

# Continuum of Need Framework

The right help, at the right time, from the right people

Multi agency guidance on supporting children, young people  
and their families within Barking and Dagenham.



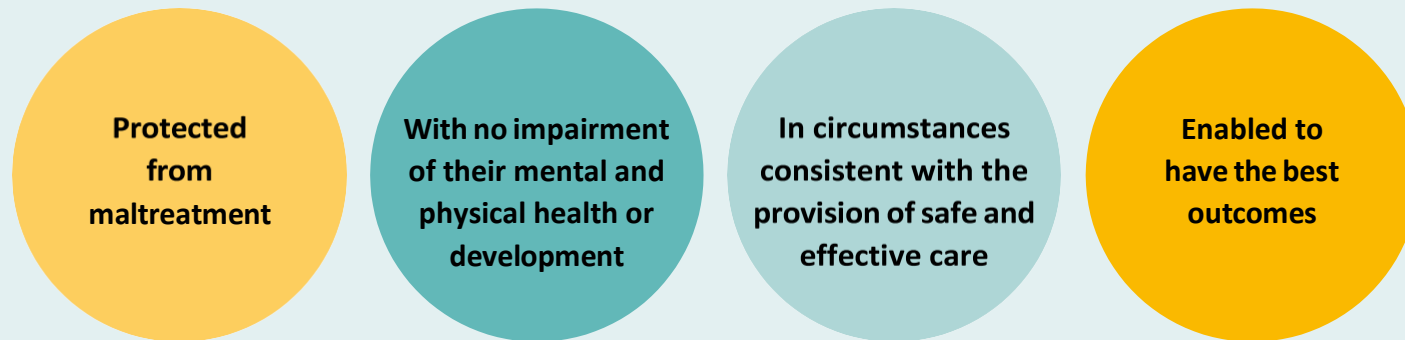
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# Introduction

All children and young people should grow up:



In Barking and Dagenham, we know children and young people need good quality support and help when problems arise that could prevent them growing up in line with the above. We also know they need that help and support as early as possible to ensure the situation they find themselves in doesn't get worse.

Most children grow up without needing any more than our universal services. But some children will have additional needs, at any or all stages of their life journey. These children will require tailored plans of support so that they can grow up successfully, in secure and healthy home environments.

Our fundamental aim is to provide an effective continuum of support, across universal, early help and targeted early help, and Children's Social care. We aim to identify needs as early as possible, and to work to prevent needs from escalating across the continuum.

To keep children safe in Barking & Dagenham we will work together to ensure that we provide help as early as possible, as outlined in [Working Together to Safeguard Children Inter-Agency Guidance 2018](#).

This guidance is for **everyone** who works with children, young people, and their families and carers in Barking and Dagenham. It is built on Barking and Dagenham's CARES Practice model which encourages all practitioners to work in a way that shows **Compassion**, demonstrates **Accountability**, is **Respectful**, **Empowers** children and families we work with, and values **Sharing** and participation - 'Nothing about you, Without you'.

The guidance ensures these values and guidance should underpin everything we do with families so that all children and young people in Barking and Dagenham receive the **Right Help**, at the **Right Time**, from the **Right Professional**.

# Aims of the guidance

In order to get children and young people the right help at the right time, we first need to understand what their needs are, and from there follow the correct response pathways to meet that need.

This guidance is aimed to help practitioners and their managers in assessing and identifying need and matching that need to the right service response and covers the period in a child's life from pre-birth up to their eighteenth birthday.

It outlines the indicators of need we see in our day-to-day interactions with families, which have been graduated across four tiers of support from Universal Needs (Tier 1) through to Acute Needs (Tier 4). The framework also includes links to tools that will support consistent decision making.

Understanding this framework in a meaningful way supports informed decision making – it means we are better placed to understand what is happening and that we are able to identify what the child needs to reduce any harm they are experiencing and positively change their lived experience for the better.

We must also not forget that parents and carers are usually the best people to understand their child's needs and it should be the decision of the parents when to ask for help or advice. However, there are occasions assertive engagement is needed to resolve problems and offer support before they become more serious. On occasion, the needs of children will be routed in contextual issues that are outside of the parents' control, so we should work with the whole family and across the partnership to address these issues, to promote the health, wellbeing and safety of all children and young people in Barking and Dagenham.

The guidance aims to support practitioners to:

- Know what to do when concerned about a child
- Understand the importance of information sharing and consent.
- Consider children's experiences and needs through applying the indicators of need across the four tiers of support (Universal Need, Early Help (2a & 2b), Complex & multiple need and Acute need), doing so consistently across the partnership.
- Know how and when to access information, advice, and support and when and how to refer to Targeted Early Help or the Multi Agency Safeguarding Hub (MASH).
- Positively challenge colleagues to ensure that the child's welfare remains paramount.

The aim is therefore, to provide the right support, at the right time, from the right person.

# Principles

It is important to understand the principles behind any decision to consider the need for support to a child, young person or family within Barking and Dagenham.

As a Safeguarding Children Partnership, we must always consider these principles to inform the way we work with children and families.

In Barking and Dagenham, we:

- Promote the welfare of children and protect them from harm – this is at the centre of everything we do.
- Work together across the Partnership to share information to ensure we build a real picture of the child's lived experience.
- Show persistence, professional curiosity and respectful uncertainty to really understand children's lived experiences.
- Ensure that the voice of the child is heard and documented.
- Have conversations with children and families and ensure they are listened to as early as possible.
- Be open, honest and transparent with families.
- Work in a way that empowers and builds the family's strengths and resilience to overcome their difficulties. Remember, these are often families with troubles, not troubled families.
- Focus on assisting families to solve their problems before they escalate and aim to offer timely, flexible and proportionate responsive support when and where it is required.
- Build the skills of families and communities to support each other.
- Base all we do on evidence, both of what is needed and what works.
- Be clear, consistent, and open in working with families to achieve their outcomes to make a positive difference.
- Consider extra familial harm in all the work that we do with children and families.
- Align our resources to provide a coordinated offer of support in a timely way.
- Use relational techniques to underpin the work we do with families with consent and agreement.
- Always strive to work in partnership with families ensuring they actively participate in decisions on services that impact on their lives.

# Assessing need

All practitioners working with families should know how to identify children who have additional needs and know how to make a referral for the right level of support based upon assessed need.

To understand the right level of support that a child and/or their family needs, it is essential when assessing need to consider and identify key factors relating to:

- A child's developmental needs (including hearing their voice and understanding their lived experience)
- The family and environmental factors
- A parent or carer's capacity including their emotional and physical needs

A good assessment involves:

- Information gathering (using specific tools if needed such as the Graded Care Profile 2 or the Barnardo's Domestic Abuse Indication Matrix)
- Recognition of specific needs (e.g., age, child with a disability, young carer)
- Consideration of risk, impact of any harm or concerns
- Analysis and professional judgement
- Clear and unambiguous recommendations with an outcome focused plan.

