



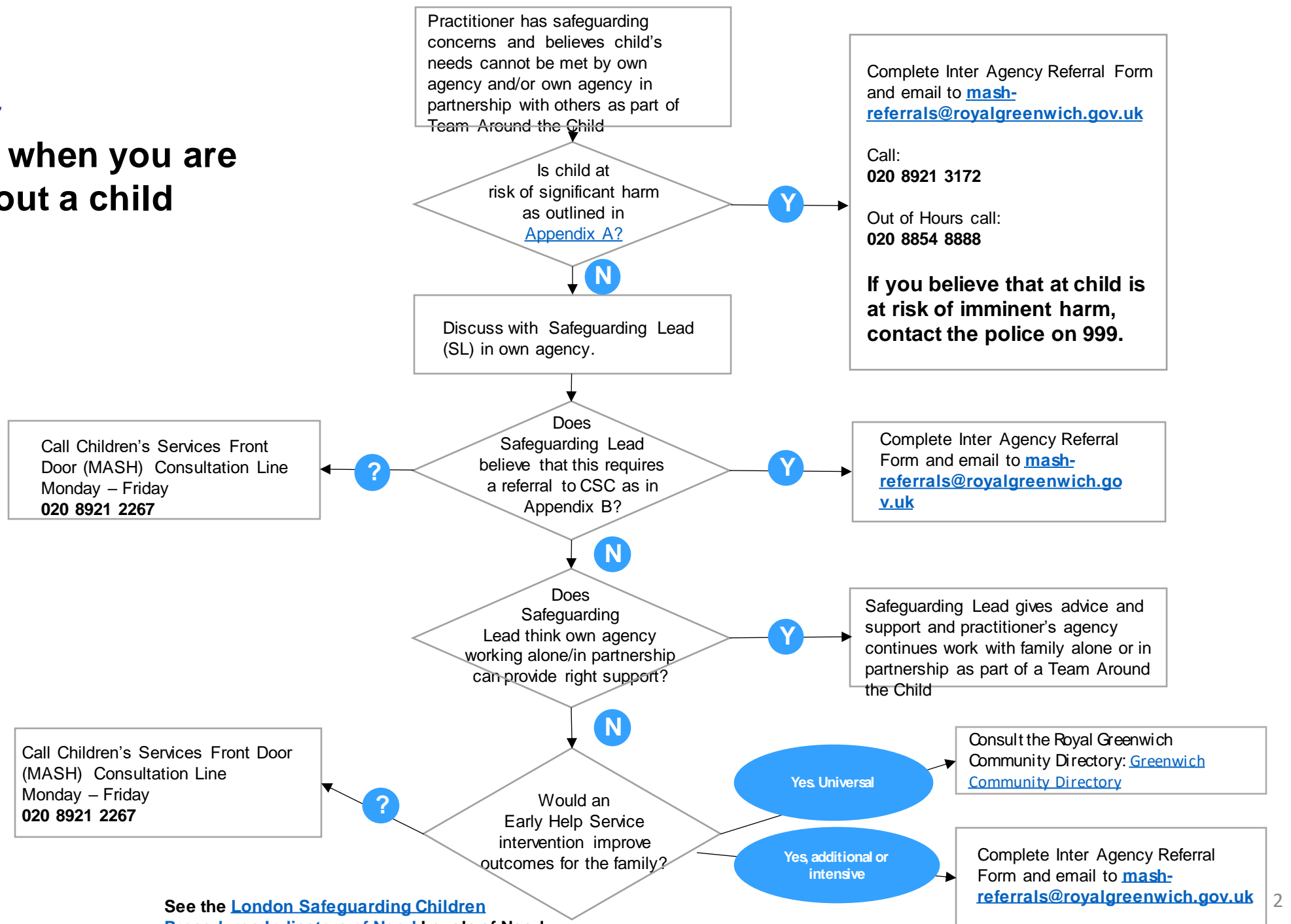
GREENWICH  
**Safeguarding  
Children**  
PARTNERSHIP

# Right Child Right Service Right Time

*How we work together  
to safeguard and protect  
children in Royal  
Greenwich*

*At a glance:*

## What to do when you are worried about a child



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# Introduction



Nothing is more important than children's welfare.

Parents and carers have the primary responsibility for their children. However, local authorities, working with partner organisations and agencies, have specific duties to safeguard and protect the welfare of all the children in their area and everyone who comes into contact with children has a role to play.

In July 2018, the government published a revised version of [\*Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children\*](#). It sets out the legal requirements that health professionals, social workers, police, education professionals and others working with children must follow. *Working Together* is statutory guidance and all practitioners working, or having contact with, children and young people are required to read and understand it so they can meet their legal obligation to keep children safe.

