

# Southend Children's Services

## Threshold Document



Revised May  
2019

## INTRODUCTION

This threshold guidance document has been produced across the partnership of Southend children's social care, Essex police and health partners. It is for professionals who come into contact with children and families and its purpose is to provide guidance on thresholds for different levels of need and intervention, which meet the needs of all children in Southend. It should be read alongside:

- The Southend, Essex and Thurrock child protection procedure 2019
- Working Together Guidance, DfE, 2018

We believe that developing a shared understanding of the thresholds for intervention at different levels of need will enable us all to work with children and families to improve their lives. It supports our vision for children in Southend that we will provide the right support for children and their families at the earliest opportunity - right through to specialist and statutory interventions when needed to ensure the welfare and safety of vulnerable children and young people.

Alongside universal everyday services, where there are more complex needs, help may be provided via early help services or, if the threshold for a statutory service is met under section 17 of the Children Act 1989, via a social care child in need service . Where there are child protection concerns (reasonable cause to suspect a child is suffering, or likely to suffer, significant harm) local authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

The description at each level of need is not exhaustive and there are no absolute criteria in making judgements regarding children's wellbeing. The descriptors are meant to aid discussion, decision making and planning. They are not set in stone and there should be flexibility across all levels of need, as we recognise that situations are dynamic and new information can quickly change the view on the level of need for a child and within a family. In addition, a combination of needs may result in professionals believing the level of need is higher due to the overall impact on the child. The descriptors in this document should help to provide an evidence base for professional judgement and decision making that is also informed by the age of the child and any protective factors that may enhance resilience. The key is to use this guidance to support conversations about who is best placed to meet the identified needs of the child and family in order to meet our aspiration in Southend to enable children to receive the right help at the right time to assist them in meeting their full potential.

Southend Borough Council has a commitment to working restoratively with families and partner agencies in all activities. Restorative practice describes a way of behaving which helps to build and maintain healthy relationships, resolve difficulties and repair harm where there has been conflict. It involves respect, responsibility and building on relationships from all participants. There is strong evidence that working alongside people, rather than making decisions about them in isolation, creates better outcomes for children and their families.

A restorative practice approach enables those who work with children and families to focus upon building relationships that create change. This often requires high challenge as well as high support to families and to those undertaking the work.

The Children Act 1989 encourages all agencies to work in partnership wherever possible with families and make onward referrals with their agreement. This should be possible for services and support under levels 2 and 3 but it is acknowledged that gaining agreement for level 4 could at times place a child at further risk or may be more challenging to agree with parents. Where there are safeguarding concerns, information can be shared without parental agreement if necessary. Parents should be advised that a referral has been made, unless doing so would place a child at further risk, or the young person has requested that parents are not informed and they have reached a sufficient understanding and intelligence to be capable of making up their own mind in the matter (Gillick Competent - see NSPCC guide <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>).

#### **MAKING A REFERRAL OR SEEKING FURTHER INFORMATION AND GUIDANCE**

If any professional is unsure about the level of need of a child they should contact the Early Help Family Support (EHFS) duty team for a discussion regarding family support on **01702 215783** or by email [earlyhelpcontactpoint@southend.gov.uk](mailto:earlyhelpcontactpoint@southend.gov.uk) or the Multi-agency safeguarding team (MASH+ team) on **01702 215007 (select option 1 and option 1 again)** for a discussion regarding child in need and/or safeguarding concerns. If this relates to an **immediate safeguarding concern** the professional **MUST** phone and speak to a MASH+ social worker on **01702 215007 (select option 1 and then option 3)**. Email non-urgent contacts to the MASH+ team on [mash@southend.gov.uk](mailto:mash@southend.gov.uk).

The Southend Early Help Family Support front door and our children's safeguarding front door (MASH+) are co-located so there is no 'wrong front door'. Please see service guides in appendix 1 for more information about the EHFS and MASH+ services.

#### **Making a Referral for Children with Disabilities**

Any child with a disability is by definition a 'child in need' under s17 of the Children Act 1989 and, as such, they have a right to a statutory assessment if requested. 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. Children with disabilities may receive services under levels 2, 3 or 4 from early help, child in need or child protection services depending on the level of need identified. Where the child requires a statutory service from children's social care and they have a permanent or substantial disability and are severely or profoundly impaired, they will meet the criteria for the children with disabilities team who will provide the statutory service. For all other children who have a disability but do not meet these criteria, the services will be provided by the other social care teams or the early help services. All referrals for a statutory service where the child has a disability should be made via the MASH+ team, including those who meet the criteria for the children with disabilities team.

