

Children and Families Service

Team and Transfer Protocols

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Content

1. Scope	2
2. Introduction	2
3. Allocation of siblings	3
4. Transfer of cases protocol	4
5 SAFE Service & Interface with Social Care Teams.	5
6 Ealing Children's Integrated Response Service (ECIRS)	10
7 MAST (Multi Agency Support Team)	13
8 Unaccompanied Minors Team / Children's Housing Support Team	18
9 Children with Disabilities Team (within ESCAN)	20
10 Connect Teams	22
11 Leaving Care Teams	24
12 Safeguarding, Review and Quality Assurance Service	25
13 Emergency Duty Team (Out of hours service)	32

1. Scope

1.1 This document sets out the roles, responsibilities and relationships between the teams of the Children and Families Service in Ealing. It incorporates the protocols regarding transfer of cases between teams as well as the interface with SAFE services.

1.2 For MOSAIC processes on transfer please refer to MOSAIC. Guidance can be found when logging on to MOSAIC.

1.3 A practice handbook for the MAST and Connect Teams (Brighter Futures Model Ealing Handbook) is in place (copies available in the teams)

A practice handbook for SAFE and Early Help Services is also available (copies from SAFE teams).

2. Introduction

2.1 The protocols contained here offer descriptions of the roles, responsibilities and relationships between the social care teams within Ealing Children and Families Service and the SAFE service. They should be used as a reference point in ensuring consistent practice across the teams and enabling staff in those teams to have a clear understanding of their role within this structure. They are intended to address most situations that might be encountered in our day-to-day work situations but cannot be expected to cover all possible scenarios. To be effective they rely on team managers and practitioners using sound professional judgement and good sense in their interpretation.

2.2 The underlying principle throughout should be that where there is a measure of doubt the course of action that will best meet the needs of the child should be adopted. Where possible, transfer of cases across teams should be kept to a minimum. Managers should consider the need for children and young people to have continuity in their lives in terms of the professionals involved with them. As such when considering protocols, a longer-term view of the care plan should be demonstrated.

2.3 The protocols should be used as a working tool by team managers and social work staff. Where areas of disagreement cannot be resolved between team managers the issue should be referred to the Head of Service responsible. If this cannot resolve the matter, then the issue should be referred to the Director of Children and Families who will be the final arbiter.

3. Allocation of Cases (Siblings)

3.1 Where there is more than one child in a family all children should be allocated to the same team other than in exceptional circumstances in which case there should be Head of Service Agreement and this should be recorded. The exception to this is Looked After Children (LAC) who may be split across Leaving Care and the Connect teams. Where it is agreed that cases can be held across teams there should be joint working and both social workers should attend all key meetings.

4. Transfer of Cases Protocols

The following principles should be used in all handovers of case responsibility between teams.

4.1 It should be emphasised that cases likely to meet the criteria for transfer should be identified at an early stage and notification given to the receiving team manager at the earliest possible point of the likelihood of the case being transferred and a date agreed for this to occur.

4.2 In all cases except Ealing Children's Integrated Response Service (ECIRS), the transferring team manager should give a minimum of five working days notice to the receiving team manager of the intention to transfer the case. Transfer to ECIRS should be within 24 hours. This should be confirmed in writing via email as evidence. In those seven days the receiving manager should view the file(s) and any tasks/actions for completion by transferring teams using the checklist format - this should be highlighted to the transferring team manager 48 hours prior to the handover meeting.

4.3 A specific day and time should be identified in the week when the transfer meeting will take place. This should remain consistent and only be altered in exceptional circumstances.

4.4 The transfer meeting should be conducted between team managers- this should be seen as a priority task for managers. If a manager is absent e.g. on leave, a deputy manager will attend the meetings - if it is possible they should be briefed by the team manager in advance. Either a deputy team manager or team manager will attend from the MAST teams

4.5 The Audit form (on MOSAIC) will be discussed at the transfer meeting and any outstanding tasks identified and agreement reached on how these will be achieved. A timescale must be agreed for completion of these tasks - five working days maximum - and recorded in writing.

4.6 If at the point of handover there is found to be outstanding tasks to be completed this should not be reason to delay transfer unless it made it impossible to actively work the case. This should be reported to the Heads of Service for both teams.

4.7 At the transfer meeting it will be agreed when the last social work visit was made and recorded on MOSAIC and when the next visit is due and who will complete this. Particular attention must be paid by managers to the requirement to meet statutory visiting requirements- including ensuring children are seen alone where appropriate. The transfer process can never be used as an explanation for delay in visiting requirements being met.

4.8 The date of transfer will be the date of the handover meeting. The case should be recorded on the database system to the receiving team on this day.

4.9 The only basis for refusing to accept a case will be if a case is not felt to meet the criteria for the receiving team or where there is disagreement on the care plan being proposed.

4.10 Where agreement cannot be reached on the transfer, the matter must be referred to the Head of Service for the transferring team immediately and a decision made regarding the transfer within 24 hours. In circumstances where the relevant Heads of Service cannot reach agreement, the matter will be referred to the Director of Children and Families for a decision within 48 hours of the transfer meeting date. This will then be the date recorded for transfer and relevant recording take place on the database system.

4.11 Cases that involve looked after children, child protection plans, court proceedings and complex child in need plans should be discussed in detail with the receiving manager at the earliest possible point. It is important to ensure that the receiving team manager has the opportunity to discuss and influence any plans and packages of care being proposed that his/her team will be asked to implement.

4.12 Once agreed that a case meets the criteria for transfer, it should be transferred regardless of issues such as staff shortage, difficulty to allocate etc.

4.13 Cases where children have become looked after will transfer to the Connect Teams at the first review and they must be notified of the date of the review at the earliest possible point.

4.14 Cases where legal proceedings are initiated in the MAST teams should transfer at the first interim care order hearing. All documents for this hearing will be prepared by the MAST Teams (including Chronology).

4.15 Requests from the Court for S7 reports will be transferred straight to the MAST Teams unless another team has had recent and extensive involvement with the case. In this context, it means the case has been open within the last three months and the involvement has involved social work visits and assessment rather than simply advice and guidance.

4.16 Cases transferred from other authorities where children are subject to a child protection plan should transfer directly to MAST Teams at the transfer CPCC in

Ealing. Similarly 'child in need' cases transferring from other authorities where there is a defined child in need plan and Child and Family Assessment, should transfer directly to the MAST Teams. The above protocol for transfer should be implemented with the transferring authority. Cases transferring from other authorities involving Supervision Orders and Family Assistance Orders should similarly be transferred straight to MAST Teams using this protocol.

4.17 It is important that families and young people are involved in the transfer process and informed of any changes being made. Where possible the new social worker should be introduced to the family/young person by the previous social worker. Written confirmation of the new social worker's contact details should be sent in writing to the family/young person and all relevant persons.

5. SAFE Service & Interface with Social Care Teams

5.1 Thresholds of need and allocation

5.1.1 All decisions on the appropriateness of referring families between the SAFE service and Social Care teams will be based on the continuum of need outlined in Ealing's Thresholds of Need and Assessment Protocol

http://ealing.proceduresonline.com/files/assess_pr_treshholds_need_guide.pdf

5.1.2 All referrals (including re-referrals) from professional agencies to the SAFE service will be directed through ECIRS. Self-referrals from families should come via ECIRS. The ECIRS duty manager will identify referrals appropriate for the SAFE service and using MOSAIC request that the SAFE team manager accepts the referral.

5.1.3 The SAFE team manager will make a decision within 24 hours on whether the referral meets the team's criteria for allocation and where appropriate accept the referral using MOSAIC to indicate this. The referral will be discussed at the team's next allocations meeting within five working days.

5.1.4 If it is agreed that there is no further involvement required from ECIRS the duty manager will then end that team's involvement on MOSAIC identifying that SAFE are now involved with the family.

5.1.5 If the respective team managers cannot reach agreement the issue will be passed to the SAFE Strategy Manager and Head of Children In Need to resolve within a further twenty four hours.

5.1.6 It is the responsibility of the referrer to obtain consent from parents for a SAFE referral. Where this is not explicit, ECIRS will follow up with the referrer/parent to ensure this is obtained.

