there anything we need to know before contacting the parent/carers?	Adam is serving a 2-year prison sentence for a domestic assault he committed against Anna when Tyreece was 4 years old. I do not know his expected release date.

Concerns

What are your worries regarding this child and/or family?	Physical abuse: a disclosure has been made by the child of physical abuse. On 01/11/2024 Tyreece attended school with a bruise to his left cheek. I spoke to Tyreece about this on a 1-to-1 basis at 9am and he disclosed "James got pissed off when I tried to change the channel and hit me with a spoon". Tyreece described this as a wooden spoon which James was using to cook with and that he was struck twice on his left cheek below his eye. There was a visible bruise. Tyreece said he has not received any medical attention. In the past 3 months, I have also observed Tyreece to become

	upset and cry when James comes to pick him up after school which makes me suspect Tyreece may have been scared of James at the time. This is the first disclosure Tyreece has made in respect of James. Domestic abuse: there are historic and current concerns. Tyreece's mum (Anna) was in a past abusive relationship with Tyreece's dad (Adam), for which Adam is serving a 2-year prison sentence. Tyreece's parents separated when he was a baby and the domestic assault against Anna happened post-separation and during child contact. Anna is in a current relationship with James, who lives in the house. The school received third-party information from another pupil's parent that James had historically perpetrated domestic abuse against her. I suspect domestic abuse may be currently occurring because I have observed that Anna has become less engaged with school: she used to do all school drop-offs/pick-ups and engage with all school meetings. 4 months ago, James began taking on some of these duties and now he is responsible for all communication and engagement with education. I am worried that Anna is becoming isolated by James who is believed to have perpetrated domestic abuse in the past. Anna has not disclosed any domestic abuse and declined to complete a DASH Safe Lives Risk assessment when invited to discuss my concerns on 15/10/2024. Emotional abuse or neglect: Anna has made statements comparing Tyreece to "his waste of space dad", which might indicate he is receiving negative comments at home. Impact on child: - Tyreece has been injured (bruise to his left cheek). - Tyreece has become more withdrawn at school in the past 3 months (for example: Tyreece always used to put his hand up and

	actively engage in lessons, but now he is very withdrawn and sits quietly without contributing) - Tyreece is visibly upset whenever he sees James (for example, he has been observed to cry and/or flinch on at least 10 occasions in the last 1 month).
Have any other agencies been involved in the support and protection of this child?	No: I spoke to Anna on 15/10/24 to explore my concerns about domestic abuse and Tyreece's presentation but she declined any additional support.
Has there been any actual harm (previous/current) to this child or young person?	Current harm: Tyreece has been injured. Past harm: Tyreece witnessed a domestic abuse incident 3 years ago when his father assaulted his mother. Third party information received also indicates a male in the household is a past perpetrator of domestic abuse.
What are the potential risks to this child?	Tyreece could be further hurt or injured by James. Tyreece could be a victim by witnessing domestic abuse. Tyreece's social and emotional development could be significantly impacted.
Complicating factors?	- Anna is no longer engaging with school, and James is the main point of contact. - Anna seems to be isolated and withdrawn. - Anna reports feeling depressed. - Anna has not disclosed any domestic abuse. - Anna has described James as 'a saint' and seems to approve of his parenting style. - Tyreece's father is serving a prison sentence for domestic abuse.
What is working well for the child and family?	- Tyreece was a very happy child until about 3 months ago, which coincides with James playing a more active role in his life. - Tyreece has a love of learning and loves attending school, giving him a place of safety and sanctuary. Tyreece has 99% school attendance and is able to access safety and sanctuary. - Tyreece has a good group of caring friends, who seem to give him emotional support and comfort. - Tyreece has an aunt and Grandmother (maternal family) who live nearby and he

	says he enjoys spending time with them, giving him some respite from his home.
Safety scale	2
What support and outcomes are you seeking for this family?	- We want Tyreece to live in a household where he is not being hurt, harmed, injured or witnessing domestic abuse. – We want Tyreece to be enabled to return to the happy, confident and actively engaging child we know he can be.

Contextual factors

Completed for young people aged 11+. Please use this section to share any information or concerns you have about the harm or risks faced by this young person outside of their home. This may include concerns of criminal exploitation, sexual exploitation, peer-to-peer abuse or serious violence.

Neighbourhood

Are you aware, or do you have reason to believe, of any specific locations outside the home where this young person is experiencing or at risk of harm?	N/A

Peer relationships

Are you aware of, or do you have reason to believe, that this young person's relationships with peers (young people of a similar age) are harmful?	N/A – Tyreece is 7 and his peer relationships at school have been observed to be positive and supportive.

Education

Are you aware of any risk or experience of harm this young person faces on the way to, on the way from, and at, their place of education (e.g. school/college)?	Tyreece is escorted to/from school by James, and we are worried about the risk James poses to Tyreece.

Online

Are you aware, or do you have reason to believe, that this young person is experiencing or at risk of harm online?	N/A

Adult of concern

Are you aware, or do you have reason to believe, that this young person is experiencing or at risk of harm from any adults outside of their family?	N/A

Vulnerabilities

Section: Vulnerabilities	
What is the child's school attendance?	99%
Has this child received any: fixed term exclusions, internal exclusions, permanent exclusions, or been subject to a managed move between schools? Please include details.	N/A
Does this child have any known or suspected educational need or disability which may increase their vulnerability to grooming or exploitation? Vulnerability? Please explain	N/A

Section: Indicators	
Has this child ever been missing from school without their parents/carers' knowledge?	N/A
Has this child ever been missing from home/care? Please explain.	N/A
Has this child ever been suspected or found to be carrying a weapon? Please explain	N/A
Does this child have access to money or resources disproportionate to their age and that aren't explained by parents/carers? Please explain	N/A

Details of professional network

How many entries would you like to make	1

Section: Please give details	
Contact name	Andrew Smith
Agency	ABC Primary School
Role	DSL
Telephone number	0207 123 4567
Email address	asmith@gmail.com

Consent from parent/carer

Agencies who are making enquiries and/or making referrals about children should inform the parents/carers or those with parental responsibility that they are making a referral to children Services, unless to do so would mean that the child or young person was at greater risk.

Have you sought consent for this referral from the carer with parental responsibility?	Yes – I called Anna on 01/11/24 after Tyreece made the disclosure. Anna denied Tyreece's version of events and said he was accidentally injured. She is aware I am making this referral without consent.
What do family members think about this referral and their situation?	Tyreece: Tyreece is upset by what is happened and is aware this referral is being made to try and keep him safe in future. Anna: 2 weeks ago, I spoke to Anna about my worries for Tyreece becoming withdrawn and possible domestic abuse. At the time, she did not share my concerns and declined further support. Today, Anna has denied physical abuse has happened and said the family do not need any help. James: I have not spoken to James about my concerns. Adam: I have not spoken to Adam about my concerns.

Appendix 2 – Chronology Template

CHRONOLOGY

Event / Decision / Outcome: A chronology should be an ongoing record of the most significant events in a child's life. It is important to keep the information contained in the chronology as **succinct** as possible.

Impact: What is the **impact for the child** because of this event, decision or outcome? What does this mean for the child?

Source: What was the source of the information and where can the record be located?

No.	Date	Event	Impact for the Child	Source
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				