Alongside Working Together to Safeguard Children, this document should be read in conjunction with the [\*London Safeguarding Children Procedures, Threshold Continuum of Need\*](#) and, the [\*London Safeguarding Children Procedures Indicators of Need\*](#).

As safeguarding partners, we are required to publish a local document that sets out our criteria for action.

In Royal Greenwich, our approach to promoting welfare, safeguarding and child protection is developed around our understanding that children, young people and families are unique.

They are the product of, and active participants in, a complex web of interdependent and changing systems and circumstances.

*“Nothing is  
more  
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welfare.”*

In Greenwich, we believe that the most effective way to ensure the right child, gets the right service at the right time is for practitioners to work together using a combination of deliberation and professional judgement.

**Deliberation** is when practitioners think through a diverse range of possibly relevant evidence about the family that might indicate their strengths, needs and capacity to change.

The [London Safeguarding Children Procedures, Threshold Continuum of Need](#) provides a framework for professionals who are working with children and families to help identify when a child may need additional support to achieve their full potential. It provides information on the levels of need and gives examples of some of the factors that may indicate a child or young person requires additional support. By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need in different children and families.

**Professional judgement** is based upon applying knowledge, skills and expertise to determine what response is most likely to keep a child safe, create change and to be in the best interests of the child or young person.

Deliberation and professional judgement must be used in the context of open and honest discussion, consultation and supervision. Our goal is for practitioners in all agencies to know that they have someone to talk to and when, why and how to consult with safeguarding leads in their own and other organisations.

We know that there will always be room for improvement and that we won't always get things right. We are committed to learning from our mistakes as well as good practice.

Throughout this document, there are links to documents and graphics that have been designed to inform discussions and consultations. They are intended to create a common language within and between teams and organisations.

In addition, individual agencies may have tools that they require their staff to use and safeguarding leads can support staff in their use.

**Any tools or scales should only be used in conjunction with, and to support, deliberation and professional judgement. They should never be used to reduce the scope for individual thinking or create a mechanised process for what to do or how to do it.**

**Neil Kennett-Brown**  
Chief Operating Officer for  
Greenwich, NHS South-East London  
Integrated Care Board

**Florence Kroll**  
Director of Children's Services  
Royal Borough of Greenwich

**Simon Dilkes**  
Detective Superintendent  
Southeast BCU Metropolitan Police



# Vision for Effective Support

We believe that all children in Greenwich, regardless of their background or circumstances, should have a happy and fulfilled childhood where they enjoy school and family life, learn, belong, grow and achieve within their community so that they enter adulthood ready, willing and able to reach their highest potential.

We believe that good universal services together with supportive and resilient parents or carers give children the best chance to flourish. We know that some children and families will need more support than others and we are committed to ensuring that they receive the right support, from the right service at the right time.

**For all children and families, we believe that:**

**Children are at the heart of everything that we do.** Everyone involved in safeguarding and promoting the welfare of children should recognise that children and young people are individuals with views and rights. Children are a key source of information about their own lives and the impact any problems are having on them.

Although some of the work we do will involve helping parents with their problems, this should never obscure our view of the child's lived experience.

***Practitioners must always see the family, but focus on the child.*** All practitioners must maintain an attitude of [professional curiosity](#) and try to understand what the life of a child is like on a day to day basis and, the impact that the history of parents and other significant adults, culture and ethnicity has on the child.

**Prevention and effective early help is better for children.** We strive to make every opportunity count. We believe that effective early intervention can help to meet needs, reduce risk and support protective factors.

**Children and families have unique, complex and often changing needs and circumstances so our system needs to offer a response that is individually tailored and alert to**

**change.** The task of assessing and determining the most helpful response to need is complex and multifaceted. Although there are some clear and obvious triggers for children's social care involvement, decisions about the most appropriate level of support are far more nuanced and the boundaries between services may sometimes need to be porous in order to provide the best and most appropriate service to meet need.

**The quality and consistency of the relationship between the child and family and practitioners has a direct impact on the effectiveness of the help given.** The best outcomes are achieved when there is trust and cooperation with children and families which is achieved through consistent, honest and respectful relationships. While we recognise that children, young people and families are involved with a range of services, wherever possible we work to appropriately reduce the numbers of practitioners involved with a

single family.

### **Good practice is informed by evidence**

When reflecting and making decisions about risk to children, we draw on and weigh a wide range of information including what we have seen or heard, our understanding of the context, what others have told us, local knowledge, theories and research. The collection and assessment of evidence to inform our assessment and actions is dynamic.

### **Uncertainty and risk are features of safeguarding and child protection work.**

Uncertainty and risk can be reduced through best use of evidence, effective sharing of information and analysis, and the development and challenging of hypotheses. However, we know that uncertainty and risk can never be eliminated. They can only be reduced and managed.