5.1.7 Where SAFE accepts a referral from ECIRS but is unable to engage with the family they will notify the original referrer and consider, given the failure to engage,

whether this causes the threshold of need to be raised and how and by whom the child's welfare will continue to be monitored. A written record of any decisions should be kept in the case notes on MOSAIC.

5.1.8 Referrals in to CAMHS where a Tier 2 intervention is identified will be agreed at the weekly CAMHS Single Point of Access referral forum and passed directly to SAFE for allocation. On receipt of the referral the SAFE Administrator will open a Child & Family Enquiry episode and the referral will go forward for discussion at the next SAFE allocations meeting.

5.2 Statutory Casework

5.2.1 The SAFE service does not take lead responsibility for children and families who are subject to statutory regulations. This includes the following:

- Looked After Children;
- CFA assessments and Section 47 investigations and children subject to a Child Protection or Child in Need plan;
- Private Fostering;
- Section 7 or Section 37 reports for court;
- Child with a disability that meet criteria for CWD team;
- Child subject to a Supervision Order;
- Child subject to a Special Guardianship Order assessment;
- Families with 'no recourse to public funds' or those deemed 'intentionally homeless' - i.e. where the family have no means of ongoing subsistence without provision of Section 17 payments.

5.2.2 SAFE may work jointly with Social Care teams e.g. MAST and Connect on statutory cases and the MAST or Connect team social worker will assume the lead worker role in all such cases.

In cases of Section 7 or Section 37 reports where SAFE workers are already working with a family they will collaborate with the allocated social worker in the production of the report.

5.3 Emergency Placements

5.3.1 In the event of an emergency occurring on a case allocated in the SAFE service that requires:

- Emergency action to remove a child from a situation of significant harm - which may require legal action including presentation in court;
- Emergency placement of children under section 20 where parents or extended family are unable to provide immediate care.

5.3.2 The SAFE team manager or deputy manager will alert the relevant MAST manager who will arrange for a social worker from their team to be allocated

immediately to the lead worker role to undertake the statutory duties. In the absence of the SAFE team manager or deputy manager the SAFE Strategy Manager should be contacted who will then liaise with the relevant MAST manager.

5.3.3 The allocated SAFE worker will work jointly with the MAST social worker to support the child(ren) through the immediate process of removal/placement.

5.3.4 Subsequently, if the children remain looked after, the MAST manager will make arrangements for any future transfer of the case to the Connect teams according to agreed transfer protocols.

5.3.5 If subsequently there is no longer a need for statutory involvement the relevant Social Care team manager will discuss with the SAFE team manager the appropriateness of SAFE assuming responsibility of the case again. If this is agreed the case is closed to the Social Care team as per the above procedure.

5.3.6 If it is deemed to be in the interests of the children and family for the SAFE service to remain involved then the case will remain open to that team in addition to the relevant Social Care team. Any decision to close the case in the SAFE service will be taken jointly with the family and the Head of Children in Need.

5.4 Child Protection

5.4.1 In the cases of children allocated within the SAFE service where their level of need appears to have met or be approaching the threshold which would require a statutory intervention (i.e. concerns for care that might require a section 47 investigation) there should be an early discussion between the SAFE team manager and the relevant MAST manager This should establish the following:

- Is the level of need requiring a statutory intervention i.e. should a strategy meeting be convened to consider need for a section 47 investigation?
- If not requiring immediate statutory intervention what actions and support might be taken to reduce this level of need and hence the future need for statutory intervention. This should be added to the plan for the child by the allocated SAFE worker;
- If not requiring immediate statutory intervention what further factors might indicate in the future that the threshold for statutory intervention is met;
- What further discussion will be needed to review this situation.

5.4.2 The SAFE team manager or deputy manager will alert the MAST duty manager of a case for transfer (A Referral to statutory services). MAST will review this 'referral' from SAFE within 24 hours. The SAFE duty manager will open the 'Transfer to Social Care episode' on MOSAIC outlining details of the areas of concern for the child and why they feel the threshold for social care intervention is met. This request will be sent via MOSAIC to the MAST manager or deputy manager who after considering will enter their reasons for either accepting or refusing the transfer of the case.

5.4.3 If it is agreed that safeguarding threshold is met then the MAST manager will then ensure that a Child and Family Assessment or Section 47 episode is opened on MOSAIC and where applicable strategy meeting is convened with all relevant professionals in accordance with London Child Protection procedures.

- The strategy meeting will be chaired by a MAST manager or deputy manager;
- The SAFE team manager or deputy manager should attend alongside the allocated worker within the SAFE team who will present the information that led to the strategy meeting being convened;
- An allocated social worker from the relevant MAST team should attend;
- If it is concluded that a section 47 investigation should commence this will be undertaken by the MAST Team social worker who, from that point, becomes the lead worker and the MOSAIC episode is updated to reflect this;
- The SAFE worker(s) may remain involved with the family throughout the investigation and subsequent process if the needs of the family indicate this and the family agrees. They will become members of the core group if the child is made subject to a child protection plan in order to ensure their work with the family is consistent with the overall child protection plan.

5.5 EDT (Emergency Duty Team) Referrals

5.5.1 If EDT has contact regarding a child that is allocated within a SAFE team they will ensure that the details of their contact with the child and family are passed to the relevant SAFE team at the earliest opportunity. Following receipt of this information from EDT the SAFE manager should consider whether the level of concern has risen as a consequence and whether it now meets the threshold for a statutory intervention. If so, the SAFE manager should ensure that the above procedures for referring to the MAST teams are followed.

5.5.2 If an emergency occurs on a SAFE case outside office hours then this will be responded to by EDT as for any referral to that service.

5.5.3 If a SAFE worker has involvement in a case that extends beyond normal office hours and subsequently becomes an emergency they should initially consult their own line manager. If it appears that the situation meets the criteria for a statutory intervention the SAFE worker should contact the EDT team to discuss. Any statutory action that is subsequently required should be undertaken by the EDT team. The SAFE worker will remain involved to support the EDT worker and family to resolve the situation

5.6 SAFE and MAST teams

5.6.1 SAFE do not take step downs from MAST unless a statutory assessment by the Assessment POD has been completed and the outcome is no statutory plan (CIN or CP) needed however early intervention work is identified

5.6.2 Where there is a request to transfer from a MAST team to SAFE the following criteria should be considered:

- The work could not be undertaken by a MAST social worker due to requiring particular professional knowledge or expertise in a given area
- The relevant family members are agreeing to SAFE service involvement
- There is a written work plan outlining specific areas of intervention requested of SAFE and this is likely to be completed within the prescribed timescales for SAFE case work

5.6.3 Where it is agreed between the SAFE team manager and the MAST manager that a case should be transferred to the SAFE team the following should apply:

- A Child in Need Planning meeting is convened by the MAST social worker which should include the parent(s) and the child if age appropriate and to which a SAFE worker is invited;
- At that meeting transfer to the SAFE team should be discussed and consent obtained from the parents to this. The meeting should also clarify that the parents are willing to engage fully with the SAFE service;
- A detailed plan will be devised at the meeting that outlines the outcomes required, the actions to be undertaken by various agencies and parents/children themselves and a date for a review of the plan which should be no more than three months from the date of the plan;
- A Transfer or Closing Summary is completed by the MAST social worker and the case transferred to the SAFE team using MOSAIC;

5.6.4 The SAFE worker will not undertake a new SAFE Assessment at this point unless the previous assessment by the MAST social worker is significantly out of date. Any decision to transfer a case to the SAFE service without a Child in Need Planning meeting can only be taken by the respective managers and the reasons should be recorded on MOSAIC.

5.7 Joint working arrangements

5.7.1 Where it is felt that a case allocated to a worker within a MAST or other social care team would benefit from SAFE team involvement the criteria above will need to be considered and the following should apply:

- The Social Care manager or deputy should have a discussion with the SAFE team manager to discuss the possibility of their involvement and to confirm a

parent/carer has given consent to SAFE becoming involved; There should also be an outline plan for the work SAFE is being asked to undertake;

- If SAFE service involvement is agreed then the referral will be discussed at that team's next allocation meeting – within five working days. Following this the referring social worker will be informed within five working days of the decision regarding allocation;
- If there is disagreement between the Social Care and SAFE team managers regarding acceptance of the work request then the matter should be referred to the Head of Children In Need and the SAFE Strategy Manager who should resolve the issue within a further 48 hours.

