

# Effective Support for Children and Families in Essex



ESSEX  
Safeguarding  
Children  
BOARD

Guidance for all practitioners in  
working together with children and  
families to provide early help,  
targeted and specialist support

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# 1. Introduction

This guidance is for everyone who works with children and young people and their families in Essex. It is about the way we can all work together, share information, and put the child and their family at the centre, providing effective support to help them solve problems and find solutions at an early stage to prevent problems escalating. There may be times when the needs of the family are such, that intensive or specialist statutory intervention is required.

All children and young people will receive **Universal Services**, such as maternity services at birth; health visiting, school nursing and family support delivered from Family Hubs; school and youth services for older children. Universal Services seek, together with parents and families, to meet all the needs of children and young people so that they are happy, healthy and able to learn and develop securely. Together with parents/carers and families, universal services seek to meet the needs of all children and young people so that they are happy, healthy and able to learn and develop securely.

However some children, either because of their own additional needs or because of less advantageous circumstances, will need extra help to be healthy, safe and to achieve their potential. In Essex, we want to offer help and support to these children and their families at an early point, in a voluntary way that does not leave them feeling singled out as different.

A large amount of public money is invested in services for children and families in Essex. This guidance provides a way of working together so that we use that public money and staff resources more effectively to bring about positive changes for children and families. Early help may occur at any point in a child or young person's life and includes both interventions early in life, as well as interventions early in the development of a problem. We seek to offer support early to help families solve problems, or to reduce the impact of problems that have already emerged.

In this guidance we have identified four levels of need: **Universal, Additional, Intensive and**



**Specialist.** Services for children with additional and intensive needs are sometimes known as targeted services, such as behaviour support, additional help with learning in school, extra support to parents in early years or targeted help to involve young people through youth services.

Children with **Additional** needs are best supported by those who already work with them, such as Family Hubs or schools, organising additional support with local partners as needed. When an agency are supporting these children, an **Early Help Plan** and a **Lead Practitioner** are helpful to share information and co-ordinate work alongside the child and family.

**Early Help Plans** can be developed using existing assessment and planning processes within agencies. An **Early Help Plan** template can be found [here](#), which practitioners can use.

For children whose needs are **Intensive**, a co-ordinated multi-disciplinary approach is usually best, involving an **Early Help Plan** and a **Lead Practitioner** to work closely with the child and family to ensure they receive all the support they require. Examples of intensive services are children's mental health services and Family Solutions.

**Specialist** services are where the needs of the child are so great, that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services are Children's Social Care or Youth Offending Service.

By working together effectively with children that have additional needs and by providing co-ordinated multi-disciplinary/agency support and services for those with intensive needs, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services.

**Effective Support for children and families** is also relevant to staff working in other service areas such as adult mental health, community health, adult social care, housing and leisure **as safeguarding and promoting the welfare of children is everyone's responsibility.**

**Risk in the Community** is an approach to understanding, and responding to young people's experiences of significant harm beyond their families. It recognises that the different

relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers may have little influence over these contexts, and young people's experiences of risk outside of the home can undermine parent-child relationships. Alongside the support that can be offered to children and their families the wider partnership has an important role in identifying, preventing and disrupting risks associated with spaces and places e.g. a particular address or a park.

The [SET Partnership Child Exploitation Pathway](#) will guide you on how to respond to concerns about a child. It is also important to share information with police about exploitation activity within places/spaces. Within this pathway, you can access the [Essex Police Partner Information Submission Form](#) to share information about place-based risks so police can develop an intelligence picture about child exploitation in Essex.

To do this, we need to work together in an open way with the child and their family to identify strengths and needs, to find practical and achievable solutions, and to provide the right amount of information, advice and support.

[Click here](#) to access the SET Partnership Child Exploitation Pathway.

Children who are trafficked-If a child has been trafficked into the UK or is being trafficked within the UK then along side your normal safeguarding procedures a referral to the National Referral Mechanism (NRM) needs to be made, this needs to be completed by a First Responder [click here for more information on NRM](#).

When a NRM referral is made, a discussion with the Independent Child Trafficking Guardian Service (ICTG) is required as outlined under Section 48 of the Modern Slavery Act 2015 and the accompanying [statutory guidance](#).

A Regional Practice Coordinator will be allocated from the National Counter Trafficking Service who will offer advice, guidance and support to practitioners who work with the child. They become an independent advocate for the child, as per the Modern Slavery Act. There are currently only a selection of regions covered by this service, Essex is included.

## 2. A vision for effective support for children and families in Essex

In Essex, we all believe that every child should have the opportunity to reach their full potential and that children are best supported to grow and achieve within their own families.

By working together, we will develop flexible services which are responsive to children's and families' needs and provide the right level of intervention at the right time. This will support a shift of focus away from managing short-term crises, towards effective intervention and support for children, young people and their families at an earlier stage.

We are committed to the following principles which inform the way we work with children and families:

- **Engage with families** by working alongside parents, carers and children with their agreement to share information with others when appropriate
- **Work to families' strengths** – especially those of parents and carers and take the time to understand their needs fully. Parents tell us that they are motivated by having goals that reflect their family priorities
- **Focus on preventing problems** before they occur and offer flexible responsive support when and where it is required
- **Build the resilience** of parents, children, young people and communities to support each other
- **Work together across the whole system** aligning our resources so we can best support families and do what needs to be done when it needs to be done
- **Base all that we do on evidence** of both what is needed and of what works and be brave enough to stop things that are wrong
- **Be clear and consistent about the outcomes** we expect, and judge what we do against them

There are several factors that are essential to deliver effective early intervention:

### **An open, honest and transparent approach to supporting children and their families**

Parents are usually the best people to understand their child's needs; however, parenting can be challenging. Asking for help should be seen as a sign of responsibility rather than parenting failure. Parents tell us that support works best when they are respected and listened to by practitioners.

In the majority of cases, it should be the decision of the parents when to ask for help or advice but there are occasions when practitioners may need to engage parents actively to help them to prevent problems from becoming more serious.

All practitioners need to work honestly and openly with families, discuss any concerns with them and ensure that they are involved in decision making.

It is important that practitioners acknowledge and respect the contribution of parents and other family members.

### **Earlier, solution focused interventions**

It is important that any problems are identified early, so that the child and their family receive appropriate support in a timely way to prevent the problem from escalating.

We will all work with families as soon as any difficulties become apparent, to help them to identify the things they want to change and the support they need.

The most effective support is tailored to the family's needs and provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little disruption to family life as possible.



## **A multi-agency/disciplinary approach to assessment, support and intervention**

Safeguarding and promoting the welfare of children is the responsibility of everyone in Essex who works with or has contact with children and their families. The multi-agency/disciplinary approach ensures that children and families are understood and responded to, so that they receive the right level of support at the right time, ensuring early intervention/prevention supports the child and their family at the earliest possible opportunity.

Partners and professionals who work with children and their families should, (usually with parental agreement), consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.

## **A confident workforce with a common core of knowledge and understanding about children's needs**

Appropriate, effective and timely support for children and families could not be achieved

without the professional judgement and expertise that all practitioners working with children bring to their role.

We will support individuals and organisations in Essex to develop confident practitioners who can work in an open and honest way with families to enable them to make choices and changes.

## **Young Carers**

Young carers are children and young people under 18 years old who provide regular and on-going care to another person who is physically or mentally ill, disabled or misuses substances.

Those aged between 18-24 years with caring responsibilities can also access support from this service.

Many young people don't see themselves as carers and may not realise there is practical and emotional support available in Essex.

Young carers are entitled to an assessment of need, more information on how to access this can be [found here](#).



### 3. A model for meeting children and families' needs

The conceptual model and windscreen is a way of developing a shared understanding and explaining the Essex approach across all our services and partnerships, ensuring a consistent approach is applied by all practitioners and managers. The model illustrates how we will respond to the requirements of children and families across four levels of need (**Universal, Additional, Intensive and Specialist**).