### **Making a Referral following a Education, Health and Care Needs Assessment**

When education complete an education, health and care needs assessment that may lead to an education, health and care plan (EHCP) they liaise with children's services to identify if the family are known to children's services and if there is any relevant information held by children's services that should inform the education, health and care needs assessment and plan. Where education identify family support needs or statutory child in need/safeguarding concerns as part of the assessment, these should be passed to the relevant team via the MASH+ or EHFS front doors, as detailed within this guidance.

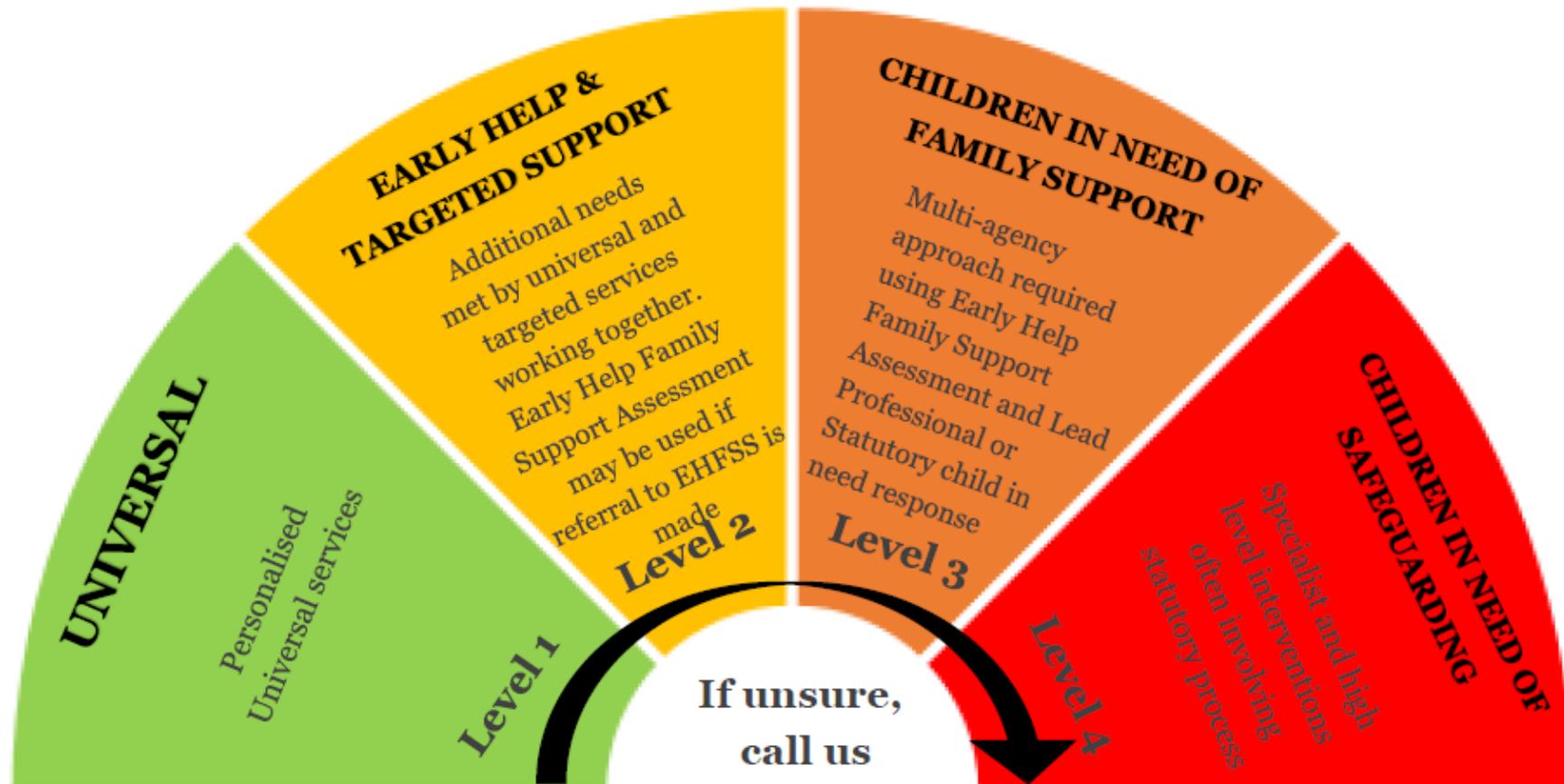
### **Making a Referral regarding Contextual Safeguarding**

Contextual safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. Traditional approaches to protecting children/young people from harm have focussed on the risk of violence and abuse from inside the home, usually from a parent/carer or other trusted adult and don't always address the time that children/young people spend outside the home and the influence of peers on young people's development and safety.