5.7.2 Where a SAFE worker is assigned to work on a case allocated to a MAST team their role should be clarified at the outset and included in either the Child in Need Plan or the Child Protection Plan for each child in the family. The MAST social worker will retain lead responsibility for management of the case.

- The SAFE worker will be included within the professional network and attend all relevant professional's meetings, core groups, statutory reviews and child protection conference if this is necessary;
- The SAFE worker will continue to receive supervision from within their own service. However, there may be occasions when joint supervision sessions with the allocated social worker may be deemed valuable and will be agreed by respective supervisors;
- Any decision to cease the involvement of the SAFE worker should be taken following consultation with the Social Care team by the SAFE manager or deputy;
- Any disagreement or concerns regarding the involvement of the SAFE worker should be referred to the SAFE team manager who will discuss with the Social Care team manager. Failure to resolve at this level will result in the matter being passed to the Head of Children In Need and the SAFE Strategy manager who should resolve the issue within 48 hours

6. Ealing Children's Integrated Response Service

6.1 Role

6.1.1 All calls relating to concerns about a child will come directly to Ealing Children's Integrated Response Service (ECIRS) with the exception of the teams below who will continue to receive referrals directly

- Children with Disabilities (CWD) Team;
- Children's Housing Support Team (from UK Visas and Immigration (UKVI) / Croydon only).

6.1.2 ECIRS will deal with children and young people between the ages of 0 - 18 where families reside in the London Borough of Ealing.

6.1.3 All enquiries that meet the threshold for social care will be referred to one of the MAST teams which will be responsible for child protection and complex child in need cases.

6.1.4 ECIRS will allocate a social worker where there is an Allegation against Staff or Volunteers (ASV) who will work with the Local Authority Designated Officer (LADO), Police and other relevant professionals to investigate.

6.1.5 ECIRS will share information with its partners within the team in order to improve risk assessment and decision making at the point of enquiry.

6.1.6 ECIRS will also;

- Offer specialist advice and information to clients and our partner agencies.
- Signpost or refer families to appropriate services, including SAFE and Parenting Support Services.
- Give guidance around the completion of the Early Help Assessment and Plan (EHAP) and assistance in facilitating the Team Around the Family (TAF) where appropriate
- Undertake some short-term intervention on cases where the level of risk has not been clearly determined or where immediate intervention may prevent the case from escalating.
- Work in partnership with other statutory services and partner agencies.
- Conduct return home interviews on non LAC cases (see Safeguarding Children Missing from Care, Home and Education - Ealing Local Practice Guidance http://ealing.proceduresonline.com/p_sq_ch_missing.html)

6.2 Enquiries

6.2.1 ECIRS will take enquiries from members of the public, professional agencies and voluntary agencies.

6.2.2 Telephone enquiries will be made directly to ECIRS, which has a dedicated option on the social care contact centre telephone number. Enquires may also be made on the Child and Family Enquiry/Referral form via secure e-mail or post.

6.2.3 Professional referrers cannot remain anonymous. Support staff will inform professionals of this and also the need to obtain the consent of parents to disclose information in all cases except where there is a child protection investigation being undertaken. Members of the public will be informed that their referrals will remain anonymous if they so request.

6.2.5 Support staff will take basic details and check whether Social Care or SAFE knows the family. Information will be recorded on the Child and Family Enquiry/Referral form.

6.2.6 If a case is allocated to a SAFE worker or MAST Social Worker (with the exception detailed below) support officers will advise the caller and transfer the call to the allocated worker or put the call through to the team administrator to take a message if the worker is not available.

Exception: *If the call is allocated to a SAFE worker but the caller states there are child protection concerns the call should be referred to the ECIRS duty worker and not transferred to the allocated SAFE worker.*

If the case is closed to SAFE, the ECIRS duty worker will take the call.

6.2.7 If the family are not known the referrer will be put through to a duty worker to discuss their concerns.

6.2.8 Referrers will be asked to confirm their enquiry in writing on the Child and Family Enquiry/Referral form.

6.2.9 If the concern clearly meets the threshold for child protection the enquiry will be directed to the manager to authorise and forward immediately to the locality team's duty without commencing any multi agency checks.

6.2.10 For all other cases the ECIRS duty worker will record all work completed with the child and family on MOSAIC on the child and family enquiry record.

6.2.11 All referrers will be notified in writing of the outcome of their enquiry. Receiving teams will then be responsible for keeping callers informed of the status of the case.

6.3 Merlins

6.3.1 A manager's decision will be made on all Merlins within 24 hours. The duty manager is responsible for agreeing which cases will be discussed in the Multi-Agency Safeguarding Hub (MASH) held each morning. Feedback will be completed within 24 hours and discussed at the meeting the following day.

6.3.2 Timescales

- All child protection cases will be referred to the MAST teams within 4 hours. A telephone call will be made to the MAST duty worker to alert them to the case.
- Cases will not remain in ECIRS for longer than 10 days with a social worker or 20 days where a family support worker involved.

6.4 Interface with SAFE

6.4.1 Where a case is deemed not to meet the SAFE threshold, the SAFE Team Manager will liaise with the ECIRS Team Manager within 24 hours of the outcome decision.

6.4.2 If agreed SAFE will reject and redirect the case back to ECIRS. In such cases SAFE would need to evidence the reason the threshold decision made by ECIRS needs to change.

6.4.3 If both managers agree it would be useful, a joint visit can be arranged between the ECIRS duty worker and SAFE 0-18 worker to ascertain further information to enable a decision to be made regarding the threshold for future service

7. MAST (Multi Agency Support Teams)

7.1 Role

7.1.1 The MAST Teams will be responsible for services to children in need living in the community, who do not meet the criteria for the Children with Disabilities Team

7.1.2 The teams will respond to all initial child protection referrals:

- Where a child is believed to be at risk of significant harm.
- Where a Section 47 enquiry under the Children Act 1989 is required to ascertain the safety of a child or children. (Cases allocated in other teams where there is subsequently a Section 47 enquiry on a child in the family will remain with that team with the exception of unborn babies in the Leaving Care Team - see below).
- Where a Section 47 enquiry is required to ascertain the safety of a child or children where there is alleged abuse by professional organisations or agencies, this includes foster carers.
- Allegations Against Staff and Volunteers (ASV) inquiry regarding harm to a child
- Assessment of persons presenting a risk or potential risk to children.

