

Gloucestershire's Levels of Intervention Guidance - Working Together to Safeguard and Promote the Welfare of Children

VERSION 2.1 – 6th February 2017

Children and families receive the right help at the right time

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Revision Table

| Revision | Date | Comment |
|----------|-------------------------------|---|
| 1.0 | 9 th June 2014 | Guidance endorsed by GSCB on 21.05.14 Agreement given that this would be live guidance that is updated regularly |
| 1.1 | 18 th July 2014 | Amendments made to 2.0 – updated information in relation to consent to share information |
| 1.2 | 2 nd October 2014 | Addition of a hyperlink on page 4 to the SEND guidance |
| 2.0 | 30 th January 2017 | Changes to Windscreen and revision to guidance to align with graduated pathway and changes to the front door. Updated contact numbers |
| 2.1 | 6 th February 2017 | Updated hyperlinks due to changes to GCC and GSCB Website |

Foreword – by Dave McCallum and Linda Uren

Children and young people deserve to achieve the best possible outcomes and this is at the heart of all our work in Gloucestershire. Most children do very well in the county, but too many experience significant disadvantages which are not always addressed as soon as a problem emerges, and instead are left until they become more serious. Some families and communities may know that there is a problem but won't know where to go to get help and advice. As part of everybody's responsibility for safeguarding children and promoting their welfare, we want to ensure that children and young people at risk are identified at the earliest possible stage and work with them in a coordinated manner to prevent them from reaching crisis point. This is what 'early help' means.

This document is intended to provide practitioners with guidance about making decisions according to the level of need. It aims to make sure the appropriate level of support will be put in place to ensure that a child or young person's needs are met in a robust and timely way. We want all professionals working with children and families to be confident in adopting a culture of 'healthy challenge' and 'doing the right thing' by having open conversations with families and each other and really championing on behalf of the child.

Levels of Intervention act as a guide to professional decision making and are there to ensure that children, young people and families are able to access the right support to improve life chances and keep children and young people safe. They should not be seen as a barrier but a clear continuum across the levels of need and appropriate support to meet that need.

This guidance focuses on ensuring that children are safeguarded. There may be children who have significant needs; these might be in addition to safeguarding issues and need specified needs provision and/or health services. The processes described should be similar but will not necessarily require the involvement of children's social care and/or the police.

Supplementary guidance can be found on the GSCB website www.gscb.org.uk or through the [South West Child Protection Procedures](#)

Dave McCallum

Independent Chair,
Gloucestershire Safeguarding
Children Board

Linda Uren

Director of Children's Services

1.0 - Accessing Support for Children and Young People with Additional Needs, an Introduction

There is an increased recognition of the importance of early help when working with children and young people to reduce the incidences of abuse and neglect, family breakdown, social exclusion and to enable every child to thrive and reach their full potential. Academic research is consistent in underlining the damage to children from delayed intervention and emphasising that professional action to meet the needs of these children as early as possible can be critical to their future. Early help is more effective in promoting the welfare of children and means providing support as soon as a problem emerges at any point in a child's life.

The Early Help approach employs openness and transparency to ensure children, young people and families are at the centre of decisions related to them. It acknowledges the value of input from those who know the child or young person best and the value of good working relationships and consistent communication in making the best use of our resources to help children and young people realise their full potential.

Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help; and
- Provide targeted early help interventions based on the assessed needs of a child and their family in order to significantly improve outcomes for the child.

This guidance document has been produced to promote a common understanding of the type and level of support that is needed for children and young people based on their level of need. The aim is to clearly identify when and how children and young people can be supported and safeguarded to ensure that their needs are met, whatever the level.

This approach supports joint working and early intervention with families by providing a framework for identifying need and matching support to that need.

Needs may:

- Be universal
- Lead children to be vulnerable (likely to need specific support from either a single agency or a coordinated response from more than one agency to meet the needs)
- Be complex (likely to require a coordinated response from more than one agency)
- Be acute (likely to need coordinated intervention led by a professional from a statutory or specialist agency)

1.1 - Support within Universal Settings

Examples include: Schools, Health Visitors, Midwives, GP's, Children's Centres, Childminders, etc. Advice and guidance to families and professionals is available through Gloucestershire Family Information Service.

Gloucestershire Family Information Service provides information, advice and support for families with children aged 0-19 (up to 25 for those with a disability)

www.glosfamiliesdirectory.org.uk

Telephone - 0800 542 02 02

1.2 - Support for Children with Additional Needs

There are some children and families who have additional or multiple needs and need help from one or more professional. The graduated pathway is Gloucestershire's response to ensuring Early Help is available to all children, young people and their families with additional needs, whether these are educational, social or emotional needs or a disability.

Children with additional needs may need either some specific support from a single agency (e.g. school, health setting, children's centres) or a more coordinated response from a range of agencies. A My Plan is used when it is clear what the presenting needs are and who or what can help. If needs are unclear and the impact is unknown, there is already a significant impact that is likely to escalate or it is unclear what or who may help then a My Assessment and My Plan+ should be considered and coordinated by a Lead Practitioner.

If you are not sure whether a child's needs can be met through your own agency or whether a more coordinated response is required, then speak with your supervisor, safeguarding lead or a Community Social Worker.

1.3 - Children with Complex or Acute Needs

A lot of children with complex needs will have their needs met through the graduated pathway and a My Assessment & My Plan+, which is regularly reviewed through a Team Around the Child (TAC) or Team Around the Family (TAF) meeting.

Children with very complex needs and/or at risk of significant harm will require an assessment by children's social care to determine the level of risk to the child and the multi-agency support that is necessary to meet the needs of the child.