Any professional and agency, working as part of the wider partnership in keeping children, young people and families safe, is expected to work quickly and carry out an assessment of need without delay, and where appropriate, create a plan to support the child / young person and their family so as to help reduce any harm that is being experienced.

It is also important when undertaking an assessment to consider the age of the child or young person and context of the concerns / issues and how this impacts on their safety and wellbeing, and on their daily lived experience.

Due regard should be given to race, ethnicity, gender, disability, religion, sexuality and the communication needs of the family and recorded where appropriate. The assessor should also use specific tools as mentioned above and evidence from research and national and local reviews, to help understand and respond appropriately to a child or young persons needs. It is important to identify strengths and protective factors within the immediate and wider family that can be built upon and used to support any further intervention and support plan.

Assessments should be written in a way which makes them easy for the child and their family to understand, avoiding professional jargon. Sources of information should clearly outline fact and professional opinion. The child and their family should be able to understand how recommendations were reached. The assessment should then be shared openly with the child and family and their feedback sought and their views recorded.

If agencies are in doubt or need support, they should speak with their own line manager, or with a named safeguarding professional or Designated Safeguarding Lead (DSL) in line with their internal agency safeguarding procedures in the first instance.

We encourage all conversations with children, young people and families to be recorded appropriately and in a timely manner to show how and where they took place, with an agreed action that can be progressed and tracked. There should also be organisational procedures for children's workforce professionals to follow.

# Information sharing and consent

Consent means that the family is fully informed about the services they are being referred to, agree with the referral being made and understand what information is being shared about them and why.

All practitioners have a duty to work alongside children, young people and families to engage and build relationships that are honest and supportive, identifying strengths whilst being open about any worries. Therefore, parents should always be informed if a professional has concerns for their child and consent should always be sought before referrals are made or information is shared with their agencies, unless by doing so places the child or young person at further / increased risk.

Parents should be asked to provide written consent for any referrals to other agencies or to allow their information to be shared. Where verbal consent is given, this will be recorded on information systems, until written consent is received.

In the spirit of transparency and participation, it is also important that we ask young people who demonstrate understanding and competency to also give their consent.

So, to support practitioners, respond appropriately to issues of consent and information sharing, they should follow these **three key principles**:

- “We are committed to gaining the informed consent of children and /or parents / carers when we wish to share confidential / personal information.”
- “We will respect the wishes of those who do not give consent, except where there is reasonable cause to suspect significant harm or when it is inappropriate to seek their agreement.”
- “In each case we will record the necessity, proportionality, relevance, adequacy, accuracy, timeliness and security of the information shared, and whether consent was given or declined, with reasons.”

Within Barking and Dagenham, evidence of consent will need to be provided when a referral is made to either Early Help, Targeted Early Help, the Multi-Agency Safeguarding Hub (MASH) or the vulnerable pupil panel and the Early help Vulnerable Hot clinic for 0 to 5’s.

From these referrals, Early Help Assessments or Single Assessments maybe initiated which aim to find out what extra help and support a child or young person and their family may need to promote their health and wellbeing as well as prevent any needs and difficulties escalating, based upon the guidance above on assessing need’.



As participation with these assessments is voluntary, consent is required to proceed, so it is essential to seek consent before a decision is made to provide a service or share information which includes any support from Early Help or Children's services.

Where a referral for possible Social Care support is submitted, MASH will expect the referring practitioner to have sought and recorded the families consent for the referral into MASH. MASH will then make contact the family to inform them of the referral and if an assessment is required at Tier 3 or Tier 4, then further consent will be sought to agree for an assessment to be carried out and for the family's information to be shared with other partners. This will usually take place initially over the phone and then in writing so as to trigger the assessment process. If consent is not given or further clarity is required for the family, the assessing Social Worker should arrange to see the family face to face to discuss the issue of consent and the purpose and benefits of an assessment being undertaken. Further details on this below.



# What to do when consent is refused

It is always important to seek consent, however, Where consent for services to be provided or information to be shared is not given, it is important to understand that:

“Information can be shared legally without consent, if a practitioner is unable to, or cannot reasonably be expected to gain consent from the individual, or if to gain consent could place a child at risk”

[Final-London-MAS-DSA-Jan21.pdf \(bdsafeguarding.org\)](#)

If consent is not provided it is up to the practitioners to note the worries of the family, provide further details about the purpose and assessment process as well as what happens with the information, they provide during the assessment process. If the professional continues to be concerned that the family and child will not receive the help they need or that the child and family may struggle, and things may get worse due to not wishing to be involved in an assessment of need, then a discussion with their line manager is needed to consider alternative ways to engage with the family.

If there is an immediate safeguarding concern, consent may need to be overridden, in such an instance it is important for a practitioner to outline in the referral form their reasons for not gaining consent. Only where a child may be at risk, and it is thought that the risk may escalate by approaching the parents/carers, then enquiries can begin without the parents/carers consent.

These include situations where there is:

- Suspicion that a child will be forced into marriage or removed from the country against their will.
- There is suspicion that a child is at risk of female genital mutilation
- A child discloses sexual abuse
- Fabricated or Induced illness is suspected
- If the child is at immediate risk of harm (a child is not at immediate risk if they are in school or at some other venue with a professional present, as action can be taken before the child returns home)
- If seeking consent interferes with a Police investigation.

However, it should be remembered, that refusal to engage with services or refusal to give consent to share information are not in isolation automatic reasons to escalate concerns. Practitioners should use their professional judgment and consider the impact upon the child’s safety and wellbeing if a parent / carer refuses to give consent to share information or participate in an assessment.

# Making a good referral

The checklist shows some prompts for professionals to consider when they are completing referrals into Early Help or into MASH. Before a professional submits a referral, such as the MARF, they should be able to answer 'Yes' to all the questions.

If you are not sure whether to make a referral or not, in the first instance talk to your line manager or your Designated Safeguarding Lead. You can also contact MASH and ask to speak to a Referral Officer, who will be able to provide guidance on whether a referral is warranted into Children's Services.

Have you...	Y/N
1. Identified your concerns within the indicators of need within this document, and is your referral in line with the Continuum of Need Framework for referrals?	
2. Included the child's wishes and views, your observations of them and what the child wants to happen?	
3. Described the outcomes you want for the child and family through the referral you are making?	
4. Outlined clearly what you are worried about? Have you detailed what you have done to help the child and family to date, and what has worked and what hasn't worked?	
5. Shared what the protective factors you identified are, as well as what the risks are?	
6. Sought consent from the child, young person, parent / carer in writing? If consent was not given or it was not appropriate to discuss the need to make a referral with the parent/carer, have you given the reasons for this?	
7. Detailed the services/agencies who have been or are still involved with the child/young person or family, including other boroughs who may have previously supported them? Have you summarised the family's engagement with any support provided?	
8. Provided a chronology of concerns over time? This should include any adverse childhood experiences, including pre-birth (where relevant). Have you considered the contextual issues that could be impacting the child.	
9. Provided unambiguous and factual information on any specific incidents e.g., dates, times, what the child told you in their own words and the names of any others present during the incident?	
10. Provided information about the child and other siblings' ages, gender, ethnicity, preferred language, special educational needs or disabilities (and the child's UPN number and NHS number, if you have this.)	