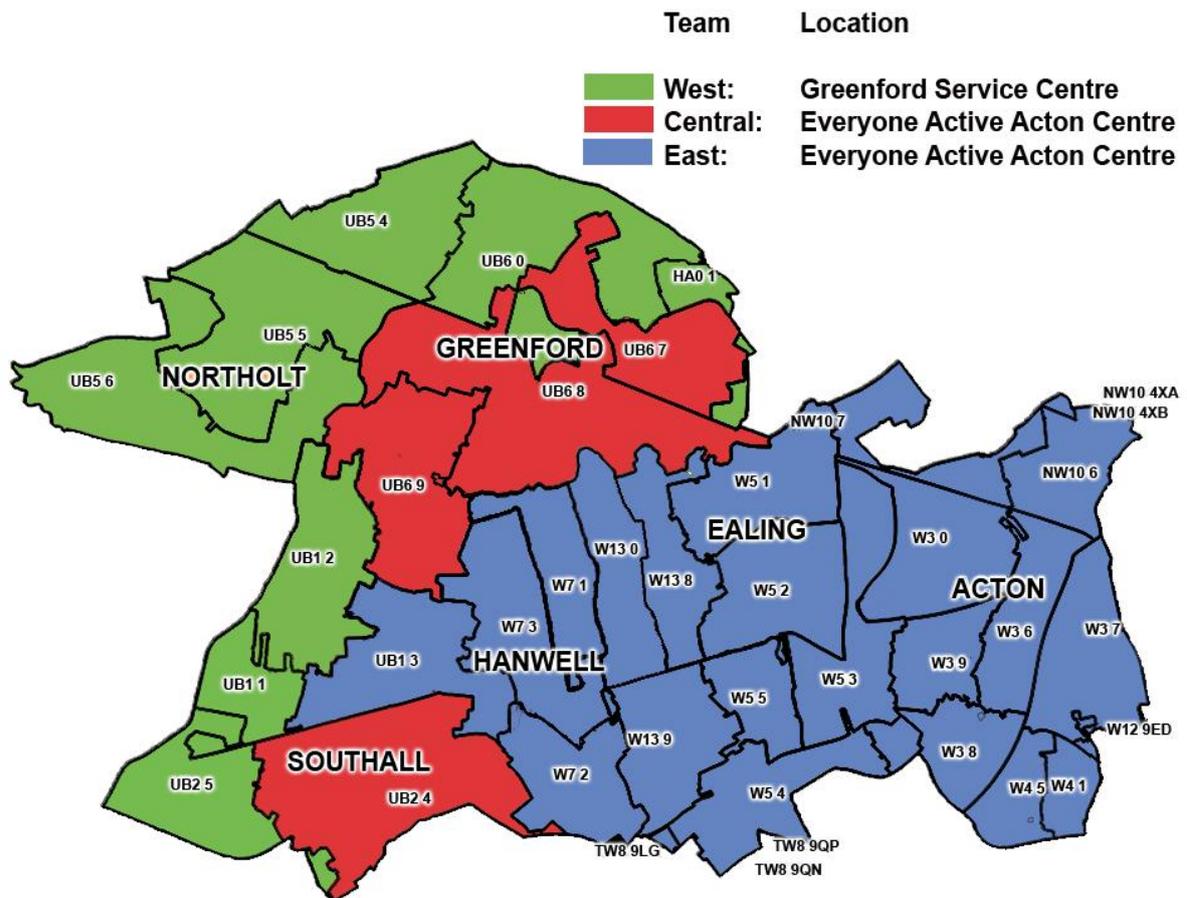
7.1.3 The team will also be responsible for:

- Child and Family Assessments (excluding short break care requests for children with disabilities).
- Where there is a request for a child to be accommodated under Section 20 of the Children Act 1989.
- Where a young person has been remanded in to the care of the local authority under the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012, see Remands to Local Authority Accommodation or to Youth Detention Accommodation Procedure.

- Children and young people subject to a child protection plan.
- Children previously looked after who have returned to live with their families and where further work is required to secure their reunification.
- Cases identified following a Child and Family Assessment where there is a need for ongoing family support work and where the threshold for children in need is clearly identified.
- Children with disabilities or suffering from severe illness that do not meet the criteria for allocation to ESCAN or Hospital teams.
- All requests for section 7 and Section 37 reports.
- Family Assistance Orders.
- Carer's assessments (excluding those eligible for ESCAN services)

Referrals into the MAST Teams

7.2.1 There are four MAST teams. Greenford MAST is based in the Greenford office and covers the areas of Northolt, Perivale and parts of Greenford and Southall. Acton MAST is based in the Acton office and covers the areas of Acton, Ealing, Hanwell and West Ealing. The Central MAST team is also based in Acton and covers the majority of Greenford and the remainder of Southall. The MAST Adolescent's team based in Westside will provide a service to those aged 13 -18 who meet the criteria for that service. The MAST Adolescent's team provides a service that is borough wide



Postal Sectors in Alphabetical order:

Greenford MAST - West

Postal Sector	Team
HA0 1	Greenford MAST
UB6 0	Greenford MAST
UB1 1	Greenford MAST
UB1 2	Greenford MAST
UB2 5	Greenford MAST
UB5 4	Greenford MAST
UB5 5	Greenford MAST
UB5 6	Greenford MAST

Central MAST – Central

Postal Sector	Team
UB2 4	Central MAST
UB6 7	Central MAST
UB6 8	Central MAST
UB6 9	Central MAST

Postal Sector	Team
NW10 4XA	Acton MAST

NW10 4XB	Acton MAST
NW10 6	Acton MAST
NW10 7	Acton MAST
TW8 9LG	Acton MAST
TW 8 9QN	Acton MAST
TW 8 9QP	Acton MAST
UB1 3	Acton MAST
W3 0	Acton MAST
W3 6	Acton MAST
W3 7	Acton MAST
W3 8	Acton MAST
W3 9	Acton MAST
W4 1	Acton MAST
W4 5	Acton MAST
W5 1	Acton MAST
W5 2	Acton MAST
W5 3	Acton MAST
W5 4	Acton MAST
W5 5	Acton MAST
W7 1	Acton MAST
W7 2	Acton MAST
W7 3	Acton MAST
W12 9ED	Acton MAST
W13 0	Acton MAST
W13 8	Acton MAST
W13 9	Acton MAST

7.2.2 The Greenford and Acton MAST teams consist of four pods and for the purposes of receiving referrals from ECIRS two of these pods will be on allocation each week meaning each pod being on allocation every other week.

7.2.3 The Central MAST team consists of three pods, one of which is the Pre-Birth pod (see 7.4 below). This leaves two pods to receive referrals from ECIRS. The work will be distributed across these two pods which will both effectively be on allocation each week.

7.2.4 The MAST Adolescent team will receive cases from the three other MAST teams following the criteria below being met.

7.3 Threshold for referral to MAST Adolescent Team

7.3.1 Criteria

- All cases require the lead young person to be 13 to 17 yrs old and on a CIN plan or CP Plans

7.3.2 Referrals within the above criteria must include one or more of the below risk factors as highlighted in Levels 3/4 of Ealing's Thresholds of Need and Assessment

Protocol

http://ealing.proceduresonline.com/files/assess_pr_tresholds_need_guide.pdf

- At high risk of becoming a Looked After Child (LAC)
- High risk of LAC children/young people suffering placement breakdown.
- Known to the Youth Justice Service due to a statutory order or deemed following assessment to be at risk of a statutory order.
- Young people who are already section 20 LAC but with such intensive intervention could return home.
- Young people going missing from home or education and at risk of sexual exploitation.
- May have a parent where Intensive Intervention would support and improve outcomes for the lead child (13 -17 yrs old) and/or sibling group. Parenting difficulties may include: hostile interpersonal relationships, emotion dysregulation and depression, negative and isolated parenting support networks, Substance misuse and Practice and emotional crises and daily hassles.
- Young people where it is clear intensive relational work with parent/carer should not be pursued but such work could assist them to become more resilient and independent by linking them into other supportive or professional networks.

7.3.3 MAST workers within the teams in Acton and Greenford will be put on a rota to ensure that referrals can be responded to.

7.3.4 ECIRS will be informed of which pods are on allocation should they need to speak to the Deputy Team Manager of either pod in addition to having the team's duty line.

7.3.5 Cases, once signposted by ECIRS to the MAST teams, will go into that team's incoming inbox on MOSAIC. If a referral is received that is an emergency Section 47 case i.e. requires a strategy discussion the same day, ECIRS will phone through to MAST duty to alert them to the case.

7.3.6 The summary of enquiry and analysis following multi agency checks will both feed through from the 'Child and Family Enquiry' to the 'Child and Family Assessment'.

7.3.7 The MAST Teams do not accept referrals in cases of unaccompanied minors aged 0-18 years of age. They will be re-directed immediately to the Unaccompanied Minors team who will undertake assessment of their needs.

7.4 MAST Central Pre-Birth pod

7.4.1 Pre-birth referrals come to this Central team where there is concern about the welfare of any unborn baby resident in Ealing. Ealing Hospital maternity services or

other hospitals in the surrounding area such as Queen Charlotte's, Northwick Park and Hillingdon and West Middlesex. Referrals should all go initially to Ealing Children's Integrated Response Service (ECIRS) who will transfer as appropriate to the Central MAST.

7.4.2 The Pre-birth Pod will also continue receive referrals when concerns arise on an unborn baby in the Leaving Care / Connect teams. This should be referred via ECIRS to the Central MAST team which contains the Pre-Birth pod;

7.4.3 The Pre-Birth pod will retain responsibility for cases (including unborn) where mothers are wishing to relinquish their children for adoption on a voluntary basis.