Contextual safeguarding recognises the impact of the public/social context on young people's lives, and consequently their safety. Contextual safeguarding seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people. It's an approach that looks at how interventions can change the processes and environments, to make them safer for all young people, as well as focussing on an individual. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. It expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts

When a professional working within Southend has any safeguarding concerns that relate to a young person's experiences of significant harm beyond their family, they should contact the Southend Borough Council MASH+ team to discuss or to make a referral. For more information and further guidance see the attached document in appendix 1.

# THE SOUTHEND SUPPORT WINDSCREEN



## LEVELS OF NEED

### LEVEL 1 UNIVERSAL SERVICES

All children use universal services which include schools, health care including health visitors, primary care, housing, and other easily accessed services. At this level, children would be expected to do well with minimum intervention from any additional services. These are children for whom all their health and developmental needs will be met by universal services alone. Children, young people, parents and carers can access these everyday services directly.

**Key universal services that may provide support at this level include:**

- Schools and nurseries
- Children's Centres
- Early Years providers
- Health Visiting Service
- School Nursing
- Primary Care (GP)
- Housing
- Voluntary and Community Sector

## Descriptors: Level 1

CHILD DEVELOPMENT FACTORS	FAMILY AND ENVIRONMENTAL FACTORS	PARENTING FACTORS
<b>Learning and education</b> <ul style="list-style-type: none"> <li>Achieving key stages</li> <li>Good attendance at school, college and training</li> </ul>	<b>Family, history and well-being</b> <ul style="list-style-type: none"> <li>Stable and supportive family relationships</li> </ul>	<b>Basic care, safety and protection</b> <ul style="list-style-type: none"> <li>Parents able to meet child's physical needs</li> <li>Parent protects from danger or significant harm in the home and elsewhere</li> </ul>
<b>Health</b> <ul style="list-style-type: none"> <li>Good physical health and emotional wellbeing</li> <li>Registered with a GP and a dentist</li> </ul>	<b>Housing, employment and finance</b> <ul style="list-style-type: none"> <li>Child fully supported financially</li> <li>Suitable housing</li> </ul>	<b>Emotional warmth and stability</b> <ul style="list-style-type: none"> <li>Parents or carers provide secure and caring parenting</li> </ul>
<b>Social, emotional, behavioural and identity</b> <ul style="list-style-type: none"> <li>Positive and safe relationships with peers</li> <li>Secure early attachments are formed, child is confident in social situations</li> <li>Responds appropriately to boundaries and guidance Positive sense of self and abilities</li> </ul>	<b>Social and community resources</b> <ul style="list-style-type: none"> <li>Good social and friendship networks</li> <li>Safe and secure environment</li> <li>Access to positive activities</li> </ul>	<b>Guidance, boundaries and stimulation</b> <ul style="list-style-type: none"> <li>Parents provide appropriate guidance and boundaries to help child develop holistically</li> <li>Facilitates cognitive development through interaction and play</li> </ul>
<b>Family and social relationships</b> <ul style="list-style-type: none"> <li>Stable family where care givers are able to meet the child's needs</li> <li>Good relationship with siblings and peers</li> </ul>		
<b>Self-care and independence</b> <ul style="list-style-type: none"> <li>Growing level of competencies in practical and emotional skills (e.g. feeding, dressing, developing age appropriate independent living skills)</li> </ul>		

## LEVEL 2 EARLY HELP AND TARGETED SERVICES

At Level 2, children and their families will need additional help to prevent problems escalating and becoming more difficult to resolve. The help may come from specialist school staff, health services, police, children's centres or early help teams in the local authority.

### Features

- These children may require extra support in order to promote their welfare and wellbeing and to prevent their needs from becoming more complex or acute. They are likely to have more than one presenting need.
- Some disabled children will require support at Level 2.