11.Detailed who has parental responsibility?	
12.Detailed who lives in or regularly visits the household and their relationship to the child?	
13.Detailed if the child or any other family member needs an interpreter or has any other communication difficulties?	
14.Provided contact details and other information depending on the level of need – for example, if this is a case with domestic abuse as a feature, have you provided contact information that the victim can safely use?	

If you need further advice or guidance, please contact regarding a referral, please contact one of the following help lines:

**Early Help Advice Line – 020 8227 5600 (Monday to Friday, 9am – 4.45pm)**

**MASH advice line – 020 8227 3811 (Monday to Friday, 9am – 4.45pm), out of hours emergency 020 8594 3856**

**PLEASE NOTE: If it is an emergency situation and a child or someone else is at high risk of immediate significant harm, you should call 999 in the first instance.**

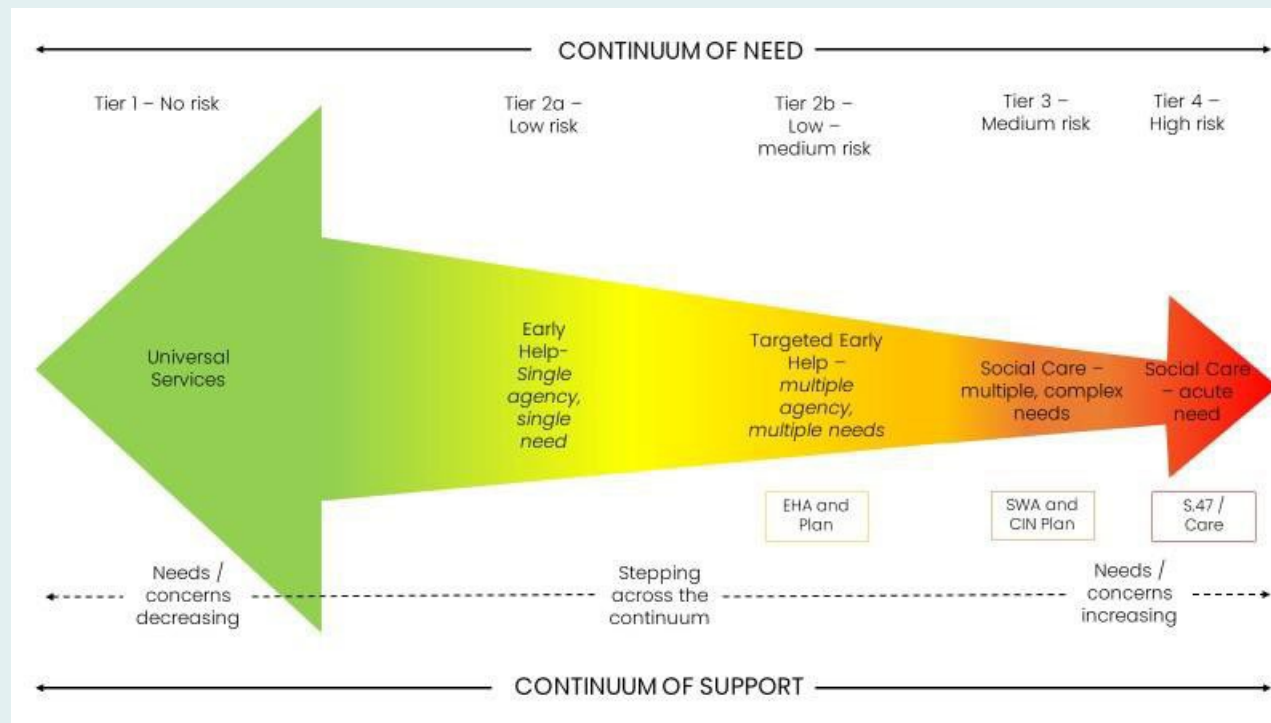
# LBBB Continuum of Need

As children, young people, and their families experience need at different points on a continuum, they can also access services across the continuum at any point, So our model here in Barking and Dagenham is provide the right help to children, young people and families from the right person at the right time, to meet need at the earliest opportunity along that continuum to prevent concerns escalating further.

We have four tiers of need (outlined below) as indicators for professionals to consider against the assessed needs of the children and families they are working with. The tiers should not be used as a checklist to determine services or used to represent a fixed definition of need.

The continuum of need is for context and guidance only, and should be used alongside professional judgement, forming part of the wider discussion about how best to meet the needs of a specific child or family.

It is important to remember that children's needs are not static, they change, depending on age, circumstances & context so may require different levels of support at different times. So, a child with additional needs as well as acute and complex needs, can still access universal services alongside receiving Early Help, Targeted Early Help, and specialist interventions if that is the response the child needs at that time.



# Levels of support

Support can be provided by many agencies to meet different levels of need across a continuum of support, as outlined above.

It is therefore important to understand the broad differences between the Continuum of Need Tiers, to help start to identify the level of response a child or family may need.

## Universal services

Universal services are available to **every** child and family in the community, such as GPs, midwifery, health visitors, schools, and youth services. Further information can be accessed through the Barking and Dagenham's' Local Offer webpages and through Community Solutions, where advice can be accessed, including for housing, money and debt and worklessness.

## Early Help and Targeted Early Help

Children and families with additional needs requiring early help and more targeted early help services are referred to in this document under the heading of **Early help (2a)** and **Targeted Early Help (2b)**.

The definition of **Early Help** is a child or family who have additional needs e.g., support with emotional wellbeing or additional learning in school. Where an agency working with a family identifies additional support needs of a child or family, be it a school, a Health worker, VCS organisation, they can act as the lead agency and undertake an assessment of need called an Early Help Assessment. Early Help in this context is where a single agency response is required.

The definition of **Targeted Early Help** means the child or family who have multiple additional needs who require a multi agency response (more than one specialist agency) to provide a more targeted and intensive intervention. This intervention usually requires the completion of an Early Help Assessment and the creation of an Early Help Plan. This can be due to a family's capacity or willingness to engage and the intent behind the factors you see as a professional. There may be several different partner agencies involved and a coordinated approach is to be taken across partners.

The **Early Help Assessment** is a tool used to discuss and record the child/family's needs, strengths, the goals they would like to or need to achieve, and this leads to the development of the Early Help offer of support. (insert a link) Completing an assessment is important as it will avoid duplication of effort and the need for the family to repeat the telling of their story to other agencies. It will also support effective decisions being made on how best to provide support.

If multiple additional needs are identified and more than one partner agency is involved, the lead agency should convene a Team Around the Family meeting, inviting all involved professionals to feed into the Early Help Assessment. Explicit consent from the family is required before involving any other agencies.