7.5 Looked after children:

7.5.1 All cases of looked after children aged 0-15 must be presented to the Legal Planning Panel. The decision on date of transfer will be decided at the panel for all cases going into care proceedings.

http://ealing.proceduresonline.com/chapters/pr_legal_proceedings.html

7.5.2 For all section 20 cases not in proceedings the case will transfer at the first LAC review;

7.5.3 No case will be accepted by the Connect teams without the case being presented to the Legal Planning Panel;

7.5.4 On completion of care proceedings the court worker in Connect will transfer cases to the LAC worker in Connect within 12 weeks;

7.5.5 On completion of care proceedings where the outcome is a Supervision Order the Court worker will transfer the case to the relevant MAST team within four weeks.

7.6 Leaving Care

7.6.1 In the situation that following a Child and Family assessment a young person who becomes looked after at age 16 years plus the case will be heard at the AROH Panel and will transfer to the Leaving Care Team on completion of the Child and Family Assessment (the first statutory review should have been completed). Young people aged 16 - 18 eligible for S24 support will be referred immediately to the Leaving Care Teams;

7.6.2 Non-complex 20+ cases will transfer to the 20+ team from the Leaving Care Teams within 2 weeks of the young person's 20th birthday;

7.6.3 Cases of 20+ care leavers that are complex will remain in the Leaving Care Teams.

7.6.4 After Care cases (ages 21- 25) not in education, employment or training will be signposted to services by the After Care Team.

7.7 Step up from SAFE to Social Care;

7.7.1 There will continue to be times when both SAFE and Social Care are involved with a case when there has been an escalation where threshold has met section 47 and the need for a child protection enquiry. In such cases Social Care will be the lead agency where a complex assessment is required;

7.7.2 If the case meets the Social Care threshold this would override parental agreement re consent and information would be shared with Social Care;

8. Unaccompanied Minors Team / Children's Housing Support Team

8.1 Role

8.1.1 The Unaccompanied Minors Team / Children's Housing Support Team (UMT/CHST) have a remit to work with

- Homeless Families and families with no recourse to public funds (NRPF);
- Unaccompanied and Accompanied Minors;
- Private Fostering Arrangements;
- 16/17 year olds at risk of homelessness.

8.2 Homeless Families and families with NRPF

8.2.1 The UMT/CHST accepts new referrals from ECIRS where homelessness is the predominant presenting issue on referral and where the authority has an obligation to undertake an assessment under Section 17 Children Act 1989. This will include:

- Where a family has been deemed intentionally homeless and therefore not entitled to accommodation from Ealing's Housing department;
- Where a family has no recourse to public funds (NRPF) and a local connection to Ealing

8.2.3 When a referral is received by the UMT/ CHST, the team will ensure the following:

- A Child and Family Assessment is conducted to assess the family's eligibility for section 17 services;
- Where there is a continuing need to allocate the case following assessment the case will remain in the UMT/CHST.

8.2.4 Where safeguarding concerns arise on a case allocated with the UMT/CMHT the UMT/CHST will refer to the relevant MAST team who will take the lead on a S47 investigation. UMT/CHST will jointly work with MAST.

8.2.5 Where a subsequent decision is made for the children to become subject to a Child Protection Plan the case should remain with the appropriate MAST team. Staff from the UMT/CHST should attend all relevant child protection forums - case conferences, core groups and strategy meetings.

8.3 Unaccompanied Minors/Accompanied Minors

8.3.1 The UMT/CHST works with those children and young people who have arrived in the UK and are claiming asylum (either accompanied or unaccompanied). Referrals come from the Home Office, Police or as Walk In's.

8.3.2 The UMT/CHST carries out assessments (including if required age disputed assessments). Following assessment, where the child needs to be provided with accommodation and support under looked after children legislation, the case will be referred on to Connect or Leaving Care Teams at the first review.

8.3.3 All accompanied minors are assessed by the Unaccompanied Minors Team and support given as appropriate to access Health and Education where needed. If there are no concerns the case is closed.

8.3.4 Where there are safeguarding or Child Protection concerns including trafficking, the case is referred to the Adolescent MAST team for a S47 investigation to be carried out.

8.3.5 The team undertakes all relevant statutory reviews - LAC review and CIN reviews for those eligible for services from the team.

8.4 Private Fostering

8.4.1 Notifications of new private fostering arrangements come via ECIRS and should be discussed immediately with the Team Manager of the UMT/CHST to arrange a joint visit within 7 working days of notification.

8.4.2 The UMT/CHST has responsibility for the assessment and support of all new private fostering arrangements unless there are CP investigations already underway or the child is subject to a child protection plan. UMT/CHST will jointly work with MAST who take the lead whilst CP work is ongoing.

8.4.3 Once established that the UMT/ CHST will take responsibility for the case, they will carry out the private fostering assessment and take responsibility for ensuring DBS checks are completed.

8.4.4 Where concerns arise about the welfare of a child in a private fostering arrangement, the case will be referred to the relevant MAST team to carry out a S47

investigation. This will be undertaken alongside the private fostering assessment and support work and close liaison between the teams is essential.

8.4.4 The UMT/CHST will carry out all subsequent support and visiting requirements.

8.5 16/17 years olds at risk of homelessness

8.5.1 ECIRS take all enquiries of 16/17 year olds presenting as at risk of homelessness.

8.5.2 Where ECIRS decide that there are no safeguarding concerns and housing is the only issue, the young person will be transferred to the UMT/CHST for assessment and presentation to At Risk of Homelessness (AROH) Panel.

8.5.3 Where there are safeguarding concerns and need level is higher, the young person will be referred to the MAST Adolescent team for an assessment and case presented to the AROH Panel.

9. Children with Disabilities (CWD) Team

9.1 Role

The CWD team take responsibility for assessment of children and young people up to the age of 18 who have a disability which has a severe or profound impact on their day to day lives. This will usually be children/young people who are likely to have life-long support needs. This includes children with a physical or learning disability, complex health needs with autism

Cases included in this category will be:

- Children with disabilities where there are safeguarding concerns and all assessments and work involved in Child Protection process.
- Children with disabilities looked after in long-term accommodation.
- Children with disabilities looked after for short-break arrangements.
- Reviews of funding for holiday play schemes for children with disabilities.
- Undertaking assessments where a request is received for short break care or Direct Payments because of needs arising from a child's disability.

- Carer's assessments where the child meets eligibility for ESCAN CWD team support.
- Cases of children with severe illness that meet the CWD team criteria where the condition is unlikely to improve and that are referred from Hospitals other than Ealing Hospital

9.2 Interface

9.2.1 The MAST Teams will receive some referrals of children with disabilities. If the presenting level of need meets the above criteria for allocation to the CWD team the case will be immediately referred to that team. In cases where eligibility is not immediately clear there should be a manager to manager discussion before referral on.

9.2.2 Where a new referral is received in the MAST Team of a family with disabled and non-disabled children, the MAST Team will call a strategy meeting and ensure the CWD team manager is informed and invited to attend.

9.2.3 The managers of CWD team and managers of MAST Teams should be informed immediately of any S47 enquiry and where they may be required to attend a strategy meeting. Information about the concern and reason for their attendance must be shared prior to the meeting.

9.2.4 Once it is clear that the case belongs to the CWD team a Child and Family Assessment will be completed. Where a Child & Family assessment is completed and where allocation on a longer-term basis is required the case will remain with the CWD team whilst the predominant presenting need relates to the disability of a child within the family.

9.2.5 It may be that in the course of work with the family it is identified that there are further issues relating to other children in the family necessitating social work involvement. In these cases, CWD team will take on responsibility for all children within the family where this has been agreed by Heads of Service that the case is best placed in CWD team. Where concerns relate only to the child with disabilities the cases of the sibling(s) will be closed.

9.2.6 If a new case presents to any team where the presenting issue concerns the sibling of a disabled child then responsibility for the case will remain in the MAST team not CWD team. CWD team are expected to attend any relevant meetings.