# Professional Discussion, Consultation and Information Sharing

We know that the task of safeguarding children is complex. All practitioners, regardless of how experienced they are, will find themselves in situations where they need to make measured judgements about whether a child is at risk, if so from whom or what, and which actions should be taken to ensure the best outcomes.

Practitioners need to be aware of inequalities, biases and assumptions that may impact on how they, or their agency perceive and assess the risk to a child. This includes assumptions and biases that relate to different facets of identity, including ethnicity, religion, disability, gender and sexuality.

Making these sorts of judgements should not be done alone. Critical thinking, training, learning and robust challenge with and between agencies can support the overcoming of biases. Professional judgement and information sharing is a collective responsibility.

Discussions between practitioners and seeking advice, support and consultation should be something that happens regularly within and between agencies via supervision and practice meetings.

This can take many forms. Within agencies, line managers and safeguarding leads can support decision making and should be the first point of contact. The Greenwich Children's Services Front Door (MASH) offer informal discussion and consultation and the Family & Adolescent Support Service practitioners run regular reflective sessions in Children's Centres and Schools.

Sometimes this may require them to share information with other agencies. This should be done in line with the principles given in [Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers \(DfE 2018\).](#)

Effective sharing of information between practitioners and local agencies is essential for the early identification of need, informed decision making and service provision to keep children safe.

We are committed to working in partnership with families, and all practitioners should aim to gain agreement to share information, but should be mindful of situations where to do so would place a child at risk of increased risk of harm.

Proportionate and relevant information may be shared without agreement if a practitioner has reason to believe that

***Discussions between practitioners and seeking advice, support and consultation should be something that happens regularly within and between agencies.***

## Seven Principles of Information Sharing

### **Necessary and proportionate**

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

### **Relevant**

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

### **Adequate**

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

### **Accurate**

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

### **Timely**

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

### **Secure**

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

### **Recorded**

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





**Right Child,  
Right Service,  
Right Time**



## Our mission is to ensure that each child gets the right support, from the right service at the right time.

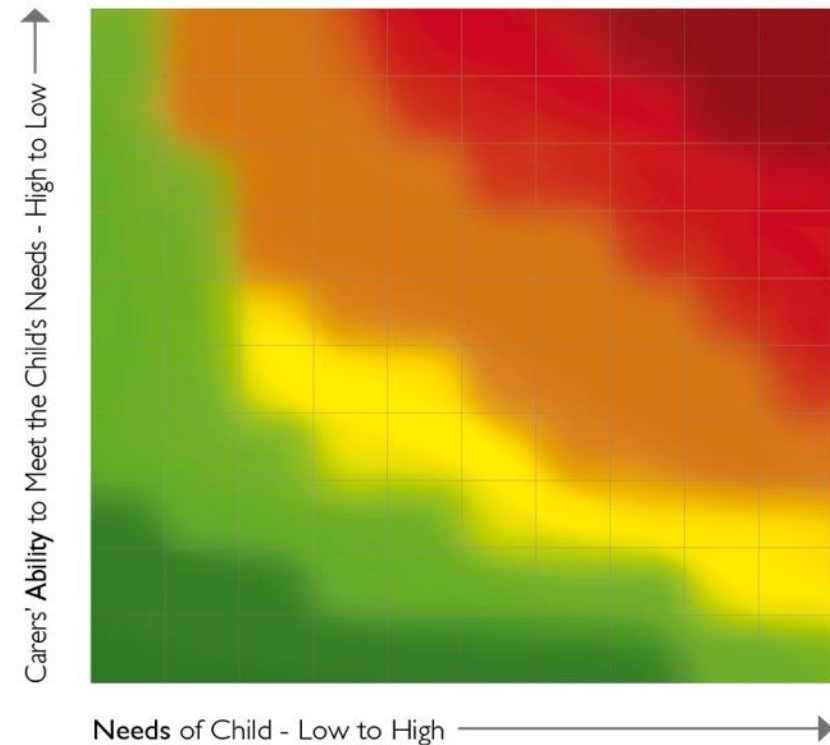
Although children, young people and families may appear to have similar difficulties and circumstances, the response must always be carefully tailored to their needs. In Royal Greenwich, we do not have rigid thresholds that either deny or force families into services based on lists or tick boxes.

We use the [London Safeguarding Children Procedures Indicators of Need](#), and look at the child, the carer and the context and history before deciding which service is best placed to support a family, manage risk and safeguard the child or young person.

The chart to the right can be used as an aid in thinking about the level and intensity of support that might be required. Green indicates lower levels of support and red indicates intensive or statutory.

Like all tools it should only be used in the context of deliberation and professional judgement.

The younger the child, the more important the carers' ability to meet their needs will be. Their ability to take care of their children or access and engage with the support they require to meet those needs, will be the primary indicator of the support required. This is particularly true when the child has a disability or lives in isolated circumstances.