An **Early Help plan** is developed from the assessment and outlines the support that is to be offered. This plan needs to be specific, measurable, realistic, achievable, and timely (SMART). If other agencies are also involved, the plan needs to outline how a coordinated offer of support is to be delivered and who the Lead Professional is. Early Help Plans must be considered in context to the wider family and all family members involved and can be developed using the existing assessment and planning processes within agencies.

The Lead Professional is a term given to the person who will co-ordinate the support to be given as outlined in the Early Help plan. It is usually the practitioner who has the expertise to support address the predominant needs identified, who knows the family best and who has a good working relationship with them. The name of Lead professional and their contact details must be recorded on the plan. Once a plan is developed, the Lead Professional will work with the family and relevant services to implement and review the plan.

### Children with complex or 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 such as statutory Social Work. This will be the threshold for an assessment led by children's social care under Section 17, Children Act 1989.

Under section 17, Children's Social Care will work with families and the child on a voluntary basis, often in partnership with other professionals, to improve the welfare of the child and to prevent problems escalating to a point where more intensive statutory intervention is needed.

### Children with acute and immediate safeguarding needs

These children are suffering or are likely to suffer significant harm. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Upon receipt of such referrals Children's Social Care must make enquiries under section 47 of the Children Act 1989 to determine whether a child is suffering or is likely to suffer significant harm. This would include consideration of extra familial harm where the risk to the child is contextual. These could also include children and adolescents with severe and /or complex health problems in receipt of support from in patient or outpatient health settings.

Consideration of the severity of ill-treatment may include the degree and extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider the age and context – babies and young children are particularly vulnerable – and parental factors such as history of severe domestic abuse, substance misuse or mental ill-health.

Older teenagers may be particularly vulnerable if they have experienced abuse or neglect over many years and this can lead to them becoming susceptible to abuse by others in the community through sexual and/or criminal exploitation or gang involvement. Adolescent harm may be both extra familial as well as inter familial. Where the harm is extra familial and a response is required for both the child/family and context, responses may be required at varying levels and intensity as well as across service/partner areas.

**If you have concerns: Make the referral.**

Professionals in all agencies have a responsibility to make a referral to the MASH when it is believed or suspected that the child or young person:

- Has suffered significant harm – child protection
- Is likely to suffer significant harm – child protection
- Has significant developmental or disability needs, which are likely only to be met through provision of Children’s Care and support services (with the agreement of the child’s parent) – children in need

The Pan-London Safeguarding Procedures detail clearly the roles and responsibilities of all professionals and should always be referred to when conducting child protection enquiries.



# Tier 1 – Universal needs

## No additional needs, no risk

### Universal Services

Summary	Indicators of concern and/or complicating factors (This is what you are seeing)	Assessment process
<p>Children with no additional needs, with no concerns for their welfare.</p> <p>Typically, these children are likely to live in a resilient and protective environment, where their needs are met.</p> <p>These children will require no additional support beyond that which is universally available</p>	<p style="text-align: center;"><b>Child or Young Person’s Developmental Needs</b></p> <ul style="list-style-type: none"> <li>• The child / young person has access to education provision appropriate to age and ability including age-appropriate learning materials. or in suitable provision provided if electively home educated.</li> <li>• The child or young person has good attendance at nursery, school, college, or training.</li> <li>• Older young people have access to employment, further education, and training (including work-based learning) appropriate to age and ability.</li> <li>• They are able acquire a range of skills/interests, experiences of success/achievement.</li> <li>• The child / young person is physically well.</li> <li>• Their developmental checks/immunisations are up to date</li> <li>• Health appointments are kept.</li> <li>• They have an adequate healthy diet.</li> <li>• They have good levels of hygiene and appropriate clothing.</li> <li>• Receive regular dental and optical care.</li> <li>• The child or young person can demonstrate age-appropriate responses in feelings and actions.</li> <li>• They have good quality early attachments, and are appropriately comfortable in social situations.</li> <li>• Child or young person is / has developed positive friendships and relationships with caregivers, siblings and others.</li> <li>• The child or young person can take responsibility for their own actions depending upon age and development.</li> <li>• They are able to adapt to change.</li> <li>• They are able to demonstrate age-appropriate empathy.</li> <li>• Child or young person has a positive sense of self and of their own abilities.</li> <li>• They are developing age-appropriate level of practical and emotional skills</li> <li>• They have a good level of personal hygiene.</li> <li>• The child or young person is able to discriminate between ‘safe’ and ‘unsafe’ contacts.</li> <li>• They are gaining confidence and skills to undertake activities away from the family.</li> <li>• Child displays safe and healthy sexual development between themselves and other children or young people of similar age or developmental ability. This is reflective of natural curiosity, experimentation, consensual activities and positive choices. (Please refer to the Brook Tool).</li> </ul>	<p>These children require no additional support beyond that which is universally available.</p> <p>No assessment or plan is required.</p>

# Tier 1 – Universal needs

## No additional needs, no risk

### Universal Services

Summary	Indicators of concern and/or complicating factors (This is what you are seeing)	Assessment process
As before	<p style="text-align: center;"><b>Family and Environment</b></p> <ul style="list-style-type: none"> <li>• Family are accessing universal services and resources within the community.</li> <li>• The family have adequate income and resources used appropriately to meet child’s needs.</li> <li>• The accommodation has basic minimum amenities and appropriate facilities.</li> <li>• The family have good, ordered, and sociable family networks and friendships outside the family home.</li> <li>• They engage in leisure and other social activities appropriate to their age and development.</li> <li>• They have positive relationships with peers and age-appropriate friendships.</li> <li>• Parents are knowledgeable about and understand the effects of crime and antisocial behaviour based on their age and development.</li> </ul>	As before
	<p style="text-align: center;"><b>Parents or Carers Capacity</b></p> <ul style="list-style-type: none"> <li>• Parents/Carers able to provide care for child’s needs and protect from danger and harm in the home and elsewhere.</li> <li>• Parents are in a healthy non abusive relationship.</li> <li>• The parents are managing well, and the child is cared for appropriately.</li> <li>• Parents do not have any additional needs that impact on the care of the child.</li> <li>• Parents/Carers provide secure and caring parenting and show warmth, praise, and encouragement.</li> <li>• Parents/Carers provide guidance and boundaries to help child develop appropriate values and coping mechanisms and support the child’s resilience.</li> <li>• Parents provide child or young person with access to toys and age-appropriate activities.</li> <li>• Parents do not use inappropriate ways to discipline / manage their child’s behaviour.</li> </ul>	

# Tier 2a – Additional need, low risk

Trigger for single agency support for children with additional support needs not able to be met by Universal services alone. Parents / carers are most likely able and willing to engage in the services.