9.2.7 If children are accommodated and all siblings placed together, the Connect social worker and CWD team social worker will co-work and come to an agreement about their respective roles. If children are placed separately the Connect social worker and CWD team social worker will remain responsible for their respective child and will communicate and work jointly where necessary.

9.2.8 Where there is an assessed social care need for Short Breaks but the child with a disability does not meet the eligibility criteria for the CWD team the allocated social worker will present the case to the CWD Quality Assurance Panel. If a package of support is agreed under sec 2 CSDPA and there are no other eligible social care needs the package will be monitored by the CWD team. If further additional needs are identified, then the case will revert to the MAST team.

9.2.9 The Leaving Care Team will be party to transition planning for relevant CWD cases once the young person reaches 16 and will provide any relevant support services as part of the Leaving Care package for the young person.

9.2.10 Adult Services should become involved once the young person is 14 as part of the normal transition planning process and a referral made to them at an appropriate time during the transition process. Upon reaching the age of 18 years, the young person with a disability, if they have eligible social care needs, will become the responsibility of the team for Adults with Learning Disabilities, or the team for Adults with Physical Disabilities. Arranging appropriate transfer at this stage will be the responsibility of the CWD team manager.

10. Connect teams

10.1 Role

10.1.1 These are multi-disciplinary teams made up of LAC social workers, court social workers, supervising social workers and clinical psychologists supported by LAC teachers. Their role is to achieve permanency, support reparation of damaged attachments and ensure excellent parenting for Looked After Children.

10.1.2 The Connect teams will be responsible for services to all children and young people below the age of sixteen who are placed in residential or foster care, with relatives or friends who are approved as long-term carers or who are placed with parents under the Placement with Parents regulations. Certain Connect teams have specific remits i.e. Kinship; Family Finding and Court work.

10.1.3 Looked After Children, who have severe or profound disabilities, will receive a service from the Children with Disabilities Team.

10.1.4 Children remanded into local authority accommodation will be transferred into the Connect Service until the age of 16. From 16 they will transfer to the Leaving Care teams after a period of 13 weeks.

10.2 Interface

10.2.1 The Connect teams will receive cases from the MAST teams after completion of a Child and Family Assessment (the first statutory review also having been completed).

10.2.2 The team will receive cases from the MAST teams at the first statutory review (unless a Child and Family Assessment is being completed in which case at the point of completion of the assessment) or if the plan is clearly imminent return home

10.2.3 In the case of unborn babies of a parent placed in Ealing whose case is held in the Connect teams, these will be referred to MAST Central team for completion of a Child and Family Assessment. For those young parents placed outside of Ealing a referral will be made to the relevant Local Authority for assessment. Close liaison should occur between the two teams and the Connect social worker should attend all relevant meetings and provide a detailed chronology for use by the new social worker.

10.2.4 Upon reaching the age of 15 and a half years, the Team Managers of the Leaving Care Team will be notified of the need for a planned transfer and a member of that team will be invited to attend the young person's Statutory Reviews. Consideration should be given to the timing of transfer according to the needs of the young person and the Leaving Care Teams will accept transfer of the case once the young person is 16 years old. In the (rare) event that legal proceedings are still underway these should be concluded prior to transfer

10.2.5 The Court social workers will take cases identified at the Legal Planning Panel as requiring Care proceedings. There will be a period of joint work with the incoming team, the duration of which will be decided by the Connect Team Manager and the incoming Team Manager.

10.2.6 If the conclusion of Care Proceedings for an existing LAC results in a Supervision Order, the case will transfer to the appropriate MAST team

10.2.7 The Connect Kinship team works closely with the court social workers to enhance the care planning process on cases and to achieve permanency in a timely fashion. It will complete short term fostering assessments of all kinship carers; provide support and advice to area colleagues on undertaking kinship assessments; complete all permanency assessments of kinship carers where children are looked after or the case is in the pre-proceedings process or in care proceedings; complete all SGO assessments;

10.2.8 Social Workers from the Connect Kinship Team will be available to undertake joint visits to kinship carers with the child's social workers in the following circumstances:

- When a child is about to become looked after (i.e. court proceedings are imminent or the child is likely to become accommodated) and an assessment of a family member or friend is required to ascertain if the child can be placed with them under regulation S24 (temporary approval);

- When a child is looked after (s20/s38/s31) and a viability assessment is required of a family member or friend to assess them as short-term foster carers (kinship) or as permanent carers for the child.

It is good practice for the child's social worker to accompany the social worker from the Connect Kinship Team particularly in circumstances where an emergency placement is being considered.

10.3 Temporary Approval of Kinship Foster Carers

The Director of Children and Families is responsible for deciding on the suitability of prospective carers and their temporary approval as foster carers under Regulation 24. The child's allocated social worker is responsible for carrying out the initial assessment of suitability. Once temporarily approved as foster carers, the Kinship social worker will complete the full assessment and present the case to the Fostering Panel.

11. Leaving Care Service

11.1 Role

11.1.1 The Leaving Care service is comprised of two Leaving Care Teams, a 20+ Team and an opt in After Care service. There is also a dedicated leaving care Clinical Psychologist and Welfare Benefits worker who work across the teams. The Leaving Care service is responsible for all young people 16 years of age and over. Also, those who have been or are LAC between the ages of 16 and 25 who are eligible for services under the Children (Leaving Care) Act 2000. Up until their 18th birthday young people will receive the same services as any looked after child. (Those looked after young people of this age who meet criteria for CWD team remain with CWD team for Leaving Care support.

11.1.2 The services offered to young people will include:

- Preparation and reviewing of Pathway Plans for all young people
- Provision of appropriate accommodation and financial support for young people
- Provision of personal advisors to young people
- Keeping in touch with young people who move away from the area
- Provision of vacation accommodation
- Opt in After Care service

11.2 Interface

11.2.1 Cases will transfer from the MAST, Connect, or Housing Support teams at aged 16 years of age.

11.2.2 In some cases a period of joint working between the teams will be required to effect a smooth transition of responsibilities.

11.2.3 If for some reason the case is transferred from Connect after the young person's 16th birthday the Connect team will complete the Pathway Plan for the young person.

11.2.4 Representatives of the Leaving Care Team will be invited to attend reviews of young people aged 15 1/2 and over. Copies of these reviews and the young person's care plan should be passed to the Leaving Care Manager at the time of notification of the likely transfer.

11.2.5 Where young people are referred to ECIRS and identified as eligible for Section 24 services they will be immediately transferred to the Leaving Care Team for continued support.

11.2.6 Concerns relating to unborn babies where a parent is looked after or care leaver MUST be referred directly to ECIRS

11.2.7 Young people aged 21-25 who were not engaged in education on their 21st birthday can opt into the After Care service. If they wish to pursue education they will be allocated in the 20+ team. If they are assessed as having complex issues they will be allocated in the Leaving Care team until these issues are resolved. If they are assessed as requiring minimum support they will be provided with advice and signposting by the After Care service.

12. Safeguarding, Review and Quality Assurance Service

This section of the protocol has been written to clarify how advice, consultation and support can be obtained re: child protection matters and what the expectations are of social workers, team managers and others.

12.1 Overview

12.1.1 The Head of Safeguarding, Review and Quality Assurance is the strategic head of service and will have an overview of safeguarding practice both within social care and through the Ealing Safeguarding Children's Board (ESCB) with multi-agency partners.

12.1.2 The Safeguarding, Review and Quality Assurance Manager holds responsibility for the Child Protection Conference arrangements; the Local Authority Designated Officer responsibilities (LADO) and is the first point of contact for all Allegations against Staff and Volunteers (ASV). The five Child Protection Advisors (CPAs) directly report to the manager and are also available when required.

12.1.3 The Safeguarding, Review and Quality Assurance Service includes independent reviewing through the CPAs and Independent Reviewing Officers (IROs). CPAs are responsible for children and young people on Child Protection Plans, whilst IROs focus on those who are looked after.

12.1.4 The Safeguarding, Review and Quality Assurance Service also has a dedicated Co-ordinator leading on Contextual Safeguarding and two Partnership Leads for Vulnerable Adolescents.