In this model, all services and interventions seek to work openly with the family (or with young people on their own where it is age appropriate) in order to support them to address their needs at the lowest possible level. We agree to actively work with children and families to prevent their needs escalating to a higher level. We will only request services at a higher level after we have

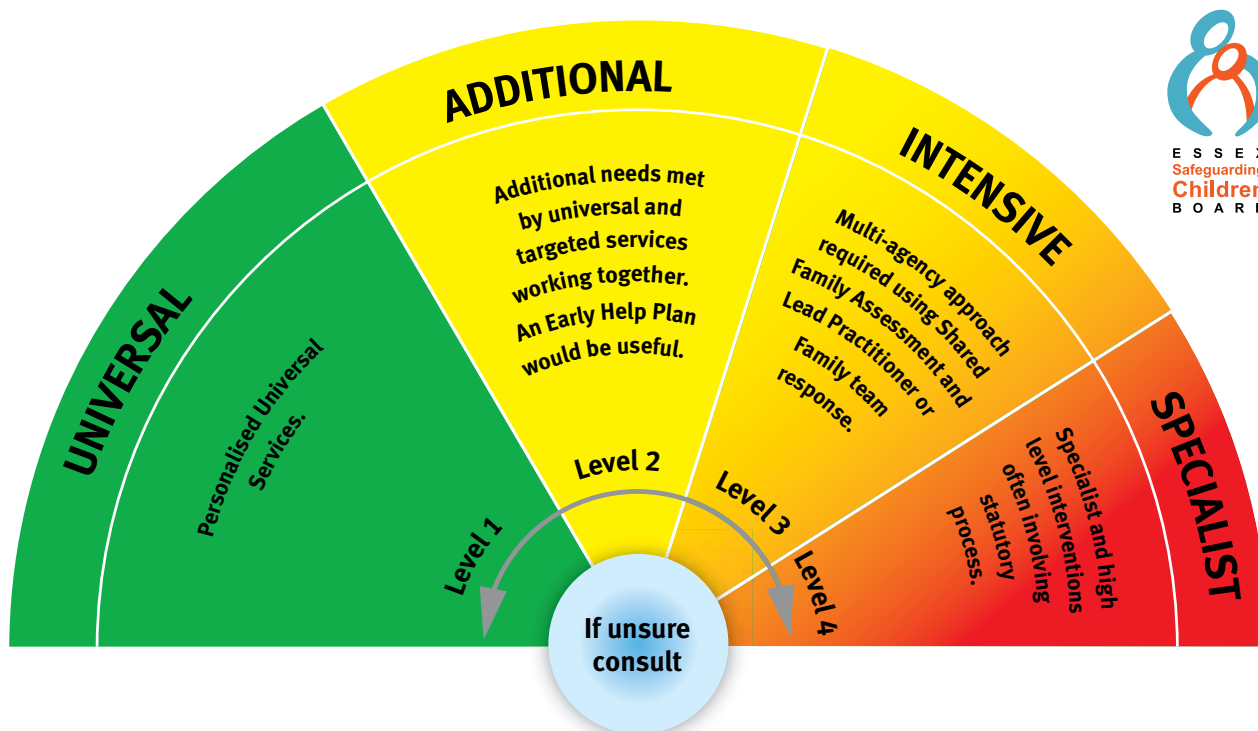
done everything possible to meet needs at the current level.

The Levels of Need table on pages 9 to 11, the Essex Effective Support Windscreen below and the more detailed indicators of need set out on pages 23 to 29, together illustrate how Early Help operates in Essex and clarifies the threshold between each level. This guidance seeks to give clear advice to all professionals and the public on the levels of need and thresholds for different services and responses in Essex.

However, we recognise that each child and family member is an individual, and each family is unique in its make-up, so reaching decisions about levels of needs and the best intervention requires discussion, reflection and professional judgement.

#### The Essex Effective Support Windscreen

**Multi Agency Guidance: Working in partnership to help children and families improve their lives**



*All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accordance with their needs.*



# Levels of need table

Levels and Referral Routes	Needs	Services (examples)	Outcome
<b>Level 1</b> <b>Universal</b> <b>Open access to provision</b>	<p>All children and families who live in the area have core needs such as social relationships, parenting, health and education.</p>	<p>Early years, education, primary health care, maternity services, housing, community health care, youth provision, leisure services, community and voluntary organisations and faith groups.</p> <p>Children are supported by their family and in universal services to meet all of their needs.</p>	<p>Children, young people and their families make good progress in most areas of development.</p>
<b>Level 2</b> <b>Additional</b> <p><b>One or more services provide voluntary additional support to meet the child and family needs. This is co-ordinated by a service that knows the child/family best.</b></p> <p><b>An Early Help Plan and Team Around the Family meeting is helpful to bring the family and involved services together to share information and agree what would be helpful.</b></p> <p><b><a href="#">The Directory of Services</a> has information about local and national organisations that may be able to provide support to children and families.</b></p>	<p>Children and families with additional needs who would benefit from or who require extra help to:</p> <ul style="list-style-type: none"> <li>• Improve education</li> <li>• Improve parenting and/or behaviour</li> <li>• Meet specific health or emotional needs of the child and/or parent</li> <li>• Improve their material situation</li> <li>• Respond to a short-term crisis such as bereavement, parental separation</li> </ul>	<p>Parenting support, commissioned early help services.</p> <p>School holiday and short breaks provision for disabled children.</p> <p>Extra health support for family members, behavioural support.</p> <p>Housing support.</p> <p>Additional learning support, help to find education and employment.</p> <p>Emotional Wellbeing Mental Health Service support to schools, Speech and Language Therapy, Family Hubs (formerly children's centres).</p> <p>Targeted youth work.</p> <p>Services provided on a voluntary basis.</p>	<p>The life chances of children and families are improved by offering early help additional support.</p>

Levels and Referral Routes	Needs	Services (examples)	Outcome
<p><b>Level 3</b></p> <p><b>Intensive</b></p> <p><b>A multi-disciplinary / agency Team Around the Family (TAF), led by a Lead Practitioner, shares information and co-ordinates intensive services and support to meet the child and family needs.</b></p> <p><b>An Early Help Plan could be created to set out how the family and involved services will work together to meet the child's needs.</b></p> <p><b>Individual agency internal routes to access intensive support or complete a Children &amp; Families Request for Support form to access Family Solutions. This form can be found here <a href="https://www.essex.gov.uk/request-support-from-us">https://www.essex.gov.uk/request-support-from-us</a></b></p>	<p>Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who:</p> <ul style="list-style-type: none"> <li>• Have a disability resulting in complex needs*</li> <li>• Families affected or impacted by crime</li> <li>• Poor attendance/behaviour in school</li> <li>• Substance misuse</li> <li>• Domestic abuse</li> <li>• Insecure housing</li> <li>• Financial instability</li> <li>• Physical or mental health difficulties</li> <li>• Neglect</li> <li>• Exploitation</li> <li>• Poor early years development</li> <li>• Poor family relationships</li> </ul>	<p>Because of the complexity of needs, especially around behaviour and parenting, a multi-disciplinary/agency co-ordinated plan developed with the family is needed, co-ordinated by a Lead Practitioner or family (key) worker.</p> <p>A wide range of services providing additional and intensive intervention might be involved in meeting the family's needs.</p> <p>Families needing substantial support to care for a disabled child*.</p> <p>Services provided on a consensual basis.</p>	<p>Families are empowered to address their needs and build better futures.</p>

\* The Children Act 1989, defines all children who are disabled as children in need. Some children and young people that are legally defined as disabled, may require specialist level 4 intervention which includes Essex County Council Children and Young People with Disabilities Service. For many children with disabilities their needs can be met by alternative provisions.