## Community Early Help

Summary	Indicators of concern and/or complicating factors (This is what you are seeing)	Assessment process
<p>Where the child/ young person has additional low-level needs that can be met within identified resources through a single agency response and partnership working with the family.</p> <p>Parents / carers / young person may just need advice and guidance to help them understand and meet need.</p>	<p style="text-align: center;"><b>Child or Young Person’s Developmental Needs</b></p> <ul style="list-style-type: none"> <li>• Some absence / truancy from school impacting on education.</li> <li>• Some incidences of absence or child going missing from home.</li> <li>• Child or young person is at risk of disengaging from education, training, or learning.</li> <li>• Child at risk of social exclusion.</li> <li>• Poor attachments impacting on child or young person’s behaviour and wellbeing.</li> <li>• The child has some language and communication difficulties.</li> <li>• There is limited access to Universal services with further support / signposting required.</li> <li>• The child has a disability or additional special needs requiring support.</li> <li>• They are slow in meeting developmental milestones due to external factors impacting on progress.</li> <li>• Where the child was not brought to health checks / appointments/immunisations without obvious reason requiring additional advice.</li> <li>• Minor health problems where additional support or guidance is needed.</li> <li>• Early signs of offending / anti-social behaviour, with support needed to arrest.</li> <li>• Child displays sexual behaviour that causes concern due to age, or developmental differences or due to activity type, frequency, duration or context in which they occur, such as underage sexual activity or sexting or accessing pornography, where support and advice is needed. (Please refer to the Brook Tool)</li> <li>• There is evidence of early signs of drug /alcohol misuse.</li> <li>• Poor self-esteem / low level emotional / mental health issues.</li> </ul>	<p>Consider undertaking an Early Help Assessment to identify areas of need and an Early Help Plan to coordinate support.</p> <p>Family should be supported by key services that can provide the additional support you or others have identified.</p> <p>Professionals can refer into the Vulnerable pupil panels for children aged 5 to 18 or the Vulnerable Hot clinics for unborn to 5’s</p>

# Tier 2a – Additional need, low risk

Trigger for single agency support for children with additional support needs not able to be met by Universal services alone. Parents / carers are most likely able and willing to engage in the services.

## Community Early Help

Summary	Indicators of concern and/or complicating factors (This is what you are seeing)	Assessment process
As before	<p style="text-align: center;"><b>Family and Environment</b></p> <ul style="list-style-type: none"> <li>• The child or young person is a young carer or has some caring responsibilities within the home.</li> <li>• Poor parent/child relationships causing disharmony / unrest.</li> <li>• Child or young person’s parent/s are prisoners or parents’ are subject to community orders.</li> <li>• Child exposed to bullying/racist incident within the home or community.</li> <li>• The family has a low income that is affecting child’s achievement / development.</li> <li>• Poor housing and poor home environment impacting on child’s health and wellbeing. Possible low level deprivation.</li> <li>• There is some low-level community harassment / discrimination against child / young person or parents.</li> <li>• No recourse to public funds</li> </ul>	As before
	<p style="text-align: center;"><b>Parents or Carers Capacity</b></p> <ul style="list-style-type: none"> <li>• There is a history of domestic abuse within the family with some concerns domestic abuse is happening but no signs of abuse apparent. Adults willing to engage with support.</li> <li>• Risk of relationship breakdown – low level parental conflict but limited evidence of impact on the child.</li> <li>• Parents may need advice / guidance and support with routines, boundaries, hygiene, appropriate discipline to prevent issues escalating.</li> <li>• Inconsistent care arrangements where children are sometimes left alone for short periods or left with different people.</li> <li>• Advice to parents or carers around their poor supervision so as to prevent a child hurting themselves or others.</li> <li>• Inconsistent parenting where they are not always responsive to child’s needs or emerging needs.</li> <li>• Historic context of parents/carers own childhood impacting on their caring capacity.</li> <li>• Parents need advice and help to meet needs of child with a disability.</li> </ul>	

# Tier 2b – Additional needs, low to medium risk

Trigger for multi-agency targeted support for children with multiple needs not able to be met at by wider Early Help support alone or where there are concerns about the parent or carer’s capacity or willingness to follow advice and guidance received at an Early Help (tier 2a) level.

## Targeted Early Help

Summary	Indicators of concern and/or complicating factors (This is what you are seeing)	Assessment process
<p>Where children in families have increasing levels of multiple and complex needs / problems.</p> <p>These children will be living in greater adversity than most other children or have a greater degree of vulnerability than most if their needs are not clear, not known or not being met.</p> <p>These families require a coordinated multi-agency, whole family approach led by a Lead worker or key worker enabling the family to meet the children’s needs.</p> <p>These workers should be identified from the existing agencies identified to provide the wrap-around support to the family</p>	<p style="text-align: center;"><b>Child or Young Person’s Developmental Needs</b></p> <ul style="list-style-type: none"> <li>• Child or young person is persistently absent from school due to either school or non-school issues.</li> <li>• Use of fixed term/ permanent exclusion due to issues not able to be resolved within school. Parents appear unconcerned with issues raised.</li> <li>• Child or young person now disengaging from education employment or training. Young person may become or is NEET</li> <li>• Emerging pattern of child or young person being missing from home.</li> <li>• Professionals beginning to have concerns about child’s physical or emotional needs not being met.</li> <li>• Increasing risk of child or young person experiencing social exclusion.</li> <li>• Impact of poor attachments being seen on child’s health and wellbeing.</li> <li>• Child’s developmental milestones not being met due to persistent parental failure/inability even following advice and support.</li> <li>• Chronic/recurring health problems where advice / guidance not being followed or where weight is significantly above or below what would be expected.</li> <li>• Regularly not brought to appointments with professionals such as GP, affecting health and developmental progress of the child due to parental reluctance to engage.</li> <li>• Child displays risky sexual behaviour, e.g., unprotected sex, resulting in teenage pregnancy. Child may be taking and sending naked or sexually provocative images of self or others, peeping, exposing, mooning or giving out contact details online, or joining adult- only social networking sites and giving false personal information arranging a face to face meeting with an online contact alone.(See Brook’s Tool).</li> <li>• There is drug/alcohol misuse impacting negatively on child or younger person’s health and wellbeing.</li> <li>• Offending/anti-social behaviour resulting in Police attention and risk of entering Youth Offending service.</li> <li>• Emotional/mental health issues where more formal support is needed.</li> <li>• Child or young person shows poor self-care for age, including hygiene.</li> <li>• Accident &amp; Emergency Dept. attendance giving cause for concern.</li> </ul>	<p>An Early Help assessment (EHA) <b>must</b> be completed with the child/family to identify their strengths and needs. The Family Plan following the EHA should then identify the child’s additional needs and the appropriate services to meet those needs. The plan will also identify the lead professional.</p> <p>If an assessment is refused and the needs of a child cannot be met or understood, then a MARF to MASH should be considered. As a minimum there should be a consultation with MASH.</p>

# Tier 2b – Additional needs, low to medium risk

Trigger for multi-agency targeted support for children with multiple needs not able to be met at by wider Early Help support alone or where there are concerns about the parent or carer’s capacity or willingness to follow advice and guidance received at an Early Help (tier 2a) level.