12.1.4 The Independent Reviewing Officer service has been provided to Ealing looked after children for many years through Aidhour. Senior managers are involved in commissioning, monitoring, quality assuring and supporting this arm of the service and the Safeguarding, Review and Quality Assurance Manager provides regular support, and group supervision to IROs.

12.1.6 The Safeguarding, Review and Quality Assurance Service supports the dissemination of learning and training within Children's Services and to ESCB partners.

12.1.7 The Service contributes to key Risk Forums including MAPPA, MARAC and MAVES (Multi Agency Vulnerability Exploitation Safeguarding) panel which is a panel that combines our former MACE and Milvus panels, in addition to the Prevent Board and Violence Against Women and Girls (VAWG) steering group

12.2 Child Protection Advisor (CPA) Role

12.2.1 The CPA role covers a number of different areas. The CPA's chair the Child Protection Conferences, Allegations against Staff and Volunteers (ASV) meetings, and complex strategy meetings. The CPA's also undertake quality assurance (QA) and service development work and provide training and contribution to forums such as MAPPA, MARAC, and the ESCB. Part of the QA activity includes reviewing Ealing Child In Need (CIN) cases transferring to another Local Authority. This is to confirm thresholds and ensure consistency in the standard and quality of information being shared.

12.2.3 There is a duty rota in operation to ensure that a CPA is available throughout the working week to provide consultation and advice to social workers and managers across all sites

12.2.4 Advice and consultation should be sought around threshold to proceed to an Initial Child Protection Conference (ICPC) and can also be sought on particularly complex child protection matters, or where guidance on policy or procedure needs clarification.

12.2.5 Social workers are first expected to discuss cases with their deputy or team managers before seeking advice from the CPAs so that the line of case management responsibility is kept clear and consistency is maintained. CPA's are also able to support workers and managers where there are differences of views/interpretations of thresholds (escalation).

12.2.6 There are two main ways in which social workers and team managers can gain CPA advice.

- Completion of the CPA Advice Form: This is based on the Signs of Safety Model and asks for information on the reason for referral, protective, risk and complicating factors, and any grey areas. In general, requests for advice on less complicated matters can be dealt with by phone or email, however in respect to case discussions relating to threshold advice for ICPCs formal detailed response is required. In these instances a Child Protection advice form needs to be completed by the allocated social worker and sent to the Child Protection Advisor in advance of any CP conference threshold discussion /consultation. The CPA will then provide written advice and the form is to be uploaded onto MOSAIC to ensure that there is a clear recording of advice and actions to be taken. Telephone or direct (in person) consultation may also take place if further discussion or information is required.
- Via the S.47: The CPAs can provide written advice directly onto an open S.47 enquiry in the section entitled 'CPA Threshold.' The social worker or team manager will need to email or telephone the CPA, with the MOSAIC ID number for the young person, and request that advice is provided in this manner. Again, telephone or direct (in person) consultation may also take place if further discussion or information is required.

12.2.7 Once the CPA has sent the record of their discussion along with recommendations to the social worker, it is expected, unless they hear to the contrary, that the advice will be followed and that this will be monitored by the Team Manager (and the Head of Service where they have been informed). It is expected that the CPA will check to review the progress of advice given.

12.2.8 Where the service is concerned about a risk to a child and where advice for urgent or legal action is given, this will be copied to the relevant Head of Service as well as the Team Manager. This will act as an alert to the Head of Service that they need to become involved.

12.2.9 If it agreed that a child or young person should be presented to an ICPC then the allocated team should inform the Child Protection administration team.

12.2.10 The CP admin team will arrange a date for the ICPC to be booked within the appropriate timescales.

12.2.10 It is expected that child protection reports should be provided to families 2 working days before an ICPC and 5 working prior to the review Child Protection Conference, in order for them to be fully informed of the Local Authority view. The report should also be provided to the Child Protection Advisor 2 and 5 days prior to the conference.

12.2.11 Children and young people must be given the opportunity to participate in their conference. As a general rule, all children of 12 and over should be invited, however ability to attend or participate in some way must be assessed by the social worker on an individual basis. The social worker should discuss options with the

young person and their family, as well as with the Chair of the conference to ensure that any participation is fully supported. Options include attending all or part of the conference, the offer of an advocate to attend with the young person or on their behalf, the provision of written views or pictures and meeting with the Chair prior to the conference to share their views. Children under the age of 12 must also be given the opportunity to contribute their views to the conference and Chair and this can be discussed with the CPA in advance of the meeting.

12.3 Disagreements / Dispute Resolution

12.3.1 It is important that the Safeguarding, Review & Quality Assurance service maintain some objectivity and independence from the management of cases and that social workers are clear that it is their line management system who hold casework responsibility and accountability;

12.3.2 Where a social worker decides not to follow the advice given by the CPA, this must be discussed with their manager and recorded on case files;

12.3.3 If the Team Manager disagrees with the advice given s/he will discuss it with the CPA or Safeguarding, Review and Quality Assurance Manager. If agreement cannot be reached at this stage, the Head of Service and the Head of Safeguarding, Review and Quality Assurance need to discuss the case and try to resolve the matter;

12.3.4 It is anticipated that most disagreements about how to proceed with a case can be resolved before or at this stage and any change of plan agreed with a Child Protection Advisor or Safeguarding, Review and Quality Assurance Manager will be recorded.;

12.3.5 Where the CPA or Safeguarding, Review and Quality Assurance Manager is of the view that there is a significant risk to the child if advice is not followed, the Head of Safeguarding, Review and Quality Assurance will raise the matter with the Director of Children and Families. If appropriate the Ealing Safeguarding Children's Board is also an avenue that can be explored (if escalation is needed) when there are disagreements across the partnership.

12.3.6 Independent Reviewing Officers will inform Aidhour when resolving any issue of concern. There will be discussion with the Team Manager first and if the matter is not resolved then then the issue can be escalated to the Head of Safeguarding, Review and Quality Assurance Manager and Head of Children in Care. It is expected that in the main matters will resolved at team manager level.

12.4 Local Authority Designated Officer (LADO) & Allegations against Staff and Volunteers (ASV) process

12.4.1 The Local Authority Designated Officer (LADO) is a local authority role responsible for managing and overseeing concerns, allegations or offences relating to staff and volunteers in any organisation across a local authority area.

12.4.2 All organisations should make contact with the LADO in their area if they have a concern that a member of staff, volunteer, casual worker, agency or self-employed worker, or any adult in a position of trust in their organisation has behaved in a way that has harmed, or may have harmed a child, possibly committed a criminal offence against children, or behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

12.4.3 The employer must inform the LADO within one working day of an allegation being made and prior to any further investigation taking place. The LADO will advise whether the allegation meets the threshold for further enquiry under the ASV framework.

12.4.4 If the allegation meets the threshold for further enquiry, the employer should discuss with the LADO, the police and / or Local Authority children's social care about how much information should be disclosed to the accused person.

12.4.5 If the allegation meets the threshold for further enquiry, the case will be allocated to a social worker in the ECIRS team who will organise the initial strategy meeting (where a young person has an allocated social worker they will also be included in the process), which the LADO or CPA will chair. Representatives from the referring agency and the Local Authority will attend this meeting. The purpose of the strategy meeting is to share information / evidence in relation to the allegation and decide whether any further enquiries need to be made, and by whom. Review strategy meetings can be held for the purpose of further enquiry.

12.5.6 Timescales for the conclusion of enquiries vary according to each case; our service aims to conclude within 4 - 12 weeks unless there are mitigating factors. In cases where there are criminal proceedings enquiries should conclude within 12 months. The LADO helps co-ordinate information-sharing with the right people and will also monitor and track any investigation, with the aim to resolve it as quickly as possible.

12.5.7 There should be provisions in place to immediately safeguard the child (and any other children who may be at risk from the individual), when any allegations are made against a professional.

ASV referrals can be made through ECIRS or directly to the LADO.

The contact telephone number is 020 8825 8930 and email to which ASV referrals should be forwarded to is: asv@ealing.gov.uk

12.6 Partnership Leads for Vulnerable Adolescents

12.6.1 The Partnership Leads for Vulnerable Adolescents support front line services in identifying and managing risks around Contextual Safeguarding Concerns. The Safeguarding, Review and Quality Assurance Manager, Contextual Safeguarding Coordinator and CPAs will also support with consultations and chairing strategy meetings when needed.