Levels and Referral Routes	Needs	Services (examples)	Outcome
<b>Level 4 Specialist</b> <b>Children's Social Care, Child Protection Care Proceedings, Youth Treatment Orders/ Custody Hospital in-patient</b> <b>Complete a Request for Support Form (RFS) to request support for children &amp; families</b> <b>If you have an immediate safeguarding concern call the Essex County Council Children &amp; Families Hub on 0345 603 7627 and ask for the priority line.</b> <b>Statutory notifications to Youth Offending Service</b> <b>Statutory health assessments</b>	<p>Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect.</p> <p>Children with significant impairment of function/learning and/or life limiting illness.</p> <p>Children whose parents and wider family are unable to care for them.</p> <p>Families involved in crime/misuse of drugs at a significant level.</p> <p>Families with significant mental or physical health needs.</p> <p>Families who are homeless.</p>	<ul style="list-style-type: none"> <li>• Children's Social Care, Youth Offending Service</li> <li>• Criminal Justice system</li> <li>• Emotional Wellbeing and Mental Health Service</li> <li>• In patient and continuing health care</li> <li>• Fostering and residential care</li> <li>• Health care for children with life-limiting illness</li> <li>• Services for children with profound and enduring disability</li> </ul>	<p>Children and /or family members are likely to suffer significant harm/ removal from home/ serious and lasting impairment without the intervention of specialist services, sometimes in a statutory role.</p>



## 4. Access to services in Level 2 - Additional

Earlier, solution focused interventions are likely to prevent problems from escalating. An honest and open conversation between the family and practitioners to share concerns should be the starting point. By working in collaboration with the child or young person, their family and other practitioners working with the family's strengths, can ensure that any agreed activity reflect the family's priorities and focus on preventing problems before they occur.

By working together across the whole system, resources can be identified and aligned, and a minimal level of support can be provided to ensure outcomes are achieved with little disruption to family life. Parents should always agree to any referral and to sharing information with anyone. Consent from Young People over 13 should be gained where they are competent to make a decision to give their agreement.

Members of the public can contact the Children & Families Hub on 0345 603 7627 to report any concerns or request support. A specialist Children and Families Advisor will discuss concerns and identify support, they use the Directory of Services to signpost to community services, such as health, education, voluntary organisations or housing. They may recommend a Team Around the Family approach is used to provide support, or advise that a Social Worker will contact the family.

### Community Based Services

The [Directory of Services](#) provides details of community based resources available across the county, these services can be accessed by practitioners, the family or the child/young person. The Directory of Services is used by the Children and Family Hub during the triage process with families often signposted to resources found in the directory. The directory is updated on a regular basis to ensure the information is current and it is recommended that agencies review their information within the directory regularly. By accessing these resources early, and in a timely way as part of early support, it may prevent problems developing or escalating.

Information on support for children or young people with additional needs can be accessed via the Essex Local Offer: <http://www.essexlocaloffer.org.uk>

### Early Help Plans

An Early Help Plan can be used to identify need and provide support when a problem or need becomes more complex. An Early Help Plan is a tool to use with the family to discuss and record the needs, strengths, goals and views that they identify, leading to a plan to support them. There are many different types of early help planning tools. An early help plan template can be found at <https://www.essex.gov.uk/resources-for-practitioners/early-help-resources>. Alternatively, practitioners may choose to use or amend assessment and planning tools from within their own agency.

### Team Around the Family

Where there are more than one service working alongside a child and family, it is helpful for the family and involved services to hold a Team Around the Family meeting, to share information and co-ordinate an Early Help Plan together. If you are unsure if a Team Around the Family is needed, Team Around the Family Support Officers can be contacted on [TAFSO@essex.gov.uk](mailto:TAFSO@essex.gov.uk)

The Team Around the Family Support Officers can provide advice and guidance regarding holding a Team Around the Family Meeting or putting together an Early Help Plan, a short film that highlights their role and the Team Around the Family process can be viewed by following this [link](#).

A completed Early Help Plan remains the responsibility of the supporting agency/service to retain, in accordance with their own record keeping procedures. A copy of the completed Early Help Plan should be given to all family members that were involved, including children and young people (age and understanding permitting).



## Seeking Advice and Guidance

The Children and Families Hub alongside the Essex County Council Partnership Leads and Team Around the Family Support Officers provide the opportunity to discuss practice, identify resources and establish peer support at the weekly quadrant based early help drop-in sessions. To identify when the weekly drop-in is taking place in your area, contact the Team Around the Family Support Officers [TAFSO@essex.gov.uk](mailto:TAFSO@essex.gov.uk)

If, after seeking advice from their agency's safeguarding lead, practitioners require further advice and guidance from the Children & Families Hub, they can call 0345 6037627 and

ask for the Consultation Line. A Social Worker will discuss your concerns, provide advice and guidance, and support the practitioner to identify how best to meet the needs of the family. The practitioner seeking advice will need to record the conversation and outcome in their own records.

If a child is at risk of significant harm and at immediate risk contact the Children & Families Hub on 0345 603 7627 and ask for the priority line, consideration should be given to calling the police on 999. If a child is, or may be, suffering significant harm then a Request for Support should be submitted to the Children & Families Hub via <https://www.essex.gov.uk/request-support-from-us/level-4-specialist-intervention>.



## 5. Access to services in Level 3 - Intensive

Prior to requesting services at level 3, **Intensive**, practitioners are expected to have worked together with the family to meet the **Additional** needs of the child and their family using resources such as an **Early Help Plan** and/or **Team Around the Family meetings**.

Where practitioners identify that a child and their family would benefit from a more intensive multi-disciplinary response than they can provide; they should discuss this with the family and complete a [Children & Families Request for Support form \(RFS\)](#). The Children & Families Hub will triage the request and either provide advice and guidance to practitioners about continuing a **Team Around the Family** approach to providing **Additional** level 2, or **Intensive** level 3 services, pass to the local **Family Solutions (FS)** team or identify an alternative level 3 service.

The Family Solutions Teams use various direct work tools with families and a Shared Family Assessment (SFA) is created with the family to identify their needs and bring together any current or additional agencies involved with the family.

Family Solutions will work with families who have a range of complex needs and uses the Supporting Families Outcome Framework to define three or more needs requiring intensive support. Evidence should be provided that these needs have been identified and support at level 1 & 2 has been provided when submitting a Request for Support form.

Range of identified needs:

- Families with children who have poor school attendance or attainment is affected by behaviour difficulties.
- Families with members involved in crime or anti-social behaviour.
- Families affected by domestic abuse.
- Families living with drug and alcohol misuse.
- Families where children are unsafe or at risk of exploitation.
- Families where children exhibit significant behavioural difficulties.

- Families who are in insecure housing.
- Families who are at risk of financial instability, this could be due to loss of employment, hours worked or significant debts.
- Families who are suffering from poor family relationships which is having an impact on children's emotional wellbeing.
- Families who are living with physical or mental health difficulties which is having a significant impact on the family's emotional wellbeing.
- Parents who are struggling to provide their children with good early years developmental milestones.

Family Solutions Teams are made up of a range of professionals with different backgrounds, expertise and qualifications. When working with a family the family worker will usually act as the lead practitioner to work with the family to help them find solutions to their needs.

The **Children & Families Hub** will act as the entry point into **Family Solutions** and within the Children & Families Hub there will be experienced early help practitioners who will triage the **Children & Families Request for Support form** to ensure that the appropriate level of support will be offered to the child, young person and/or family.

Families who are not likely to suffer significant harm consent to work with Family Solutions on a voluntary basis and commit to finding solutions collaboratively as a family.

Arrangements have been developed between Children's Social Care (CSC) and **Family Solutions** to facilitate a consistent step down for support once high level specialist needs have been met.

Likewise, where concerns arise about significant harm then Family Solutions will have a case discussion about the child and family with Children's Social Care. This process does not exclude any professional making a



referral to Children's Social Care if the child is at immediate risk of significant harm and any delay in action would put the child at risk of further significant harm.

When requesting support at level 3 it is important to share how the family has been supported up until now, what has worked, what worked less well in supporting the child and family and what support is needed now.



## 6. Access to services in Level 4 - Specialist children's Social Care

Children's Social Care will work with families on a voluntary basis with agreement/consent, often in partnership with other professionals, to improve the welfare of children and to prevent problems escalating to a point that statutory child protection intervention is needed. Often, families prefer a lower level of support such as that offered through their school or health setting because this is less stigmatising or intrusive.