## ***Safeguarding Adolescents***

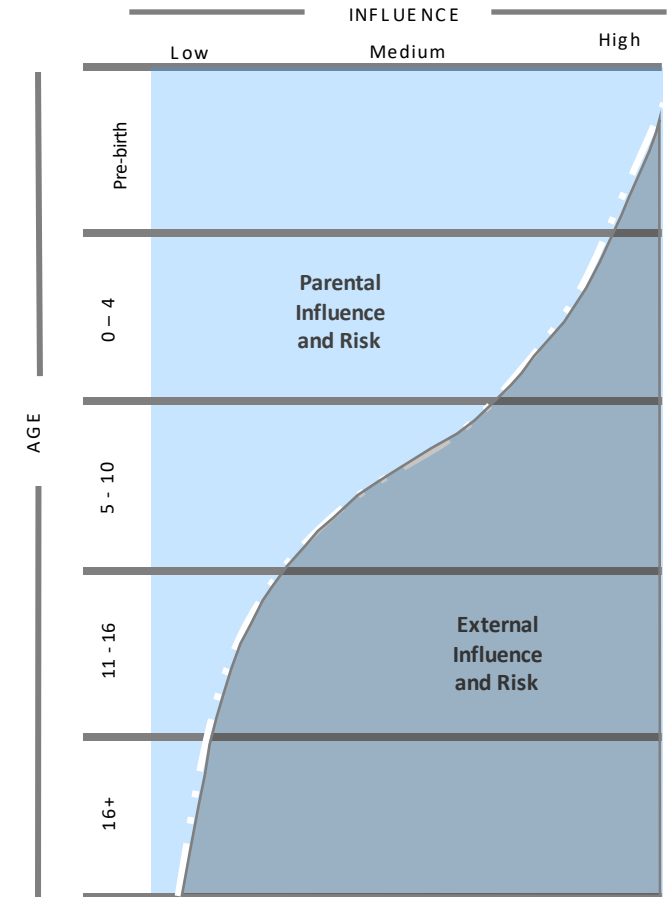
As children mature and develop their own agency, the influence of parents and carers can decrease. Outside influences and drivers become more important. Young people can experience harm beyond their families and the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.

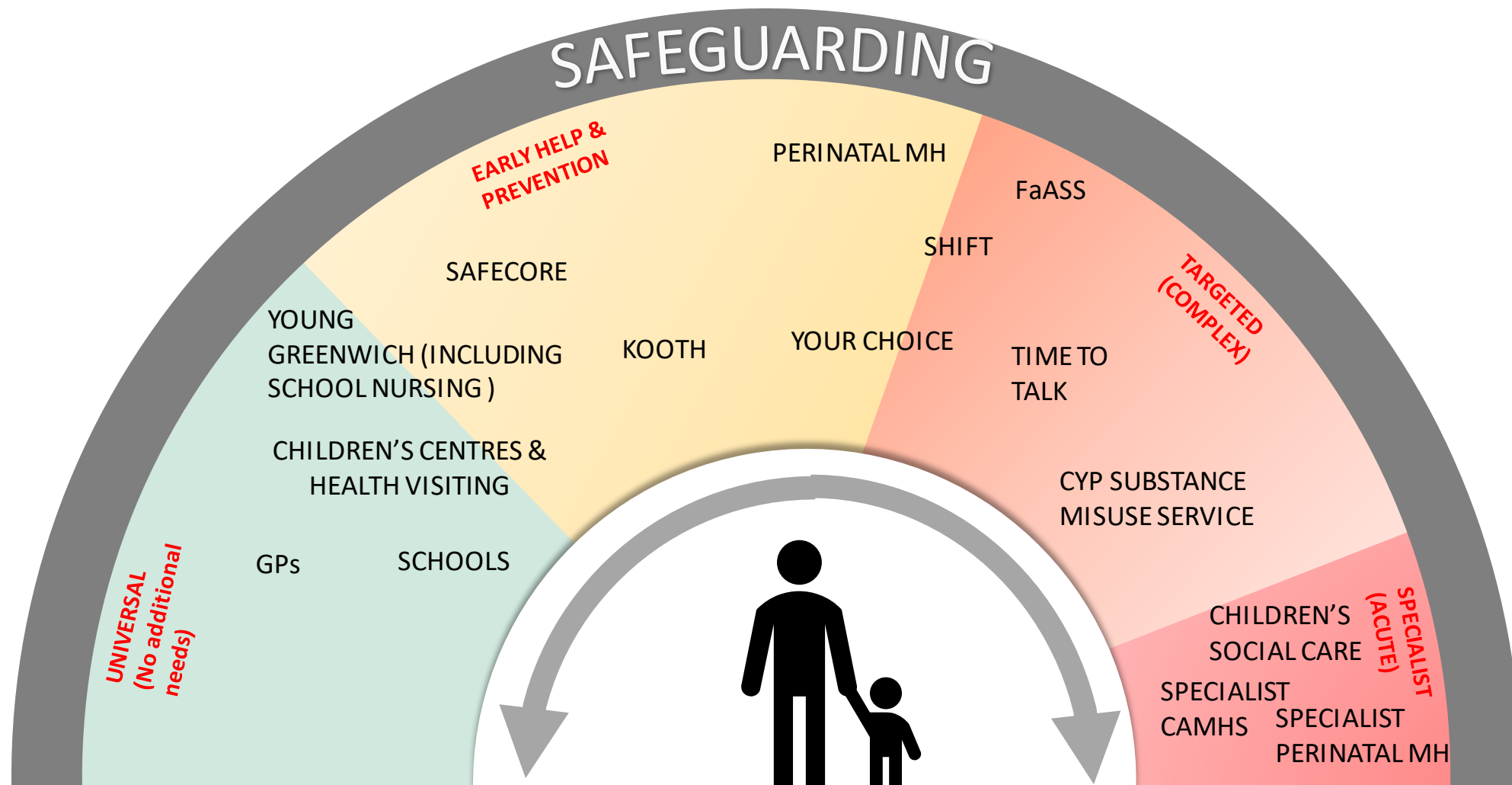
In assessing risk, it is important to recognise the impact of the public and social context on the lives of young people and respond appropriately to the potential for harm to young people outside the home. The Practitioners must seek to understand the significant relationships in a young person's life, including their extended family or peer network.