### Key agencies that may provide support at this level in addition to universal service provision:

- Early Help Services
- Children's Centres
- Early Years
- Health Visiting Services
- Family Nurse Partnership
- School Nursing
- Police
- Speech and Language Therapy
- Educational Psychology
- EWMHS
- Substance Misuse Services
- Voluntary and Community Sector
- Youth Offending prevention service

## Descriptors: Level 2

CHILD DEVELOPMENT FACTORS	FAMILY AND ENVIRONMENTAL FACTORS	PARENTING FACTORS
<p><b>Learning and education</b></p> <ul style="list-style-type: none"> <li>Occasional truanting or non-attendance, poor punctuality, poor links between home and school and child is not supported to reach educational potential</li> <li>Developmental delay</li> <li>Few or no qualifications or NEET (Not in Education, Employment or Training)</li> <li>Mild learning or behavioural difficulties emerging, poor concentration, lack of interest in education and other school activities</li> </ul>	<ul style="list-style-type: none"> <li><b>Housing, employment and finance</b></li> <li>Overcrowding</li> <li>Families affected by low income or unemployment</li> </ul>	<p><b>Basic care, safety and protection</b></p> <ul style="list-style-type: none"> <li>Inconsistent care (inappropriate child care arrangements or young inexperienced parent)</li> <li>Parental learning disability, parental substance misuse or mental health which may be impacting on parent's ability to meet the needs of the child</li> </ul>
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>Slow in reaching developmental milestones</li> <li>Mild or specific learning disability</li> <li>Missing immunisation or checks, minor concerns regarding health, diet, hygiene and clothing</li> </ul>	<p><b>Family and social relationships</b></p> <ul style="list-style-type: none"> <li>Parents or carers have relationship difficulties which affect the child</li> <li>Parents request advice to manage their child's behaviour</li> <li>Child affected by difficult family relationships or bullying</li> <li>Parent or carer has physical or mental health difficulties that may affect the child</li> <li>Child is a young carer</li> </ul>	<p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>Inconsistent parenting including emotional availability but development not significantly impaired</li> <li>Post natal depression or persistent low mood which affects the child</li> </ul>
<p><b>Social, emotional, behavioural and identity</b></p> <ul style="list-style-type: none"> <li>Low level mental health or emotional issues requiring intervention</li> <li>Difficulties with peer group, family or other relationships Early onset of sexual activity</li> <li>Young person missing from home: repeated incidents Vulnerable to emotional problems in response to life</li> </ul>	<p><b>Social and community resources</b></p> <ul style="list-style-type: none"> <li>Insufficient facilities to meet need e.g. transport or access issues</li> <li>Family requires advice regarding social exclusion</li> <li>Family has limited support or is new to the area</li> <li>Child is associating with anti-social or criminally active peers</li> </ul>	<p><b>Guidance, boundaries and stimulation</b></p> <ul style="list-style-type: none"> <li>Parents have inconsistent boundaries or lack of routine in the home</li> <li>Lack of response to concerns raised regarding child</li> <li>History of parenting difficulties with siblings, e.g. exclusion from school, involvement in substance misuse</li> </ul>

<p>events such as parental separation or bereavement</p> <ul style="list-style-type: none"> <li>• Low self-esteem, lack of confidence, suffering from anxiety or withdrawn. Can be overly friendly or withdrawn with strangers</li> <li>• Difficulties in expressing empathy, understanding impact of action on others or taking responsibility for actions Victim or perpetrator of bullying or discrimination</li> <li>• Early sexual activity (under 13/14 years)</li> <li>• Experimentation with tobacco, alcohol or illegal drugs Early onset of offending behaviour or activity and coming to the notice of the police because of this behaviour (10 – 14 years).</li> </ul>	<ul style="list-style-type: none"> <li>• Limited access to contraceptive or and sexual health advice, information and services</li> </ul>	
<p><b>Self-care and independence</b></p> <ul style="list-style-type: none"> <li>• Lack of age appropriate independent living skills that increase vulnerability to social exclusion</li> </ul>		

## LEVEL 3 CHILDREN IN NEED OF FAMILY SUPPORT

Children and families at this level will be facing complex problems which will require an integrated and co-ordinated response. The children will often be described as children 'in need' and may be seen to be at risk and, without support, their health and development will be impaired. A number of agencies may be involved to help families at this level including: local authority early help or children's social care; police; youth offending services; children's centres; child and adolescent mental health services (EWMHS); health services including health visitors, primary care and mental health services; specialist school staff. **Parental consent is required for all work with families under level 3**, including services delivered by children's social care.