## Targeted Early Help

Summary	Indicators of concern and/or complicating factors (This is what you are seeing)	Assessment process
As before	<p style="text-align: center;"><b>Parents or Carers Capacity</b></p> <ul style="list-style-type: none"> <li>• Domestic abuse is taking place within the family home with a clear victim (including the child) and perpetrator. Barnardo’s DARIM indicates low impact on the child or young person.</li> <li>• Parents/Carers have relationship difficulties or there is frequent conflict which may affect the child.</li> <li>• Parental learning or physical disability, substance misuse or mental health impacting on parenting / care.</li> <li>• Lack of response from parents to concerns raised about child or they show reluctance to seek or accept advice.</li> <li>• Inconsistent care arrangements potentially placing the child in unsafe or risky situations which also continues following advice.</li> <li>• Poor supervision by parent/carer continues even following advice and support from professionals.</li> <li>• Regular physical chastisement being used as a form of discipline with no injuries observed and little harm experienced by the child but support needed to prevent escalation.</li> <li>• Inconsistent parenting and poor response to identified needs following advice and support.</li> <li>• Lack of appropriate parental guidance and boundaries for child’s stage of development and maturity.</li> <li>• Historic context of parents/carers own childhood having a detrimental impact on their parenting capacity.</li> <li>• Parents are struggling to meet the needs of a child with a disability.</li> </ul>	As before

# Tier 3 – Complex/multiple needs, medium risk

Trigger for more specialist / statutory Children’s Services support due to level of multiple complex needs not able to be met by Targeted Early Help services alone.

## Children’s Services

Summary	Child or Young Person’s Developmental Needs	Assessment process
<p>This level applies to those children identified as requiring specialist support. It is likely that for these children their needs and care are at present significantly compromised. Only a small fraction of children will fall within this band.</p> <p>These children will be those who are highly vulnerable or experiencing greater adversity. These children may be eligible for a service from Children’s Social Work Teams and are potentially at risk of developing further acute/complex needs if they do not receive statutory intervention.</p> <p>The allocated Social Worker will usually act as the lead professionals and coordinate services.</p>	<p><b>Child or Young Person’s Developmental Needs</b></p> <ul style="list-style-type: none"> <li>• Child or young person is not in education due to their parent unable or unwilling to get the child to school, which is having a significant impact on the child’s health and wellbeing.</li> <li>• There is chronic persistent non-attendance/truancy/unauthorised absences/fixed term exclusions due to parental neglect or other contributory factors impacting on child getting to school.</li> <li>• No school place available / offered that risks child or young person coming into care.</li> <li>• Disordered attachments that have a severe impact on the child’s health and development.</li> <li>• Child or young person has complex / multiple disabilities which impacts on their day-to-day functioning in need of assessment and support to access appropriate specialist services.</li> <li>• Statutory assessment of Special Educational needs which may lead to an Education Health and Care plan.</li> <li>• High level emotional health issues, complex mental health issues affecting the child or young person’s safety or wellbeing, including issues of self-harm.</li> <li>• Child constantly criticised/putdown suggestive of emotional harm / abuse.</li> <li>• Recent experience of serious loss or trauma impacting on the child or young person’s emotional wellbeing.</li> <li>• Non-organic failure to thrive caused by neglect or high levels of deprivation.</li> <li>• Child is pregnant or evidence of sexual activity and may have STI’s under 16. Sexually inappropriate behaviour towards others or sexually aggressive behaviour or non-consensual sexual activity, persistent sexual images and ideas in talk, play and art in younger children. (See Brook’s Tool).</li> <li>• Vulnerable to sexual exploitation/ abuse/ trafficking, teenage parent/pregnancy under the age of 13.</li> <li>• Drug/alcohol use severely impairing development.</li> <li>• Frequently missing from home due to possible exploitation, home conflict, significant relationship breakdown.</li> <li>• Child or young person involved in offending behaviour requiring a response from the Police / criminal justice system.</li> </ul>	<p>Referral into MASH will be required using the LBBB MARF.</p> <p>Children’s Social Work Services will decide on their response based on the information supplied in the MARF. You will need to have completed an EHA and indicate how and why support at tier 2a or 2b has not addressed your concerns.</p> <p>A Single Assessment may be required, followed by a child in need plan if appropriate.</p>

# Tier 3 – Complex/multiple needs, medium risk

Trigger for more specialist / statutory Children’s Services support due to level of multiple complex needs not able to be met by Targeted Early Help services alone.

## Children’s Services

Summary	Indicators of concern and/or complicating factors (This is what you are seeing)	Assessment process
<p>Definition:</p> <p>Section 17 of the 1989 Children Act</p> <ul style="list-style-type: none"> <li>• ‘is unlikely to achieve or maintain a reasonable standard of health or development’</li> <li>• ‘health or development is likely to be significantly impaired’ without the provision of LA services</li> <li>• Or she/he is disabled</li> </ul>	<p style="text-align: center;"><b>Family and Environment</b></p> <ul style="list-style-type: none"> <li>• Suspicion / concerns of physical, emotional, or sexual abuse or neglect against a child or young person.</li> <li>• Child or young person is homeless / ‘sofa surfing’ / vulnerable 16- or 17-year-old. This includes: <ul style="list-style-type: none"> <li>- They have already left or been excluded from the family home;</li> <li>- The home environment is not safe for the young person and places them at risk of harm and vulnerable to poor outcomes if they remain in the home;</li> <li>- Their behaviour is putting them or others at risk and parents are unable to manage their behaviour;.</li> <li>- A Young person due to be released from YOI and requires accommodation</li> </ul> </li> <li>• Child or young person on the edge of care due to significant / complex issues within the home.</li> <li>• Child/parent relationship at risk of breaking down.</li> <li>• Family considered intentionally homeless due to avoidable eviction.</li> <li>• Community harassment/discrimination significantly impacting children’s health, and wellbeing.</li> <li>• Family experiencing ongoing social exclusion.</li> <li>• Extreme financial difficulties / poverty / deprivation impacting on children’s ability to have basic needs met and no access to funding/community resources. NRPF.</li> <li>• Extremely overcrowded or very poor-quality housing likely to impair child or young person’s health or development.</li> <li>• Young person is living independently or as a teenage parent needing additional support.</li> <li>• Exposure to extreme political or religious groups impacting upon the family / child’s wellbeing.</li> <li>• Concerns relating to contextual safeguarding around sexual and criminal exploitation, trafficking, modern slavery, gang affiliation and or county lines.</li> <li>• Child or young person exposed to ongoing domestic abuse where power and control is evident requiring specialist support to resolve.</li> <li>• Ongoing and persistent parental conflict which is negatively impacting on the child/ young person causing distress and anxiety.</li> <li>• Parent has received a custodial sentence which will impact on care arrangements.</li> <li>• There is an indication, or it is suspected that a child or young person may be going on holiday to a known country where FGM takes place and FGM is part of the family’s culture.</li> <li>• A child or young person has a prolonged period of non-school attendance following a ‘holiday’ to a country where FGM is prevalent.</li> <li>• There are significant concerns that a child or young person may be subject to forced marriage.</li> </ul>	<p>As before</p>



# Tier 3 – Complex/multiple needs, medium risk

Trigger for more specialist / statutory Children’s Services support due to level of multiple complex needs not able to be met by Targeted Early Help services alone.