Parents and carers sometimes have limited influence in these circumstances and young people's experiences outside their family can undermine parent-child relationships.

Identifying these risks requires active partnerships and information sharing with all agencies who have reach into extra-familial settings: this includes schools, parks and leisure, licensing, private businesses, youth clubs and young people/parents themselves and, the multi-agency response approach and response to adolescent safeguarding.

Practitioners should remember that there is no neat delineation between the age of children and whether they face interfamilial or extra familial risk and although contextual factors are more likely to contribute to the risks faced by adolescents, this does not mean that these are the only risks they face. If practitioners have concerns, they may wish to use the [Contextual Risk Early Identification Tool](#) to help their deliberation with safeguarding leads.





## PREVENTION SERVICES IN RBG

A high-angle photograph of a young boy with short brown hair, wearing a bright blue quilted jacket and dark blue trousers. He is smiling and looking up at the camera. He is standing on a cobblestone path. In the background, there is a metal railing and some faint text on the ground, including "Wellington 174° 41' E" and "Robert 147° 11' E".

# Early Help

The Early Help system means the identification of risk factors and the provision of support at the earliest possible opportunity, with the aim of preventing concerns occurring or escalating and breaking the cycle of targeted and acute intervention. **For children who need additional help, everyday matters.**

In Royal Greenwich, Early Help means:

- Any agency that is involved in the family can take action to identify and resolve issues quickly.
- All agencies taking responsibility for information sharing, the identification of emerging need and risk and the delivery of meaningful, purposeful responses
- Taking the initiative to tackle issues and difficulties and resolve problems for children and their parents as early as possible.
- Bringing together relevant professionals and the family quickly, to agree a coordinated plan with involvement of key support and fostering a collective responsibility across all professionals.



- Making sure children and their parents/carers and families are consulted and engaged in the assessment, planning and review of support
- Interventions with children and their families are led by those who know them best

We see the child at the centre of an interconnected network. This means that when we are concerned about a child's developmental needs, we need to consider the parents' or carers' ability to respond to those needs.

We want every family to develop an intergenerational cycle of positive parenting, relationships and behaviour. By enhancing the capabilities of parents/carers to provide a supportive and enriching environment in which their children can grow up, the next generation can have the capacity and resilience to manage any challenges and problems.

The responsibility for Early Help in Royal Greenwich is shared among all partners. It depends upon:

- Excellent universal services (e.g. Children's Centres, Youth Service, Health Visitors, School Nurses) that take responsibility for the delivery of meaningful, purposeful early help responses

- Leaders within all services who champion early help, good quality interventions, continuous improvement and learning from feedback
- Robust supervision, management oversight and quality assurance

Universal Services can make a real difference. This might include providing a service or support at the evening or weekend, undertaking home visits, being persistent in building the relationship, offering practical support, guiding to help overcome cultural boundaries or lack of confidence in accessing services.

Often the needs can be met through a single agency, but there are times when it is helpful for professionals from different agencies to work together and agree a plan with a review timeline to make sure that the help they are offering is making a difference. By working together across the whole system, resources can be identified and aligned, and a minimal level of support can be provided to ensure outcomes are achieved with little disruption to family life. Parents/ Carers should always agree to any referral and to sharing information with anyone.