Where there is concern for the welfare of a child and a practitioner is unsure on the most appropriate service pathway to take, they must consult with their own manager/safeguarding lead. If after consulting the safeguarding lead you are unsure about the action to take then speak with a qualified social worker by contacting the **Children and Families Hub** on **0345 603 7627** and asking for the consultation line.

Professionals in all agencies have a responsibility to submit a request for support to Children's Social Care when it is believed or suspected that the child:

- 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 Social Care family support services (with agreement of the child's parents) – **children in need**

Children's Social Care (CSC) has a responsibility to **children in need** under section 17 of the Children Act 1989. That is, children whose development would be impaired if services are not provided. This includes children who have a permanent and substantial disability, which limits their ability to carry out the daily tasks of living. Children's Social Care engagement with Children In Need (CIN) is on a consensual basis. Parents, or young people who are aged over 13 and competent to make a decision, can refuse some or all such offers of assistance.

For **children in need**, a request to Children's Social Care is appropriate when more substantial interventions are needed; where a child's development is being significantly impaired because of the impact of complex parental mental ill health, learning disability or substance misuse, or very challenging behaviour in the home. A Social Care request is also appropriate where parents need practical support and respite because of a disabled child's complex care needs.

The second area of Children's Social Care responsibility is **child protection**; that is where 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**. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria on which to rely upon when judging what constitutes **significant harm**. Consideration of the severity of ill-treatment may include the degree and the 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 age and context – babies and young children are particularly vulnerable – and parental factors such as history of significant domestic abuse, substance misuse or mental ill-health.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

When Children's Social Care undertakes a s47 child protection enquiry, the [SET \(Southend, Essex and Thurrock\) Safeguarding and Child Protection Procedures](#) are followed.



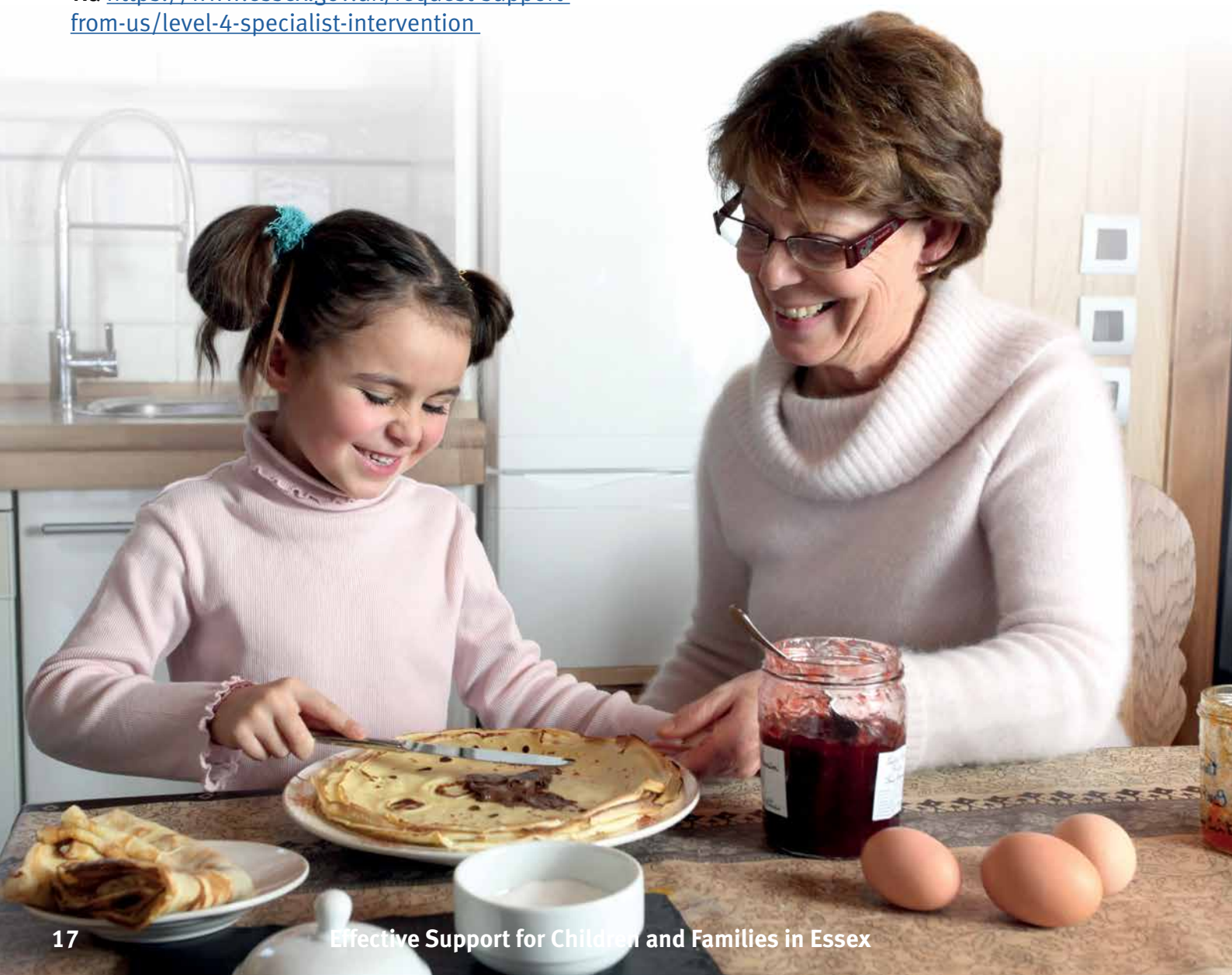
If a practitioner is concerned that a child is, or may be, suffering significant impairment to their development or significant harm, the practitioner should make a request to Essex Children's Social Care Children and Families Hub. Unless there is immediate risk of significant harm the family should be consulted by the referrer and informed of the request.

New requests for service and requests on closed cases should be made by completing the Children and Families Request for Support Form (RFS), which can be found <https://www.essex.gov.uk/request-support-from-us/level-4-specialist-intervention>

**If a child is considered to be at IMMEDIATE risk of significant harm professionals should telephone and Children and Families Hub on 0345 6037627 and ask for the Priority Line. Requests for Support made through the Priority Line must be followed up with a written Request for Support timeframe via <https://www.essex.gov.uk/request-support-from-us/level-4-specialist-intervention>**

Additional information or concerns on open cases should be made to the allocated social worker (Or in their absence the manager or the duty social worker of that team). If you are unsure who the social worker or the team is, you can contact the **Essex Customer Service Centre** to find out or to pass on the information (**Tel: 03457 430 430**).

All other requests for information about children, the progress of requests for support or previous involvement should be submitted via the Request for Information portal, <https://www.essex.gov.uk/report-a-concern-about-a-child>





## 7. What happens to a request for support at Level 4 (Social Care)

All Requests For Support raised via the [online portal](#) are reviewed and triaged in the Essex County Council Children and Families Hub by specially trained Children and Families Advisors and Social Workers. They work with families and involve professionals to understand how best to ensure that support to children and their families is offered at the lowest safe level of intervention. The Children and Families Hub have produced short information films focused on the Request For Support process and the role of the Children and Families Hub, click this [link](#) to see the films.

Should a Request For Support be raised on a child/young person who is currently being supported by a Social Worker, this information will be shared with the Social Worker and not triaged in the Children and Families Hub. It is always best to share information relating to a children/young people who are receiving children's social care support with their allocated Social Worker, who will provide a response.

All Requests for Support submitted for children/young people who are not currently open to either Family Solutions or Children's Social Care are triaged. The Children and Families Hub will review but may not triage the following however they will always inform the person submitting the request:

- When a child and their family may not live in Essex,
- The Request For Support form has been completed to share information rather than raise a need for support,
- The Hub is unable to identify the child,
- Consent for the Request For Support has not been provided by the parent/carer.