## Children’s Services

Summary	Indicators of concern and/or complicating factors (This is what you are seeing)	Assessment process
As before	<p style="text-align: center;"><b>Parents or Carers Capacity</b></p> <ul style="list-style-type: none"> <li>• Domestic abuse is present in the home with a clear victim (including the child) and perpetrator. The DASH indicates medium to high risk of harm to the victim with the Barnardo’s DARIM indicating medium to high impact upon the child’s safety and wellbeing.</li> <li>• There is evidence of complex, medium risk parental conflict which is impacting on the child or young person’s health and wellbeing.</li> <li>• Parental not discouraging child or young person from abusive/offending behaviour.</li> <li>• Parents/carers unable to protect from danger or significant physical or emotional harm (including the risk of sexual harm) in the home and elsewhere</li> <li>• Young child regularly left alone or unsupervised</li> <li>• Continuing elevated levels of poor supervision in the home increasing potential harm to child or young person.</li> <li>• Child has a succession of unplanned, multiple carers.</li> <li>• Child’s health, development and wellbeing impacted significantly due to parental non-compliance/disguised non-compliance or deliberate non-co-operation with services.</li> <li>• Inconsistent parenting affecting child’s developmental progress.</li> <li>• Regular physical chastisement being used as a form of discipline with the possible use of implements. No injuries observed but causing emotional harm to the child.</li> <li>• Child or young person subject to private fostering.</li> <li>• Due to complexity, parents are consistently unable to meet the needs of their disabled child / young person.</li> <li>• Parents not following medical and treatment plan for a disabled child following advice and support.</li> <li>• Child or young person with complex disabilities may require, or is in receipt of overnight short breaks and / or domiciliary support.</li> <li>• Parental mental health problems or substance misuse significantly affects the care of the child or young person.</li> <li>• Parental learning difficulties are having a direct impact on child’s health or development.</li> <li>• Parents show threatening and aggressive behaviour towards professionals who are providing advice and support which negatively impacts on the child or young person’s health and wellbeing.</li> </ul>	As before

# Tier 4 – Acute needs, high risk

Concerns where a child or young person is likely to suffer or is suffering significant harm which may require a Child Protection response or possible Local Authority Care.

## Children’s Services

Summary	Indicators of concern and/or complicating factors (This is what you are seeing)	Assessment process
<p>Children requiring specialist / statutory Social Work with an integrated multi-agency response.</p> <p>These children maybe experiencing significant harm that requires statutory intervention such as child protection or legal intervention. These children may also need to be accommodated (taken into care) by Children’s Social Work services either on a voluntary basis or by way of Court Order.</p>	<p style="text-align: center;"><b>Child or Young Person’s Developmental Needs</b></p> <ul style="list-style-type: none"> <li>• Child or young person has a serious drug misuse significantly impacting on their health and safety requiring specialist interventions.</li> <li>• Child or young person has acute mental health issues impacting on their immediate safety requiring specialist interventions.</li> <li>• Child or young person inflicts serious non suicidal self-injury / self-harm to themselves.</li> <li>• Child or young person has a suspected to have experienced a non-accidental injury/abuse or neglect.</li> <li>• Child or young person indicates they have been physically or sexually assaulted / abused (intra / extra familial abuse).</li> <li>• A non-mobile infant has bruising (anywhere).</li> <li>• Significant regression in speech, communication, or interaction where no medical cause has been identified.</li> <li>• Strong indication or clear allegation of Female Genital Mutilation of a child or young person has or is about to take place.</li> <li>• Child or young person has significant challenging behaviour resulting in serious risk to themselves and others.</li> <li>• Child under 13 engaged in sexual activity or presence of sexually transmitted infection (STI) in younger children.</li> <li>• Child has sexual activity with someone in authority and in a position of trust or sexual activity with family members.</li> <li>• Child or young person has a concealed pregnancy.</li> <li>• Child or young person has sexual contact with others where there is a big difference in age or ability. (See Brook’s Tool)</li> <li>• Child or young person under 18 being sexually or criminally exploited, involved in county lines, trafficked or in domestic servitude (Modern Slavery), with a serious risk to their safety. Child or young person has an NRM status or has a threat to life warning.</li> <li>• Child or young person is missing from home or school for repeated and prolonged periods of time with no indication of whereabouts or who they are with, or where exploitation is a factor, or the child has an NRM status.</li> <li>• Child or young person potentially being radicalised and / or involved in extremist activities.</li> <li>• Child or young person is subject to MAPPAs (multi agency arrangements to protect the public managed by Probation).</li> <li>• Young person has extremely poor level of independent living skills likely to result in significant harm.</li> <li>• Child / young person is beyond parental control making them vulnerable to significant harm / risk.</li> <li>• Unaccompanied and asylum-seeking minors.</li> </ul>	<p>Urgent referral into MASH will be required using the LBBB MARF.</p> <p>Children’s Social Care will decide on their response following the information supplied in the MARF.</p> <p>In the case of suspected abuse, they may call a strategy discussion and potentially undertake a Section 47 enquiry and Single Assessment to assess need, risk, and level of harm.</p> <p>These responses will include other services including yours.</p>

# Tier 4 – Acute needs, high risk

Concerns where a child or young person is likely to suffer or is suffering significant harm which may require a Child Protection response or possible Local Authority Care.

## Children's Services

Summary	Indicators of concern and/or complicating factors (This is what you are seeing)	Assessment process
	<p><b>Family and Environment</b></p> <ul style="list-style-type: none"> <li>• Adults who present a risk to children living in the family home or members of the wider family are known to be or suspected of being a risk to children.</li> <li>• Child being left with unsafe caregivers</li> <li>• Family characterised by conflict and serious, chronic relationship difficulties.</li> <li>• Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child.</li> <li>• Child's carer or a member of the household, referred to MAPPA (multi agency arrangements to protect the public managed by Probation).</li> <li>• Physical accommodation or home environment places child in danger.</li> <li>• Persistent lack of adequate food, warmth, or essential clothing.</li> <li>• Known forced marriage of a child/young person under 18 years.</li> <li>• Adoption breakdown.</li> <li>• Abandoned child or unaccompanied minor.</li> </ul>	

# Tier 4 – Acute needs, high risk

Concerns where a child or young person is likely to suffer or is suffering significant harm which may require a Child Protection response or possible Local Authority Care.