This is known as a 'Team Around the Child'. In Royal Greenwich we do not dictate the form or structure of any assessment or planning tools that an organisation may use. However, whatever tools are used, any assessment, plans and meetings need to be consensual and co-created and shared with the family.

Practitioners should always be supported by the Safeguarding Leads within their own organisations and Greenwich Children's Services is a key champion for early help, providing support by offering access to coaching and case consultation through our Practice Support Offer.

Information about community support and services for children and their families is available through our [Families' Information Service \(FIS\) online preventions directory](#).

Sometimes, however, children, young people and families need more help. They may have longstanding or entrenched problems and/or require intensive support but they do not require a statutory social work intervention.

In Royal Greenwich, we have a Families and Adolescent Support Service that uses a systemic approach to offer support.

The Royal Greenwich Families and Adolescent Support Service (FaASS) work collaboratively with families who identify their own needs and goals. The service work with the full range of issues within the family to ensure that their relationships can be built and nurtured and impact outcomes for the child and family.

The Families and Adolescent Support Service work systemically with all members of the family. This means that issues are seen as being caused and maintained in the 'system' due to unhelpful relational dynamics and ongoing interactions. Solutions can therefore be created and maintained by individuals within the system by changing how they communicate and interact with other members of the system.

With the family's agreement, referrals can be made to the Families and Adolescent Support Service via the Children's Services Front Door (MASH) – 020 8921 3172.

**If practitioners are unsure about the needs of the child or young person or whether to make a referral, they can call the Children's Services Front Door (MASH) consultation line on 020 8921 2267 which is available Monday to Friday.**



# Referring to Children's Services Front Door (MASH)

***Where circumstances indicate that a child is at risk of significant harm, a referral to Children's Social Care should be made immediately.***

Although practitioners should always consider the child and the carer in context to inform their response, where circumstances indicate that a child is at risk of significant harm (see inset and [Annex A](#)) a referral to Children's Services Front Door (MASH) should be made immediately using the [Inter-Agency Referral Form](#).

Sometimes, a single traumatic event may constitute Significant Harm.

In other circumstances Significant Harm is caused by the cumulative effect of significant events, both acute and long-standing, or the damaging impact of [neglect](#), which interrupt and change or damage the child's physical and psychological development.

Children's Social Care will always seek to work in partnership with the family, but if, upon receiving the referral, the Social Care Manager believes that there is good evidence that a child is at risk of significant harm, a social care practitioner can investigate without the agreement of the family.

A referral to Social Care under these circumstances does not always result in a social care intervention.



While there is no legal requirement to inform a family that a referral is being made, it is best practice to have a discussion with the parent, carer or young person before contacting the Front Door (MASH) if this can be done without putting the child at further risk of harm.

These conversations may lead to a greater understanding of the concerns and help to establish a climate of mutual respect.

There are times when there are serious concerns about a child or young person, but the child is not at risk of significant harm.

Under these circumstances a referral to the Children's Front Door (MASH) should still be made as the child may be 'in need' under Section 17 of the Children Act 1989.

Some of these circumstances are outlined in Annex B.

At this level of concern, parents, or young people who are [Gillick Competent](#) have the right to refuse an assessment and some or all offers of help.

If agreement is not given, social workers can only proceed if they believe that the refusal is an indication that the child may be at risk of significant harm.

### ***What is significant harm?***

*The Children Act 1989, introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention in family life in the best interests of children.*

*Section 47 states that 'Where a local authority...have reasonable cause to suspect that a child who lives, or is found, in the area and is suffering, or is likely to suffer, significant harm, the authority shall make such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare...the enquiries shall be commenced as soon as practicable and, in any event, within 48 hours of the authority receiving the information.*

*Harm is defined as the ill treatment or impairment of health and development.*

*Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm.*

*The definition was clarified in the Adoption and Children Act 2002 so that it may include, "for example, impairment suffered from seeing or hearing the ill treatment of another". This can include, for example, witnessing [domestic violence](#)*

***Suspicions or allegations that a child is suffering or likely to suffer Significant Harm should trigger a referral to Children's Social Care for consideration of whether an assessment should be undertaken.***

### ***When is a child 'in need' ?***

*Section 17 of the Children Act 1989 states that it is the general duty of every local authority to safeguard and promote the welfare of children within their area who are in need; and so far as it is consistent with that duty, to promote the upbringing of those children by their families. .*

*For the purposes of this Part a child shall be taken to be in need if—  
(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part; (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or (c) he is disabled,*

As previously noted, It is always best practice to have a discussion with the parent, carer or young person before contacting the Children's Services Front Door (MASH) if this can be done without putting the child at further risk of harm.

In Royal Greenwich, we recognise that while all practitioners have a role to play in promoting welfare, safeguarding and protecting children, this is not their only responsibility and that decisions about risk and who is best placed to support a family can be complex.