12.6.2 Advice and Consultations to social workers, managers and other key services such as schools/health services

- Support and advice on cases which present with Contextual Safeguarding risks (including Child Sexual Exploitation, Child Criminal Exploitation, Gangs, Serious Youth Violence, Missing from Home and Care, Trafficking, Peer on Peer abuse, Radicalisation (outside of the family home).
- Attend relevant strategy/professionals meetings & panels
- Chairing strategy meetings

12.6.3 In order to gain advice from the Partnership Leads for Vulnerable Adolescents regarding Contextual Safeguarding concerns the allocated worker should complete the Vulnerabilities Screening Tool (VST) and forward to vulnerabilitiestool@ealing.gov.uk for consideration. If the Partnership Lead makes the decision threshold is met for a strategy meeting the Team must open the s47 on MOSAIC.

12.6.4 For advice regarding children missing from home or care the social worker or team manager should contact the Partnership Leads directly.

12.7 Contribution to key Risk Forums

The Safeguarding, Review & Quality Assurance Service attends key strategic and operational forums representing Children's' Social Care. This includes internal, partnership and Pan London groups. The panels the Service contributes to where individual cases are considered are;

12.7.1 Multi-Agency Vulnerability and Exploitation (MAVES) Panel

At the start of 2019 the Multi-Agency Child Exploitation (MACE) panel and Operation Milvus (gangs and serious youth violence panel) combined with a view to be able to provide a more coordinated response, both operationally and strategically, to these often overlapping issues. The purpose of MAVES is to have oversight of Contextual Safeguarding cases, information, intelligence and activity across each Local Authority area and across borough boundaries. MAVES should have the capacity to identify and remove blockages or obstacles in cases. The MASE should be directing resources and activity in response to trends identified from those cases.

The Operational MAVES is co-chaired by the Contextual Safeguarding Co-ordinator (with the police) while the Head of Safeguarding Review and Quality Assurance co-chairs (with the police) the Strategic MAVES

In addition to chairing these meetings the Contextual Safeguarding Coordinator and Head of Safeguarding and Quality Assurance:

- Act as the Children's Social Care Representative, imparting and collating key information and contributing to discussion and decisions;
- Coordinate referrals and feedback from SWs to panel, and panel to SWs;
- Contribute to the development of a problem profile for Ealing including locations, establishments, individual and cohorts of young people and adults posing and/or at risk.

12.7.2 MARAC (Multi-Agency Risk Assessment Conference)

A Multi Agency Risk Assessment Conference (MARAC) is a regular local meeting to discuss how to help victims at high risk of murder or serious harm. No single agency has a complete picture of the life of a domestic abuse survivor, but many will have insights that are crucial to their safety. The MARAC is both a forum to share these insights with other local services and to develop a joined-up safety plan.

A dedicated CPA attends the Ealing MARAC;

- To represent Children's Social Care, imparting and collating key information regarding children's welfare and devising multi-agency safety plans;
- Feedback to social workers and managers: forwarding the minutes and action plans from MARAC.
- Communication with allocated teams to ensure MARAC actions are followed through and this is fed back to MARAC by the rep.
- Random quality checks to ensure MARAC advice is uploaded as advised

12.7.5 MAPPA (Multi Agency Public Protection Arrangements)

A dedicated CPA provides representation at the Multi Agency Public Protection Arrangements (MAPPA). This is a monthly meeting that is held to assess and manage the risks posed by sexual and violent offenders, who are currently living, or who will be living, in the community. MAPPA meetings are attended by representatives from Police, Probation, Children's Services, Housing, Victim Support and Mental Health Services, to put in place appropriate arrangements to ensure the successful management of violent and sexual offenders. If an offender under the age of 18 is discussed, then the Youth Justice Service Team should also be present.

The age of criminal responsibility in England and Wales is 10 years. This means that any person aged 10 or over, including children and young people, may be convicted in the courts of any offence. A child or young person who is convicted of a serious sexual or violent offence will be a MAPPA offender. The CPA is therefore

responsible, alongside the other MAPPA representatives, for ensuring that his or her needs as a child are considered and promoted, alongside the safety needs of the general public.

The CPA representative will also provide consultation and advice at MAPP meetings if there is an adult offender being discussed whose offence may have implications for the safety and wellbeing of a child or young person whom they live with or have contact with. The CPA will read through all MAPPA referral forms and relevant documentation and to check these against any records held by Children's Services. They will identify if there is further information that may be of help, or if there are additional concerns about children and young people under the age of 18 that live in the household, or who are associated or may have contact with the offender.

The CPA will support in identifying the risks posed, and in identifying and putting in place an effective risk management plan, looking at support needed and any licence conditions that may be required.

13. Emergency Duty Team (EDT) - Out of hours Service

13.1 Role

13.1.1 Detailed information about the role of the EDT service can be found in a separate procedure, a section of which is included here at it relates to the interface with day teams (http://ealing.proceduresonline.com/chapters/p_edt.html)

13.1.2 The EDT Team Manager will have a particular responsibility for ensuring that there are good operational links between the EDT and day services.

13.2 Responsibility for Referrals

13.2.1 The EDT is only responsible for dealing with referrals, which are initially made outside office hours. Day staff should complete all work where the initial referral was made before 17.00hrs.

13.2.3 Where day staff consider that they are unable to complete a piece of work, the EDT may exceptionally take this on. However, it is essential for day staff to speak directly to the EDT officer on duty to negotiate this. Day staff must therefore leave a telephone number on which they can be contacted after 17.00hrs.

13.2.3 It is not acceptable for day staff to leave a message asking for the EDT to complete a piece of work. If the day staff cannot speak to the EDT worker then it must be assumed that the work will not be undertaken by the EDT.

13.2.4 It is part of the role of the EDT to help and support day staff who are working outside normal hours. Any colleague working after normal hours can contact the EDT for advice, information, resources or assistance.

13.3 Criteria for Referral to EDT

13.3.1 The EDT is principally responsible for providing an emergency service in situations where there is a real and immediate threat to life, safety, health or liberty. Additionally, the EDT will seek to provide a service where delay could cause deterioration in the welfare or safety of the subject of the referral.

13.3.2 It is therefore not appropriate to make referrals to the EDT for routine monitoring of service users or carers out of hours. The EDT cannot guarantee to be available for this purpose, which must be covered in general care planning for a case.

13.3.3 As outlined above, it will be unusual for day staff to make a referral for action, as the expectation is that day staff will normally complete work in which they are involved.

13.3.4 When day staff do need to make a referral, the worker should ring the EDT contact number, leaving a telephone number on which they are available after 17.00hrs and the EDT officer on duty will contact them as soon as possible after coming on duty.

13.4 "Alerts" for EDT from Day Staff

13.4.1 There will be occasions when day staff need to alert the EDT to referrals which may arise, giving background information and indicating a course of action which they would like the EDT to take. Contact details for an appropriate officer should normally be included. These "alerts" should be completed online and emailed to EDTALERTS@ealing.gov.uk. The EDT co-ordinator will check the EDTALERTS mailbox at the beginning of each shift. ("EDT Alerts and Information" form is available on the Intranet)

13.5 Communication of EDT Referrals to Day Staff

13.5.1 At the end of each EDT duty period it is the responsibility of the EDT officer who has dealt with a referral to complete a Service Request Form and to forward this by email to the EDT Administrators by 08.00hrs the following working day. All referrals must be fully written up and forwarded to the EDT Administrators before offices open for business.

13.5.2 The EDT Administrators will then forward all EDT referrals to the appropriate locality team(s) through MOSAIC or email, for day staff managers and senior care managers to follow up.

13.5.3 Where urgent follow-up is required of day staff, the EDT officer may in some circumstances ring the appropriate duty team to confirm actions required.

13.5.4 The receiving office must confirm receipt of all EDT referrals, by email, fax, MOSAIC or phone.

13.5.5 Day staff should only contact the EDT Administrators regarding further information in exceptional circumstances. The Administrators have only the information available in the report and all EDT social workers have gone off duty by 09.00hrs.