## Children's Services

Summary	Indicators of concern and/or complicating factors (This is what you are seeing)	Assessment process
As before	<p style="text-align: center;"><b>Parents or Carers Capacity</b></p> <ul style="list-style-type: none"> <li>• Domestic abuse is present in the family home with a clear victim (including the child) and perpetrator. The DASH RIC indicates the victim is at high risk of harm due to persistent and increasing levels of physical and emotional violence. The Barnardo's DARIM indicates the domestic abuse is impacting severely on the child or young person's safety and wellbeing.</li> <li>• Child is exposed to persistent and significant instability, violence and high risk parental conflict within the home impacting on their safety and wellbeing.</li> <li>• Regular and inappropriate physical chastisement leaving injuries / marks / bruises.</li> <li>• Parents involved in violent or serious crime causing risk to children.</li> <li>• Suspected Fabricated or Induced Illness to a child or young person.</li> <li>• Parents conceal injuries to a child or young person.</li> <li>• Parents do not seek appropriate medical attention for the child or young person for ongoing / acute health needs.</li> <li>• Parents do not seek emergency medical attention for a child or young person resulting in further significant harm or death.</li> <li>• Parents have or may have directly abused/neglected their child/young person.</li> <li>• Severe parental mental or physical health problems or substance misuse which means that vital parenting roles are not undertaken placing the child or young person at risk of significant harm.</li> <li>• Child not protected from sexual exploitation/abusive situations due to the absence of protective care by parents.</li> <li>• Early Help assessment or Single Assessment indicates an unborn child is likely to suffer or is suffering significant harm</li> <li>• Parents inconsistent and extremely critical or indifferent towards the child, not displaying love or affection or appropriate interest or care.</li> <li>• Imminent family breakdown and risk of child being looked after.</li> <li>• Child is left "home alone" without appropriate adult supervision or support leaving them at risk of significant harm due to their age and development.</li> <li>• Parent conceals pregnancy and does not seek appropriate anti-natal support.</li> <li>• Relinquished child.</li> </ul>	As before

# Escalation pathway

Disagreements between practitioners and agencies can arise at any stage in the safeguarding process and between any of the agencies involved.

For example, there may be differing views about:

- Concerns in relation to an agency's response to a safeguarding concern
- The need for, or detail of, a Child and Family, Child in Need or Child Protection Plan
- Disagreement about level of need and response required against the Continuum of Need
- Inappropriate application of London Child Protection Procedures
- Roles and responsibilities not being followed
- Practice/Case Management issues
- Poor/Inadequate information sharing

All agencies must work together in the interest of the child and every effort should be made to resolve disagreements as close to the point of origin as possible, and with those working most directly with children following the **B&D Safeguarding Children's Partnership Conflict Resolution and Escalation Protocol**.

Where the agreement cannot be reached between the practitioners / operational managers and agency Safeguarding leads the matter should be escalated to the appropriate Head of Service / Lead with each agency.

Agencies should not circumvent the escalation protocol and go straight to senior leaders before attempting to resolve any dispute directly with operational practitioners or their managers in the first instance.

B&D Safeguarding Children's Partnership Conflict Resolution and Escalation Protocol Link.

<https://bdsafeguarding.org/wp-content/uploads/2022/09/Escalation-and-conflict-resolution-Protocol-2022-FINAL.pdf>

# Glossary, referral forms, links and resources

<b>SENCO</b>	Special Education Co-ordinator	<b>DARIM</b>	Barnardo's Domestic Abuse Risk Indicator Matrix
<b>MASH</b>	Multi-agency safeguarding Hub	<b>FGM</b>	Female Genital Mutilation
<b>LBBB</b>	London Borough of Barking and Dagenham	<b>DSL</b>	Designated Safeguarding Lead
<b>NEET</b>	Not in Education Employment or Training	<b>MAPPA</b>	Multi-Agency Public Protection Arrangements
<b>LADO</b>	Local Authority Designated Officer	<b>NRM</b>	National Referral Mechanism
<b>DASH RIC</b>	Domestic Abuse, Stalking and Harassment Risk Indicator Checklist	<b>SWA</b>	Social Work Assessment

Early help referral form [Info for Parents, Carers & Community – Barking and Dagenham Safeguarding Children Partnership \(bdsafeguarding.org\)](#)

Multi-Agency Referral Form [! Report Concerns about a Child ! – Barking and Dagenham Safeguarding Children Partnership \(bdsafeguarding.org\)](#)

Children Act 1989	<a href="#">Children Act 1989 (legislation.gov.uk)</a>
Children Act 2004	<a href="#">Children Act 2004 (legislation.gov.uk)</a>
Children and Social Work Act 2017	<a href="#">Children and Social Work Act 2017 (legislation.gov.uk)</a>
Education Act 2002	<a href="#">Education Act 2002 (legislation.gov.uk)</a>
Brook Sexual Behaviours Tool	<a href="#">Sexual behaviours traffic light tool (enhertscg.nhs.uk)</a>
London Child Protection Procedures and LSCP Threshold document 2023	<a href="https://www.londonsafeguardingchildrenprocedures.co.uk/thresholds.html">https://www.londonsafeguardingchildrenprocedures.co.uk/thresholds.html</a>
Data Protection Act 2018	<a href="#">Data Protection Act 2018 (legislation.gov.uk)</a>
Working Together to Safeguard Children 2018	<a href="#">Working Together to Safeguard Children 2018 (publishing.service.gov.uk)</a>
SEND Code of Practice	<a href="#">SEND Code of Practice January 2015.pdf (publishing.service.gov.uk)</a>
Keeping Children Safe in Education 2019	<a href="#">Keeping children safe in education - GOV.UK (www.gov.uk)</a>
Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (DfE July 2018)	<a href="#">Final-London-MAS-DSA-Jan21.pdf (bdsafeguarding.org)</a>
Prevent referrals guidance	<a href="#">Preventing Radicalisation – Barking and Dagenham Safeguarding Children Partnership (bdsafeguarding.org)</a>
Protocol for assessing the needs of Pre-Birth Children	<a href="#">www.proceduresonline.com</a>
Housing protocol	<a href="#">Apply for social housing   London Borough of Barking and Dagenham (lbbd.gov.uk)</a>
Barking and Dagenham Multi-Agency Safeguarding Children Partnership, Escalation Protocol	<a href="#">Partnership Escalation Protocol – Barking and Dagenham Safeguarding Children Partnership (bdsafeguarding.org)</a>
Homeless 16 -17 year old Joint protocol	<a href="https://lbbd.sharepoint.com/teams/T2177-INT-FNC-1617HOMELESS/SharedDocuments/General/YouthHomelessPlan2021-22/Homeless16-17yearoldJointprotocolV2April2021.pdf">https://lbbd.sharepoint.com/teams/T2177-INT-FNC-1617HOMELESS/SharedDocuments/General/YouthHomelessPlan2021-22/Homeless16-17yearoldJointprotocolV2April2021.pdf</a>
Child Criminal Exploitation Risk Assessment Tool	<a href="#">TOOLKITS – Barking and Dagenham Safeguarding Children Partnership (bdsafeguarding.org)</a>
Child Sexual Exploitation Risk Assessment Tool	<a href="#">TOOLKITS – Barking and Dagenham Safeguarding Children Partnership (bdsafeguarding.org)</a>

Find out more please visit  
<https://bdsafeguarding.org/>