That's why we encourage dialogue and conversations with safeguarding leads and other professionals to ensure that responsibility is shared and practitioners are supported in their decision making.

**All practitioners can get advice or discuss the appropriateness of making a referral to the Children's Services Front Door (MASH) by using the consultation line on 020 8921 2267.**

**Referrals can be made by completing an [Inter Agency Referral Form](#) and emailing it to [mash-referrals@royalgreenwich.gov.uk](mailto:mash-referrals@royalgreenwich.gov.uk) or call 020 8921 3172. Out of Hours call 020 8854 8888**

**If there is a concern that a child is in immediate danger, the police should be contacted on 999.**



## **What Happens After You Make a Referral to Children's Social Care (MASH)**

Within one working day of receiving a referral, Children's Social Care will make a decision about whether the child's level of need and risk mean that the next steps should be:

- No further action at this stage
- Signposting to other agencies such as Universal Services, Community Services and other Early Help Services
- An assessment of needs with stated timescales
- Emergency action to protect a child

The decision on next steps will be communicated to the referrer.

The relevant agencies and the family will be informed of decisions and the plan for providing support.

There may be times when a referral is not accepted, and the referring agency may disagree with this decision.

The [Inter Agency Escalation Policy](#) has been developed to allow prompt and respectful challenge to ensure that the child's welfare remains paramount.



## Disabled Children

Any child with a disability is by definition a 'child in need' under s17 of the Children Act 1989. The Disability Discrimination Act 2005 (DDA) and the Equality Act 2010 define a disabled person as someone who has: "a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities". The children who are supported in the Disabled Children and Young People Service are those who have severe profound disabilities. In Greenwich, those children eligible for specialist social care provision are those assessed as eligible under the [Chronically Sick and Disabled Persons Act 1970 \(CSDPA\)](#).

The Disabled Children and Young People Service (DCYPS) includes a specialist social work team for children with severe and complex disabilities age 0 to 18 and their families. Referrals to the team come through the MASH. This service also undertakes transition activity determining Care Act eligibility and providing support up to the age of 25 for those eligible young people moving to adulthood.

A child or young person with SEND who requires a S17 Child and Family Assessment, may have this completed by either the DCYPS or the Assessment and Support Service dependent on the child's presenting needs and the family circumstances, such as whether they are part of a wider sibling group. A S17 assessment is the only way to determine if a child requires specialist provision under the Chronically Sick and Disabled Person Act 1970.

## Safeguarding Disabled Children

Research evidence suggests that disabled children are at increased risk of abuse and neglect, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. Disabled children may be especially vulnerable to abuse for a number of reasons.

Safeguards for disabled children are essentially the same as for non-disabled children. Where there are concerns about the welfare of a disabled child, they should be acted upon in the same way as with any other child.



A photograph of two students, a young woman and a young man, both wearing blue blazers over light blue shirts. The woman, on the left, has dark hair in a bun and wears glasses; she is smiling and looking down at a notebook. The man, on the right, is also smiling and looking at the notebook. They are sitting at a wooden desk. The word "Appendices" is overlaid in large white text on the right side of the image.

# Appendices

*This is not an exhaustive list. It provides examples that can be used to assist assessment, planning and decision making. Also see [Threshold \(londonsafeguardingchildrenprocedures.co.uk\)](https://londonsafeguardingchildrenprocedures.co.uk)*

- Any allegation of abuse or neglect or any suspicious injury in a pre-mobile or non-verbal child
- Allegations or suspicions about a serious injury or sexual abuse to a child.
- Organised and complex abuse involving a parent or child
- Repeated minor injuries in pre-mobile or non-verbal or severely disabled child with inconsistent or no explanation.
- Inconsistent explanations or an admission about a clear non-accidental injury. Repeated allegations or reasonable suspicions of non-accidental injury.
- Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority
- Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
- Acute or chronic pre-birth concerns presenting significant risk of harm to unborn baby: parental mental ill-health, substance misuse, domestic abuse, parental history of previous children being removed or seriously harmed, ante-natal care is repeatedly not accessed and there are accumulative risk indicators.
- Non-organic failure to thrive in under-fives.