The Request For Support form asks professionals how they have explored community based support with the family. In this section of the form professionals can include what other services have provided early intervention, if a Team Around the Family approach has been considered

or an Early Help Plan completed. There is an expectation that lower levels of intervention will have been considered and community based services identified in the Directory of Services explored.

This ensures that the Children and Families Hub can discuss early help support with the family, the referrer and other involved professionals as part of triage and make informed decisions in relation to where need sits on the windscreen and who is best to respond to this need. When needed, the Consultation Line can be used to discuss how support can be provided, to access the Consultation Line call 0345 603 7627 and ask for the Consultation Line. If you are unsure if a Team Around the Family is needed, the quadrant based Team Around the Family Support Officers can be contacted on [TAFSO@essex.gov.uk](mailto:TAFSO@essex.gov.uk)

Once the Request For Support has been received, a decision is made about who in the Hub triages the information submitted, the decision is dependent on the information within the request. This could be either a Children and Families Advisor or a Social Worker. The Children and Families Advisors have five days and Social Workers one day to gain consent and discuss the concern with the family, contact the referrer and relevant professionals. These timescales ensure that decision making is timely, proportionate and relevant to the needs of the child and their family. There are times when concern or the need to safeguard is immediate and the information is shared with the area Social Work team to ensure an immediate response.

It is important that the referrer includes their own contact details, the details of the child and their family, and how best to contact everyone involved as the Children and Families Hub triage process is telephone based. Where the Children and Families Hub are unable to contact the referrer or the family within triage timescales and concerns do not indicate the need to override parental

consent, triage will not be completed. This may lead to the need for a further Request For Support to be raised.

The family and the referrer will be advised of the outcome of the triage shortly after the triage has been completed where a No Further Action decision is made. If it is felt that community based services or a Team Around the Family can provide support, the outcome letter will advise this. If the triage process identifies that level 3, Family Solutions support or level 4, Childrens Social Care support should be considered, the relevant area team will advise the referrer and family of any decisions made in relation to support. Family Solutions support and Child In Need services provided by Childrens Social Care are provided with parental consent. Where consent for support is not provided or support is declined by the parent/carer, services cannot be provided unless concerns are significant and require consent to be overridden as part of the child protection process.

In addition, the Children and Families Advisors answer calls from members of the public and Priority Line calls from professionals with the Social Workers offering professional consultation via the Consultation Line. Children and Families Advisors will advise families by providing information about level 1 and level 2 community based services from the Directory of Services which can be found [here](#). The Social Workers provide advice, guidance, support via the professionals Consultation Line, this includes how to hold a difficult conversation, how to discuss consent with parents/carers to ensure its informed, signposting to community based services, thresholds for level 3 Family Solutions and level 4 Social Care intervention.

When triage identifies that a child and their family's needs require level 4 social care intervention, this information is shared with the local Assessment and Intervention team or Children/Young People with Disabilities team where the needs of the child are primarily due to their disability. There are occasions when the Manager of the local Assessment and Intervention Team will decide to close the information before an assessment is undertaken. This can be because new information is received or the

team is aware of relevant information from their previous involvement with the child and family. When the information is closed by the Assessment and Intervention team, they will inform the referrer and family.

In most cases, a Child and Family Assessment will be undertaken with parental consent. This will include seeing the child alone (where age appropriate), meeting parents to discuss concerns and gather current and historical information from all relevant professionals. A judgement is formed about needs and risks in order to develop a plan or agree further action to support the child. The assessment process may have several outcomes, the family can be supported by community based services, require a Team Around the Family meeting, level 3 Family Solutions support could be appropriate or the need for the child/young person to be supported at level 4 as a child in need or through child protection processes.

Whenever there are concerns a child has, or is likely to suffer significant harm, a section 47 Child Protection enquiry is undertaken. This will involve liaison with police, health and other agencies and will include a strategy discussion. At this discussion, normally in a meeting, full information is shared, and agreement is secured for a plan where required. An assessment of the child's circumstances, including risks and needs is undertaken following the strategy meeting using a Child and Family Assessment. The assessment may lead to a Child Protection Conference where a multi-agency decision will be made in relation to how best support the child and their family, support maybe provided at level 4 as a child in need. When required Court processes, care proceedings, will be instigated to protect the child or young person.

Ideally, the multiagency support provided to children/young people and their family's will reduce risk, identify short and longer term support in relation to identified needs as well as a community based/family network who can support the child and their family if future need occurs. As part of the 'step down' process, children formally supported under child in need or by Family Solutions may be supported using a Team Around the Family approach as the intervention ends.

## 8. Consulting with other services

**Consultation** is the act of sharing information to obtain the perspective of another practitioner. It is not a referral to another service unless, during the consultation, it is decided that a referral would be the best course of action. Consultation may take different forms, from a telephone call to a series of meetings between two or more practitioners. Consultation is best undertaken by speaking to each other and not just by email.

Whenever consultation takes place, it is important that practitioners follow the principles of information sharing, parental agreement and confidentiality. If the consultation is internal (between practitioners in the same organisation) practitioners should ensure that they follow their own agency's procedures for information sharing.

If the consultation is external (between practitioners from different organisations) you should use the [Wider Eastern Information Stakeholder Forum \(essex.gov.uk\)](http://essex.gov.uk) to decide whether information should be shared. In most cases, unless the child would be at significant risk, the child and their family should agree to the consultation taking place and where appropriate, be given the opportunity to be involved.

### **Principles of consultation:**

- Should be open to all agencies who work with children, young people and their families
- Should take place when there is a clear benefit to the child or young person and their family
- An important tool in helping agencies and practitioners work together to achieve the best possible outcomes for children and young people
- A two-way process that demonstrates an acknowledgement of different but equally valid knowledge and expertise
- Be able to explain to the family why you feel it would be helpful to consult with other agencies. Families should whenever possible be aware of, agree to, and be involved

in consultations and also be informed of outcomes and decisions taken as a result

- Information should be shared in the spirit of openness, transparency and honesty between practitioners, the child and their family; however it is important that you have due regard for the principles of confidentiality
- All consultations should be recorded to ensure clarity and allow you to evidence any decisions that have been made

A Team Around the Family approach to involve agencies working alongside children and families provides an opportunity for practitioners to share information and consult with each other.



## 9. ECC Children & Families Hub consultation

### Children & Families Hub consultation

If you have concerns about a child and want an opportunity to talk these through with a social worker before deciding the best course of action, please contact the **Children & Families Hub** on **0345 603 7627** and ask for the **Consultation line**.

The Children and Families Hub consultation line operates between 9am–5.30pm Monday to Thursday and 9am–4.30pm on a Friday.

### Consultation at levels 2 and 3 – Additional and Intensive

The Children & Families Hub also supports partners' Early Help activity at level 2 and 3. The Consultation Line social worker can provide information, advice and guidance about having difficult conversations, Early Help Plans, Team Around the Family meetings and additional external services available.

### All consultations with the Children & Families Hub must be recorded by the caller.

This is because the Children & Families Hub only creates records for children where a service request which meets the threshold for Level 3 or 4 services has been received **AND** where agreement is given.