Some children at this level could meet the threshold for both the early help services and the statutory child in need social work services. The key factors to consider when deciding who would be best placed to meet the need of the child, is the likely level of impact on the child's health and development if the situation does not change and also the parent/carers ability and willingness to engage with support services to seek to reduce this impact. Where it appears a family are motivated to work with agencies to achieve change, early help services may be best placed to meet the need, unless there are safeguarding concerns. Early help can step the family up to children's social care at any point if the risk or need increases and/or the parent disengages with the plan and the intervention.

### Features:

- Children with complex or multiple needs, including children with disabilities
- These children require integrated targeted support, without which their health (physical and emotional) and development may be significantly impaired.
- Without support the children within the family are likely to become in need of protection (Level Four)
- May include children who have been assessed as 'high risk' in the recent past, children with disabilities or children who have been adopted and now require additional support
- Children who require additional support following reunification with family members after a period of being looked after

### Key agencies that may provide support at this level

- |  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| • Early Help Family Support Service              | • Edge of Care                     | • Educational Psychology           |
| • Children's Social Care                         | • EWMHS                            | • Health Visiting                  |
| • Police   | • Community EWMHS (Tier 2, Tier 3) | • School Nursing                   |
| • Adolescent Intervention and Prevention Service | • Substance Misuse Services        | • Voluntary and Community Services |

**Support may also be offered by other agencies detailed in level two and universal services will continue to provide support.**

## Descriptors: Level 3

CHILD DEVELOPMENT FACTORS	FAMILY AND ENVIRONMENTAL FACTORS	PARENTING FACTORS
<p><b>Learning/education</b></p> <ul style="list-style-type: none"> <li>Chronic or poor nursery/school attendance/punctuality/poor home and nursery or school link/no parental support for education.</li> <li>Short term exclusion or at risk of permanent exclusion,</li> <li>persistent truanting or no education provision.</li> <li>Statement of Special Education Needs or on-going difficulty with learning and development.</li> <li>No access to books, toys or education materials</li> <li>Is (or is at risk of becoming) not in education, employment or training</li> <li></li> </ul>	<p><b>Family and social relationships and family well-being</b></p> <ul style="list-style-type: none"> <li>Acrimonious divorce/separation impacting on child</li> <li>Risk of relationship breakdown with parent and the child or young person.</li> <li>Young carers/children of prisoners</li> <li>Privately fostered children</li> <li>Persistent relationship difficulties.</li> <li>Family has poor relationship with extended family/no support network.</li> </ul>	<p><b>Basic care, safety and protection</b></p> <ul style="list-style-type: none"> <li>Physical care or supervisions of child is inadequate.</li> <li>Parental learning disability, substance misuse, mental health or lifestyle which is impacting on parent's ability to meet the needs of the child.</li> <li>Domestic violence and/or abuse directly or indirectly involving a child including emotional, psychological, financial, physical or sexual abuse within the household. Police may have identified medium risk via ACPO/CAADA – DASH Risk Identification Checklist 2009</li> </ul>
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>Disability requiring specialist support to be maintained in</li> <li>mainstream setting</li> <li>Developmental milestones are unlikely to be met/concerns about weight, dental decay, and language development delays.</li> <li>Child has some chronic/recurring health problems:</li> <li>not treated or badly managed/missed appointments</li> <li>Unsafe sexual activity, teenage pregnancy/smokes/uses</li> <li>illegal substances</li> <li>Teenage pregnancy or parent</li> </ul>	<p><b>Housing, employment and finance</b></p> <ul style="list-style-type: none"> <li>Family requires support services as a result of social exclusion or no access to local facilities.</li> <li>Housing conditions impacting directly on children, including severe overcrowding.</li> <li>Children are experiencing frequent moves.</li> <li>Parents or carers have been assessed as intentionally homeless/homeless unaccompanied minors</li> <li>Extreme poverty impacting directly on welfare of children. Young person aged 16/17 presents as homeless and to be assessed under "youth homelessness" framework.</li> </ul>	<p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>Inconsistent parenting impairing emotional or behavioural development</li> </ul>