## Appendix A:

### When you **MUST** refer to Children's Social Care

**Indicators that a child is at risk of significant harm and the threshold for compulsory intervention by Children's Social Care is met.**

- A child being traumatised, injured or neglected as a result of domestic abuse or violence. See [Barnardo's Domestic Violence Risk Assessment Matrix – Level 4](#)
- Allegations or reasonable suspicions of serious, chronic neglect leading to risk of significant harm, including: persistent insufficient supervision; on-going poor hygiene, clothing or nutrition; repeated failure to seek/attend health treatment or appointments, particularly with young children or those with complex health needs.
- Reasonable suspicion that child has suffered or is at risk of significant harm due to perplexing presentation or [fabricated or induced illness](#).
- Relationships between child and carer has broken down to the extent that the child is at risk of significant harm/frequently exposed to dangerous situations and/or the child's development is significantly impaired due to long term neglect of emotional support
- No available parent or child has been rejected/abandoned or evicted and the child is vulnerable to significant harm.
- Child/ren's outcomes are being adversely impacted by their unsupported caring responsibilities.
- Pregnancy, evidence of sexual activity or sexually transmitted infection in child under 13.
- Suspicions of sexual abuse (e.g. harmful sexual behaviour, medical concerns or referral by concerned relative, neighbour, carer) where there is a significant family history of concern regarding sexual abuse. See [Harmful Behaviours Traffic Light Tool](#)

## Appendix A:

### When you **MUST** refer to Children's Social Care

**Indicators that a child is at risk of significant harm and the threshold for compulsory intervention by Children's Social Care is met.**



- Child/ren subject to serious parental or carer mental ill-health or belief systems whereby there is a concern these will result in significant harm.
- A child at significant risk of sexual exploitation, trafficking or ICT based forms of abuse. See [CSE Risk Assessment Tool](#)
- Indications that a child has experienced significant harm, having been subject to abuse or grooming on line.
- Specific circumstances presenting imminent risk of significant harm: radicalisation, honour based violence, female genital mutilation See [Guidance on FGM](#)
- Registered sex offender or convicted violent offender subject to MAPPA moving into a household with under 18 year olds, or individuals in the household who are suspects of Police investigation regarding a criminal offence against a child, including online.
- Severe and ongoing parental substance misuse resulting in significant harm to a child.
- Child has expressed suicidal ideation with intent or other significant mental health symptoms or significant self-harm alongside other safeguarding concerns.
- The child/ren's carer activity discourages or prevents learning, engaging and/or attending school.
- Frequent attendances by the police to the family home/family criminal activity is significantly impacting on the child and/or the child is involved in persistent or serious criminal activity

## Appendix A:

### When you **MUST** refer to Children's Social Care

**Indicators that a child is at risk of significant harm and the threshold for compulsory intervention by Children's Social Care is met.**



*This is not an exhaustive list. It provides examples that can be used to assist assessment, planning and decision making. Also see [Threshold \(londonsafeguardingchildrenprocedures.co.uk\)](https://londonsafeguardingchildrenprocedures.co.uk)*

- Allegation of physical assault with minor or no visible injury (other than to a pre-or non-mobile child).
- Any injury or incident triggering concern (e.g. a series of apparently accidental injuries or a minor non-accidental incident).
- Repeated minor injuries in young children (including disabled children) with inconsistent or no explanation.
- Pre-birth concerns suggesting risk to a child or unborn baby's health or development linked to factors including parental mental ill-health, substance misuse, domestic abuse and/or homelessness.
- Repeatedly expressed concerns from one or more source suggesting a significant risk to a child's health or development
- Child exposed to emerging pattern of domestic abuse or a single significant incident of domestic abuse.
- Allegations of periodic [neglect](#) including: insufficient supervision; poor hygiene, clothing or nutrition; failure to seek/attend treatment or appointments; young carers.
- Recurring issues raised in relation to the child's school attendance/multiple exclusions

## Appendix B:

### When you should refer to Children's Social Care

**Indicators that a child may be in need of help and support under Section 17 of the Children Act. A referral to Children's Social Care should be made but the threshold for compulsory intervention may not be met.**

- Suspicions of sexual abuse (e.g. harmful sexual behaviour, medical concerns or referral by concerned relative, neighbour, carer) See [Harmful Sexual Behaviours 'Traffic Light' Tool](#)
- Significant risk of breakdown of living arrangements with parent or carer
- Children living in care of parent or carer with mental ill-health or belief systems which impact on their health or development.
- Emerging concerns that a child may be vulnerable to Child Sexual Exploitation See [CSE Risk Assessment Tool](#)
- Concerns that a child might be at risk of ICT based forms of abuse.
- Emerging concerns suggesting risk of [FGM](#), [honour based violence](#), radicalisation etc
- An individual (adult or child) posing a known risk to children is found to be in contact with the family.
- Concerns emerging about [parental substance](#) misuse affecting a child's health and development.
- [Self-harm](#) resulting in impairment of well-being & development.
- Expression of suicidal ideation with no known plan of intent or a mental health condition which is significantly affecting the child's every day functioning
- Family member has a criminal record relating to serious or violent crime and child is involved in anti-social behaviour and may be at risk of criminal exploitation

## Appendix B:

### When you should refer to Children's Social Care

Indicators that a child may be in need of help and support under Section 17 of the Children Act. A referral to Children's Social Care should be made but the threshold for compulsory intervention may not be met.