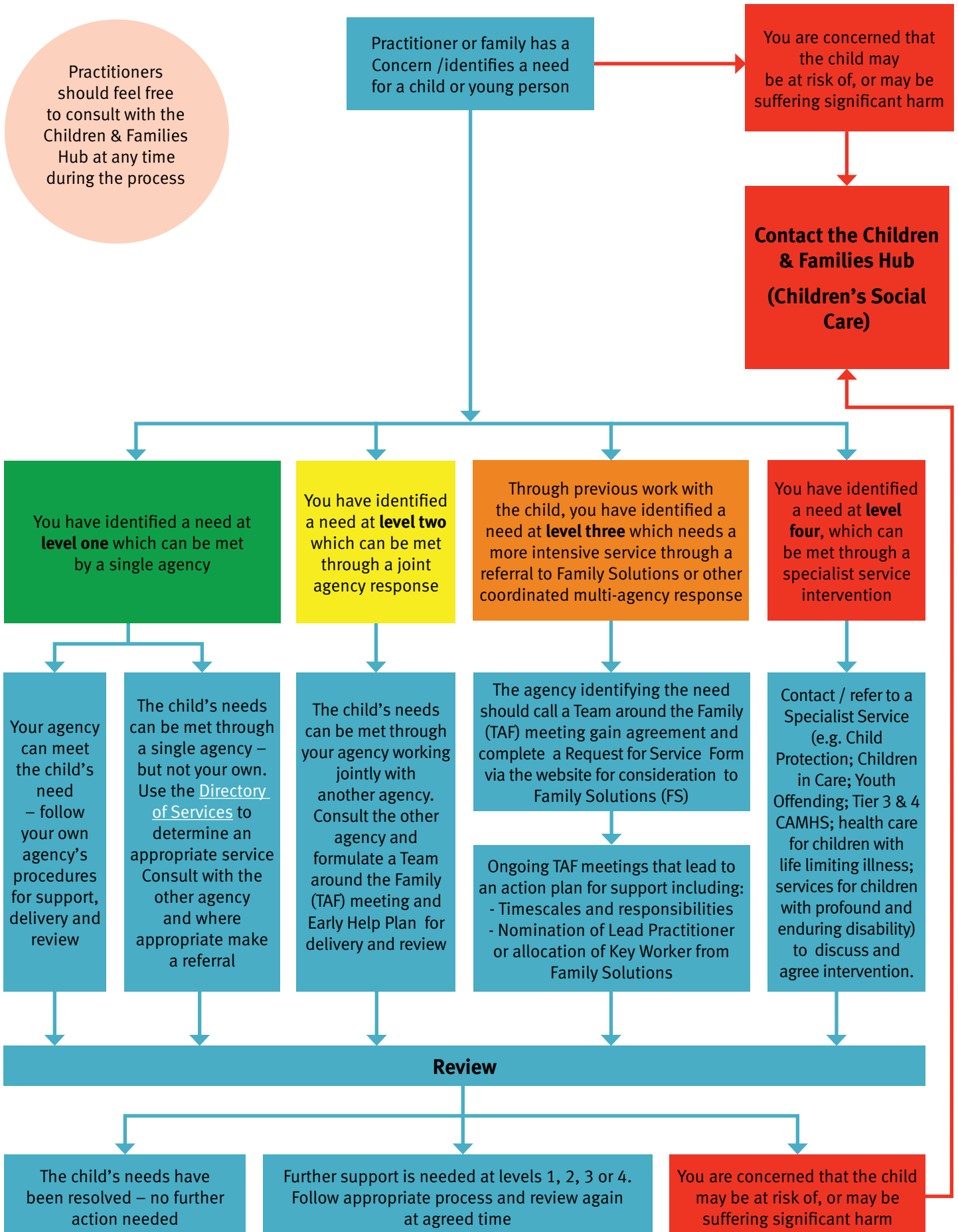
If during a consultation it becomes clear that a child is at immediate risk of significant harm the caller will be transferred to the Priority Line and the process for accessing urgent Level 4 services will be followed.

If, following a consultation a practitioner wishes to request support then they need to submit a request for support via <https://www.essex.gov.uk/request-support-from-us>, they should follow the process outlined within this document for accessing Level 3 or 4 services.

At any time during the **Early Help Plan** process, it is important that practitioners feel they can ask for help and advice and draw on the expertise of other practitioners. All practitioners and services, schools and settings, working with families should feel able to consult with one another at any time before deciding on a course of action or way forward.



# 10. Effective support process diagram



# 11. Indicators of possible need

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement

as to the level of support needed. Holding a Team Around the Family meeting and completing an Early Help Plan is a helpful way to share information and gain an understanding of the child and family needs. The indicators are a guide and not a pre-determined level of response.

**Level 1 - UNIVERSAL:** Children and young people who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.

## Health

- Physically well
- Nutritious diet
- Adequate hygiene & dress
- Developmental & health checks/immunisations up to date
- Developmental milestones & motor skills appropriate
- Sexual activity age-appropriate
- Good mental health

## Emotional Development

- Good quality early attachments
- Able to adapt to change
- Able to understand others' feelings

## Behavioural Development

- Takes responsibility for behaviour
- Responds appropriately to boundaries and constructive guidance

## Identity and Self-Esteem

- Can discriminate between safe and unsafe contacts

## Family and Social Relationships

- Stable and affectionate relationships with family
- Is able to make and maintain friendships

## Learning

- Access to books and toys
- Enjoys and participates in learning activities
- Has experiences of success and achievement

- Sound links between home and school
- Planning for career and adult life

## Basic care, ensuring safety and protection

- Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care
- Protection from danger or significant harm

## Emotional warmth and stability

- Shows warm regard, praise and encouragement
- Ensures stable relationships

## Guidance, boundaries and stimulation

- Ensure the child can develop a sense of right and wrong
- Child/young person accesses leisure facilities as appropriate to age and interests

## Family functioning and well-being

- Good relationships within family, including when parents are separated

## Housing, work and income

- Accommodation has basic amenities and appropriate facilities, and can meet family needs
- Managing budget to meet individual needs

## Social and community including education

- They have friendships and are able to access local services and amenities
- Family feels part of the community



**Level 2 - ADDITIONAL NEEDS:** Children and young people whose needs require some extra support. A single universal or targeted service or two services are likely to be involved; these services should work together. A Team Around the Family meeting to share information and agree an Early Help Plan to support the child and family is helpful. No need for specialist services.

### **Health**

- Inadequate, limited or restricted diet, e.g. no breakfast, no lunch money, being under or overweight
- Child is continually delayed in reaching developmental milestones
- Minor concerns re: diet, hygiene, clothing
- Dental problems untreated / decay
- Missing routine and non-routine health appointments
- Concerns about developmental progress: e.g. bedwetting/soiling; speech impediment
- Vulnerable to emotional problems, perhaps in response to life events such as parental separation e.g. child seems unduly anxious, angry or defiant for their age
- Experimenting with tobacco, alcohol or illegal drugs
- Frequent accidents
- Cause for concern or suspected child exploitation identified using the [SET Partnership Child Exploitation Pathway tool](#)

### **Emotional Development**

- Some difficulties with family relationships
- Some difficulties with peer group relationships and with adults, e.g. 'clingy', anxious or withdrawn
- Some evidence of inappropriate responses and actions
- Limited engagement in play with others / Has few or no friends

### **Behavioural Development**

- Not always able to understand how own actions impact on others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries / constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts
- Additional needs from Emotional Well Being and Mental Health Services
- One-off / occasional short period missing from home

### **Identity and Self-Esteem**

- Some insecurities around identity expressed e.g. low self-esteem, sexuality, gender identity
- May experience bullying
- May be perpetrating bullying behaviour
- Lack of confidence is incapacitating
- Child/young person provocative in behaviour/appearance e.g. in appropriately dressed for school
- Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities
- Victim of crime or bullying

### **Family and Social Relationships**

- Lack of positive role models
- Child has some difficulties sustaining relationships
- Low levels of parental conflict / infrequent incidents of domestic dispute
- Unresolved issues arising from parents' separation, step-parenting or bereavement
- Occasional low level domestic abuse
- Children affected by parental imprisonment

### **Self-care skills and independence**

- Disability limits amount of self-care possible
- Periods of inadequate self-care, e.g. poor hygiene
- Child is continually slow to develop age-appropriate self-care skills

### **Learning**

- Have some identified specific learning needs with targeted support and / or Special Education Needs and disabilities - Education, Health and Care Plan
- Language and communication difficulties
- Regular underachievement or not reaching education potential
- Poor punctuality / pattern of regular school absences
- Not always engaged in play / learning, e.g. poor concentration
- No access to books / toys
- Some fixed term exclusions