<p><b>Social, emotional, behavioural and identity</b></p> <ul style="list-style-type: none"> <li>• Child finds it difficult to cope with or express emotions Family relationships or with other adults are a cause for concern Significant poor peer relationships/difficult sustaining relationships/issues of attachment/isolation.</li> <li>• Appears regularly anxious or with low self-esteem, significantly impacting on all relationships</li> <li>• Mental health issues emerging requiring specialist intervention Subject to persistent discrimination or harm from crime. Disruptive/challenging/high risk behaviour at school, home or in the neighbourhood which is unresponsive to level one and two interventions (e.g. running away, underage sex, problematic and escalating drug use).</li> <li>• Concerns regarding behaviour development and the development of appropriate social skills.</li> <li>• Starting to commit offences or coming to notice of the police on a regular basis/re-offend/victim of crime</li> <li>• Received fixed penalty notice/reprimand or warning, or triage intervention</li> <li>• Evidence of disregard to risk</li> <li>• Gang affiliation</li> <li>• Repeated incidents of missing from home, care or school</li> </ul>		
<p><b>Self-care and independence</b></p> <ul style="list-style-type: none"> <li>• Lack of age appropriate independent living skills, likely to impair development or lead to alienation from peers.</li> </ul>		

## LEVEL 4 CHILDREN IN NEED OF SAFEGUARDING

Children at this level will be at risk of harm and may be subject to child protection enquiries, taken into the care of the local authority or need specialist mental health intervention. Children's social work services will take the lead in safeguarding children and coordinating services for children at this level. The agencies involved might include any of those working with children at all levels.

Disabled children with complex and profound disabilities and those in need of safeguarding will receive support at Level 4.

Features:

- Child experiencing or at risk of experiencing significant harm
- These children require specialist/ statutory integrated support.
- Children at this level would require statutory interventions such as child protection investigations or legal interventions in order to safeguard and promote their welfare.
- These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.
- Children who become looked after by the Local Authority and those leaving care will receive support at Level 4.

**Key agencies that may provide support at this level:**

- Children's Social Care
- Adolescent Intervention & Prevention Team
- Edge of Care Team
- Police
- Early Help Family Support
- Youth Offending Service
- EWMHS
- Substance Misuse Services
- Educational Psychology

**Support may also be offered by other agencies detailed in levels 2 and 3 and universal services will continue to provide support.**

## Descriptors: Level 4

<b>CHILD DEVELOPMENT FACTORS</b>	<b>FAMILY AND ENVIRONMENTAL FACTORS</b>	<b>PARENTING FACTORS</b>
<p><b>Learning/education</b></p> <ul style="list-style-type: none"> <li>Chronic non-attendance, truanting/no parental support for education.</li> <li>Permanently excluded, frequent exclusions or no education provision.</li> <li>Severe and complex learning difficulties requiring residential educational provision.</li> </ul>	<p><b>Family and social relationships and family well-being</b></p> <ul style="list-style-type: none"> <li>Parents are unable to care for the child.</li> <li>Suspicion of physical, emotional, sexual abuse or neglect. Children who need to be looked after outside of their own family.</li> </ul>	<p><b>Basic care, safety and protection</b></p> <ul style="list-style-type: none"> <li>Parents unable to provide 'good enough' parenting placing child's development at significant risk.</li> <li>Little or no improvement in parenting despite professional interventions.</li> <li>Parents are believed to have caused physical injury to a child.</li> <li>Chronic and serious domestic violence and/or abuse directly or indirectly involving a child including emotional, psychological, financial, physical or sexual abuse within the household. Police may have identified high risk via ACPO/CAADA – DASH Risk Identification Checklist 2009. There may be a pattern of domestically abusive relationships alongside a history of the victim minimising risk and not engaging with, or refusing, intervention.</li> <li>Where previous children placed at risk by parents' actions.</li> <li>Parental non-compliance.</li> <li>Parents involved in crime</li> <li>Parents unable to restrict access to home by dangerous adults</li> </ul>
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>High level disability which cannot be maintained in a mainstream setting.</li> <li>Serious physical and emotional health problems.</li> <li>Refusing medical care placing child's health and development at significant risk.</li> <li>Persistent and high risk substance misuse/dangerous sexual activity and/or early teenage pregnancy/sexual exploitation/sexual abuse/self-harming.</li> </ul>	<p><b>Housing, employment and finance</b></p> <ul style="list-style-type: none"> <li>No fixed abode or homeless or imminently homeless/ housing conditions are posing a serious threat to the welfare.</li> <li>Family with a lack of access to finance and living in extreme poverty.</li> </ul>	<p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>Evidence of emotionally abusive relationships placing child's development at significant risk.</li> </ul>