**Basic care, ensuring safety and protection**

- Basic care is not provided consistently
- Parent/carer requires advice on parenting issues
- Some concerns around child's physical needs being met
- Young, inexperienced parents
- Teenage pregnancy
- Inappropriate child care arrangements and/or too many carers
- Some exposure to dangerous situations in the home or community
- Unnecessary or frequent visits to GP or unplanned care settings e.g. Emergency Department
- Parent/carer stresses starting to affect ability to ensure child's safety

**Emotional warmth and stability**

- Inconsistent responses to child/young person by parent/carer
- Parents struggling to have their own emotional needs met
- Child/young person not able to develop other positive relationships
- Starting to show difficulties with attachments

**Family functioning and well-being**

- A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings
- No effective support from extended family
- Adopted

**Guidance, boundaries and stimulation**

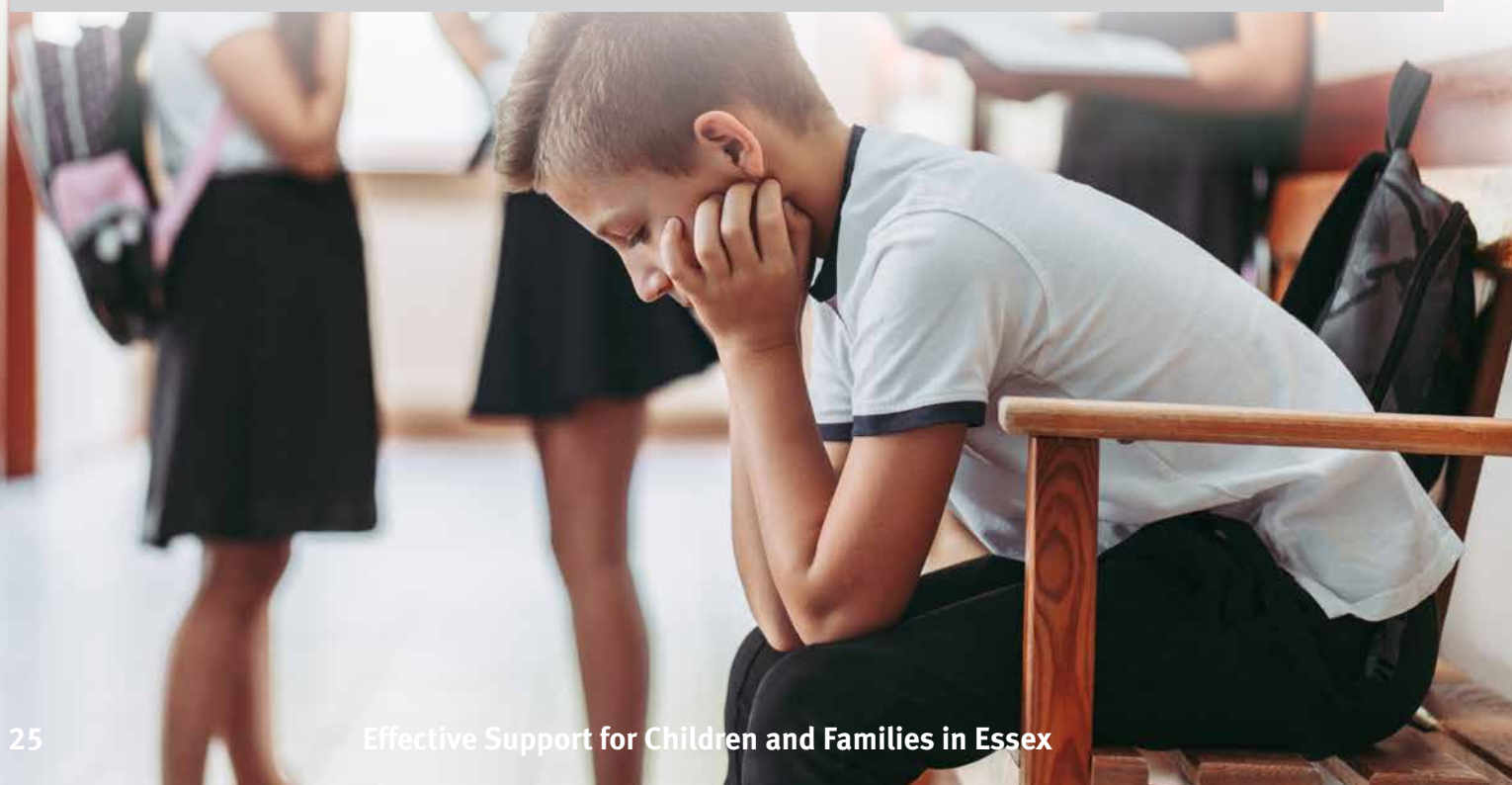
- Parent/carer offers inconsistent boundaries
- Lack of routine in the home
- Child/young person spends considerable time alone, e.g. watching television
- Child/young person is not often exposed to new experiences; has limited access to leisure activities
- Child/young person can behave in an anti-social way in the neighbourhood, e.g. petty crime

**Housing, work and income**

- Family seeking asylum or refugees
- Periods of unemployment of parent/carer
- Parents/carers have limited formal education
- Low income
- Financial/debt problems
- Poor state of repair, temporary or overcrowded, or unsafe housing
- Intentionally homeless
- Serious debts/poverty impact on ability to have basic needs met
- Rent arrears put family at risk of eviction or proceedings initiated
- Not in Education, Employment or Training post-16

**Social and community including education**

- Some social exclusion or conflict experiences; low tolerance
- Community characterised by negativity towards children/young people
- Difficulty accessing community facilities



**Level 3 - INTENSIVE:** Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate need at Level 3. More than one service is involved, using a Team Around the Family approach, Early Help Plan and a Lead Practitioner to co-ordinate multi-agency support. Family Solutions can support at this level, access to this service is through the Children & Families Hub by completing a [Request for Support form](#)

### Health

- Child has some chronic/recurring health problems; not treated, or badly managed
- Regularly misses appointments for serious medical condition
- Developmental milestones are not being met due to parental care
- Regular substance misuse
- Lack of food
- Unsafe sexual activity
- Self-harming behaviours
- Child has significant disability\*
- Mental health issues emerging e.g. conduct disorder, anxiety, depression, eating disorder, self-harming
- Cause for concern or suspected child exploitation identified using the [SET Partnership Child Exploitation Pathway tool](#)

### Emotional Development

- Sexualised behaviour
- Child appears regularly anxious, angry or phobic and demonstrates a mental health condition
- Young carer affecting development of self

### Behavioural Development

- Persistent disruptive/challenging behaviour at school, home or in the neighbourhood
- Starting to commit offences/re-offend
- Additional needs met by community mental health services
- Prosecution of offences resulting in court orders, custodial sentences or Anti-Social Behaviour Orders or Youth Offending early intervention
- Repeated short incidents of missing from home (less than 3 incidents in 90 days)

### Identity and Self-Esteem

- Presentation (including hygiene) significantly impacts on all relationships
- Child/young person experiences persistent discrimination, internalised and reflected in poor self-image
- Alienates self from others

### Family and Social Relationships

- Parental conflict
- Sibling/sibling or child to parent abuse
- Misses school consistently
- Previously had periods of Local Authority accommodation
- Young person is main carer for family member

### Self-care skills and independence

- Disability of parent/carer or child\*
- Child lacks a sense of safety and often puts him/herself in danger

### Learning

- Consistently poor nursery/school attendance and punctuality
- Young child with few, if any, achievements
- Not in education (under 16)

### Basic care, ensuring safety and protection

- Parent/carer is failing to provide adequate care
- Parents have found it difficult to care for previous child/young person
- Domestic abuse, coercion or control in the home
- Parent's mental health problems or substance misuse significantly affect care of child/young person
- Non-compliance of parents/carers with services
- Child/young person may be subject to neglect
- Child has no positive relationships
- Child has multiple carers; may have no significant relationship to any of them
- Child at risk of Female Genital Mutilation and other harmful traditional/cultural practices, Forced Marriage or Honour Based Abuse where a protective parent is engaging with targeted services to seek protection
- Child at risk of Modern Slavery and/or Human Trafficking but parents are accessing support and services
- Poor home conditions



**Guidance, boundaries and stimulation**

- Parents struggle/refuse to set effective boundaries e.g. too loose/tight/physical chastisement
- Child/young person behaves in anti-social way in the neighbourhood

**Housing, work and income**

- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term substance misuse

**Family functioning and well-being**

- Family have serious physical and mental health difficulties impacting on their child
- Community are hostile to family
- Emerging involvement in gang or other activities which risks future exploitation
- Young person displays regular physical violence towards parents

\* The Children Act 1989, defines all children who are disabled as children in need. Some children and young people that are legally defined as disabled, may require specialist level 4 intervention which includes Essex County Council Children and Young People with Disabilities Service. For many children with disabilities their needs can be met by alternative provisions.