<ul style="list-style-type: none"> <li>• Non-accidental injury.</li> <li>• Female genital mutilation</li> </ul>		
<p><b>Social, emotional, behavioural and identity</b></p> <ul style="list-style-type: none"> <li>• Subject to or at risk of physical, emotional or sexual abuse or neglect.</li> <li>• Severe emotional/behavioural challenges resulting in serious risk to the child and others.</li> <li>• Goes missing for long periods of time or on a frequent basis. Victim of sexual abuse, exploitation and underage sex which is considered abusive.</li> <li>• Sexual exploitation of a child/young person including prostitution/forced involvement in sexual activity.</li> <li>• Forced marriage of a child.</li> <li>• Challenging behaviour resulting in serious risk to the child or others.</li> <li>• Complex mental health issues requiring specialist intervention including in-patient treatment.</li> <li>• Failure or rejection to address serious (re)offending behaviour, as well as being part of a gang.</li> <li>• Distorted self-image.</li> <li>• Young person experiencing current harm through their use of substances.</li> </ul>	<p><b>Social and community resources</b></p> <ul style="list-style-type: none"> <li>• Child or family at immediate risk due to harassment or discrimination.</li> <li>• No access to community resources.</li> </ul>	<p><b>Guidance, boundaries and stimulation</b></p> <ul style="list-style-type: none"> <li>• An absence of effective parental boundaries placing child's development at significant risk.</li> <li>• Child beyond parental/carer's control/offending/has no one to look after them.</li> <li>• Parent displays or condones serious anti-social behaviour within the community.</li> </ul>
<p><b>Self-care and independence</b></p> <ul style="list-style-type: none"> <li>• Severe lack of age appropriate independent living skills likely to result in significant harm e.g. bullying, isolation, inappropriate self-presentation.</li> <li>• Lack of age appropriate independent living skills, likely to impair development or lead to alienation from peers.</li> </ul>		

## WHAT TO DO AFTER YOU'VE IDENTIFIED THE CORRECT PROVISION?

Where a professional identifies that a child may have needs which **require early help and targeted provision or children in need of family support** send a completed Early Help Family Support Assessment (EHFSA) or, for the police, a PP57 to: [earlyhelpcontactpoint@southend.gov.uk](mailto:earlyhelpcontactpoint@southend.gov.uk). The team are also able to give advice on the completion of an EHFSA and welcome contact on **01702 215783**. The EHFSA or PP57 (police only) should be completed as fully as possible with full details of the child[ren], all persons living within the household and all adults who are significant in the child's life whether resident in the same household of the child or not.

We will confirm that we have received your email within 1 working day.

Where a professional identifies that a child may have needs which are means they are in **need of protection and safeguarding** they should send a completed EHFSA or PP57 (police only) to [mash@southend.gov.uk](mailto:mash@southend.gov.uk). If the referral relates to an immediate safeguarding concern the professional **MUST** phone and speak to a social worker on **01702 215007 (select option 1 and then option 3)**. They should then forward the completed EHFSA by email within 1 working day.

Within one working day of receipt of referral the MASH+ team will make a decision about the type of response required and will advise the referrer of the decision.

**If a professional requires advice or information in relation to safeguarding concerns we welcome contact. They should call the MASH+ team on 01702 215007(select option 1 and option 1 again) for consultation.**

If a professional does not agree with the response provided they should discuss this directly with the worker and if the disagreement cannot be resolved they should follow the escalation policy and involve their line manager to discuss with the relevant children's services team manager. This can be escalated further to service manager level.

## **APPENDIX 1: Documents and Guidance**

### **1. Directory of services for Early Help and MASH+**

[https://www.safeguardingsouthend.co.uk/children/downloads\\_125\\_1371073963.pdf](https://www.safeguardingsouthend.co.uk/children/downloads_125_1371073963.pdf)

### **2. Contextual Safeguarding LSCB Guidance**

[https://www.safeguardingsouthend.co.uk/children/downloads\\_124\\_1567856022.docx](https://www.safeguardingsouthend.co.uk/children/downloads_124_1567856022.docx)