**Level 4 - SPECIALIST:** Children and young people whose needs are complex and enduring and cross many domains. More than one service is normally involved, with a co-ordinated multi-agency approach and a Lead Practitioner, commonly in a statutory role. At times statutory intervention may be required.

### Health

- Child/young person has severe/chronic health problems
- Failure to thrive/faltering growth with no identified medical cause
- Refusing medical care endangering life / development
- Seriously obese / seriously underweight
- Serious dental decay requiring removal of multiple teeth through persistent lack of dental care
- Persistent and high risk substance misuse
- Sexual activity that could place the young person at risk of harm and or early teenage pregnancy
- Sexual abuse
- Evidence of significant harm or neglect
- Non-accidental injury
- Unexplained significant injuries
- Acute mental health problems e.g. severe depression, threat of suicide, psychotic episode
- Physical/learning disability that means the child is unlikely to achieve, maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services by a local authority
- Disclosure of abuse from child / young person
- Disclosure of abuse / physical injury caused by a professional
- Serious cause for concern of exploitation, the child is potentially associating with or being groomed by individuals/groups who may be engaging in child exploitation further guidance can be found in the [SET Partnership Child Exploitation Pathway](#)

### Emotional Development

- Puts self or others in danger e.g. missing from home inappropriate relationships
- Severe emotional/behavioural challenges
- Puts self or others at risk through aggressive behaviour

### Behavioural Development

- Persistent disruptive/challenging at school, home or in the neighbourhood resulting in

repeated school placement breakdown and/or family breakdown

- Regular and persistent offending and re-offending behaviour for serious offences resulting in custodial sentences or high risk public protection concerns
- Mental health needs resulting in high risk self-harming behaviours, suicidal ideation and in-patient admissions

### Identity and Self-Esteem

- Failed Education Supervision Order – three prosecutions for non-attendance: family refusing to engage
- Child/young person likely to put self at risk
- Evident mental health needs
- Young person exhibiting extremist views, threats, suggestions or behaviour which meets PREVENT criteria
- Young person involved / closely associating with gangs

### Family and Social Relationships

- Relationships with family experienced as negative ('low warmth, high criticism')
- Rejection by a parent/carer; family no longer want to care for - or have abandoned –child / young person
- Periods accommodated by local authority
- Family breakdown related to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse or neglect
- Younger child main carer for family member

### Learning

- No education placement due to parental neglect
- Poor attendance due to parental neglect/ capacity to exert parental control to ensure good attendance

### Other indicators

- Professional concerns – but difficulty accessing child / young person
- Unaccompanied refugee / asylum seeker
- Abusing other children
- Young sex offenders

- Serious or persistent offending behaviour likely to lead to custody / remand in secure unit/ prison
- Trafficked child with no family support or protection
- Forced criminality, forced labour

#### **Basic care, ensuring safety and protection**

- Parent / carers mental health or substance misuse significantly affect care of child
- Parents / carers unable to care for previous children
- Instability and violence in the home continually
- Parents / carers involved in violent or serious crime, or crime against children
- Parents/carers own needs mean they are unable to keep child / young person safe
- Chronic and serious domestic abuse involving child/young person
- Disclosure from parent of abuse to child / young person
- Suspected/evidence of fabricated or induced illness
- Young person at risk of Female Genital Mutilation and other harmful traditional/ cultural practices, Forced Marriage or Honour Based Abuse with family who lack willingness to protect

#### **Emotional warmth and stability**

- Parent's own emotional experiences impacting on their ability to meet child/young person's needs

- Child has no-one to care for him/her
- Requesting young child be accommodated by local authority

#### **Guidance, boundaries and stimulation**

- No effective boundaries set by parents / carers
- Multiple carers
- Child beyond parental control
- Persistent and regular incidents of missing from home (three or more incidents in 90 days)
- Missing from home for long periods of time

#### **Family functioning and well-being**

- Significant parental / carer discord and persistent domestic violence and discord between family members
- Child / young person in need where there are child protection concerns
- Individual posing a risk to children in, or known to, household
- Family home used for drug taking, prostitution, illegal activities

#### **Housing, work and income**

- Homeless - or imminent if not accepted by housing department
- Housing dangerous or seriously threatening to health
- Physical accommodation places child in danger
- Extreme poverty / debt impacting on ability to care for child





## 12. Resources

SET Safeguarding and Child Protection Procedures, safeguarding learning and development opportunities and a range of resources	<a href="http://www.escb.co.uk">www.escb.co.uk</a>
Services and support for special educational needs and disability	<a href="http://www.essexlocaloffer.org.uk">http://www.essexlocaloffer.org.uk</a>
Essex Schools Info Link-SEND (children with Special Educational Needs and Disabilities)	<a href="https://schools.essex.gov.uk/pupils/SEND/Pages/default.aspx">https://schools.essex.gov.uk/pupils/SEND/Pages/default.aspx</a>
Online Early help drop-ins happen in each of the quadrants, if you would like more information	email <a href="mailto:TAFSO@essex.gov.uk">TAFSO@essex.gov.uk</a>
For Videos explaining the Essex County Council Children and Families Hub, the role of the Team Around the Family Support Officers, Request for Support guidance-what makes a good referral and The windscreen of need-levels of support.	<a href="https://www.escb.co.uk/working-with-children/concerns-about-the-welfare-of-a-child/">https://www.escb.co.uk/working-with-children/concerns-about-the-welfare-of-a-child/</a>
For films explaining Essex County Council Children and Families Hub-the front door to Children's Social Care and Family Solutions	<a href="https://www.escb.co.uk/working-with-children/concerns-about-the-welfare-of-a-child/">https://www.escb.co.uk/working-with-children/concerns-about-the-welfare-of-a-child/</a>
Directory of Services	<a href="https://www.essex.gov.uk/directory-of-services">https://www.essex.gov.uk/directory-of-services</a>
SET Child Exploitation Partnership Pathway	<a href="https://www.escb.co.uk/learning-and-development/child-exploitation-training/">https://www.escb.co.uk/learning-and-development/child-exploitation-training/</a>
Wider Eastern Information Stakeholder Forum	<a href="https://weisf.essex.gov.uk/">https://weisf.essex.gov.uk/</a>
Report concerns about a child	<a href="https://www.essex.gov.uk/request-support-from-us">https://www.essex.gov.uk/request-support-from-us</a>
Information on support for children and families in Essex	<a href="https://www.escb.co.uk/working-with-children/concerns-about-the-welfare-of-a-child/">https://www.escb.co.uk/working-with-children/concerns-about-the-welfare-of-a-child/</a>
Essex Schools infolink - safeguarding	<a href="https://schools.essex.gov.uk/pupils/Safeguarding/Pages/Safeguarding.aspx">https://schools.essex.gov.uk/pupils/Safeguarding/Pages/Safeguarding.aspx</a>
Information and resources for Early Years and Childcare settings	<a href="https://eycp.essex.gov.uk/safeguarding/">https://eycp.essex.gov.uk/safeguarding/</a>

## 13. Acknowledgements

The Effective Support for Children and Families in Essex is an Essex Safeguarding Children Board document that is agreed by all Board partners.



This information is issued by:  
**Essex Safeguarding Children Board.**

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alternative formats, on request.

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