Some children will have very complex needs but not be at risk of significant harm e.g. children with complex disabilities. Agencies should refer to the graduated pathway for more information.

If you think that a child or young person is at risk of significant harm, make sure that you always discuss your concerns with your supervisor or safeguarding specialist within your own organisation. They will be able to advise you on any action you need to take.

2.0 - Consent to Sharing Information

Working Together to Safeguard Children (2015) emphasises the importance of early information sharing and that fear about sharing information cannot be allowed to stand in the way of promoting child welfare and protecting child safety. Considering much of what we offer relies on multi-agency working and engaging with families, it is crucial to describe to families the importance of information sharing as the foundation of professional practice and that in order to share information we need to seek consent.

The DfE Information Sharing Guidance (March 2015) states that “Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. No practitioner should assume that someone else will pass on information which may be critical to keeping a child safe.”

There will be some circumstances where you should not seek consent from the individual or their family, or inform them that the information will be shared. For example, if doing so would:

- Place a person (the individual, family member, yourself or a third party) at increased risk of significant harm if a child, or serious harm if an adult; or
- Prejudice the prevention, detection or prosecution of a serious crime; or
- Lead to an unjustified delay in making enquiries about allegations of significant harm to a child, or serious harm to an adult.”

However, there must be a proportionate reason for not seeking consent and the person making this decision must try to weigh up the important legal duty to seek consent and balance that against whether any, and if so what type and amount of harm might be caused (or not prevented) by seeking consent. If unsure, then you should speak to the safeguarding lead within your organisation and seek their advice. If it remains unclear then you may also wish to speak with a Community Social Worker to discuss your concerns further. Moving forward a practitioner advice and information helpline will be established. This guidance will be updated as this piece of work develops.

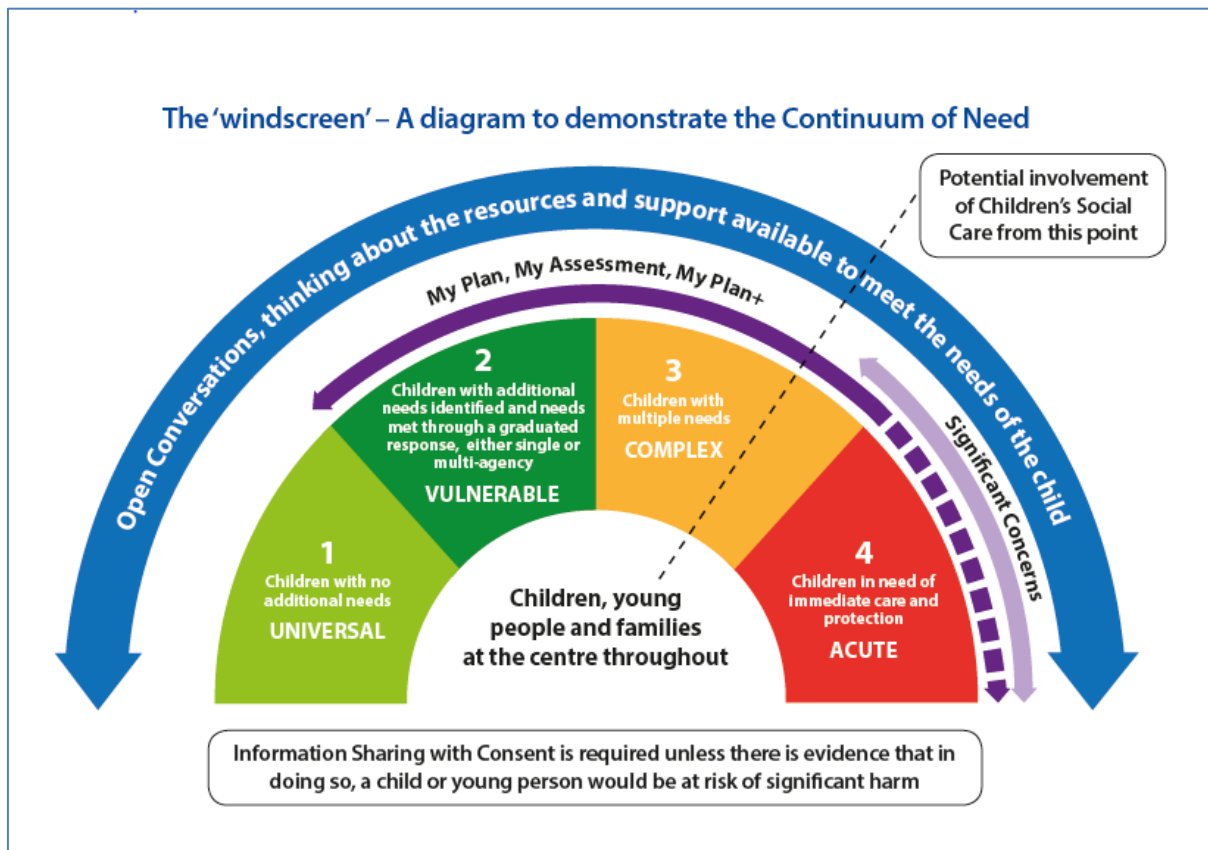
Further information about information sharing can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

3.0 - Overview of Levels of Need

Children and families may have different levels of need at different times across a range of issues. Having a graduated approach ensures that support will be appropriate, and at the lowest level of intervention.

Children might also have a range of needs at different levels. It is important to take all needs into consideration when determining the type of support that might be required and the professionals who should be involved.

The 'windscreen' – A diagram to demonstrate the Continuum of Need

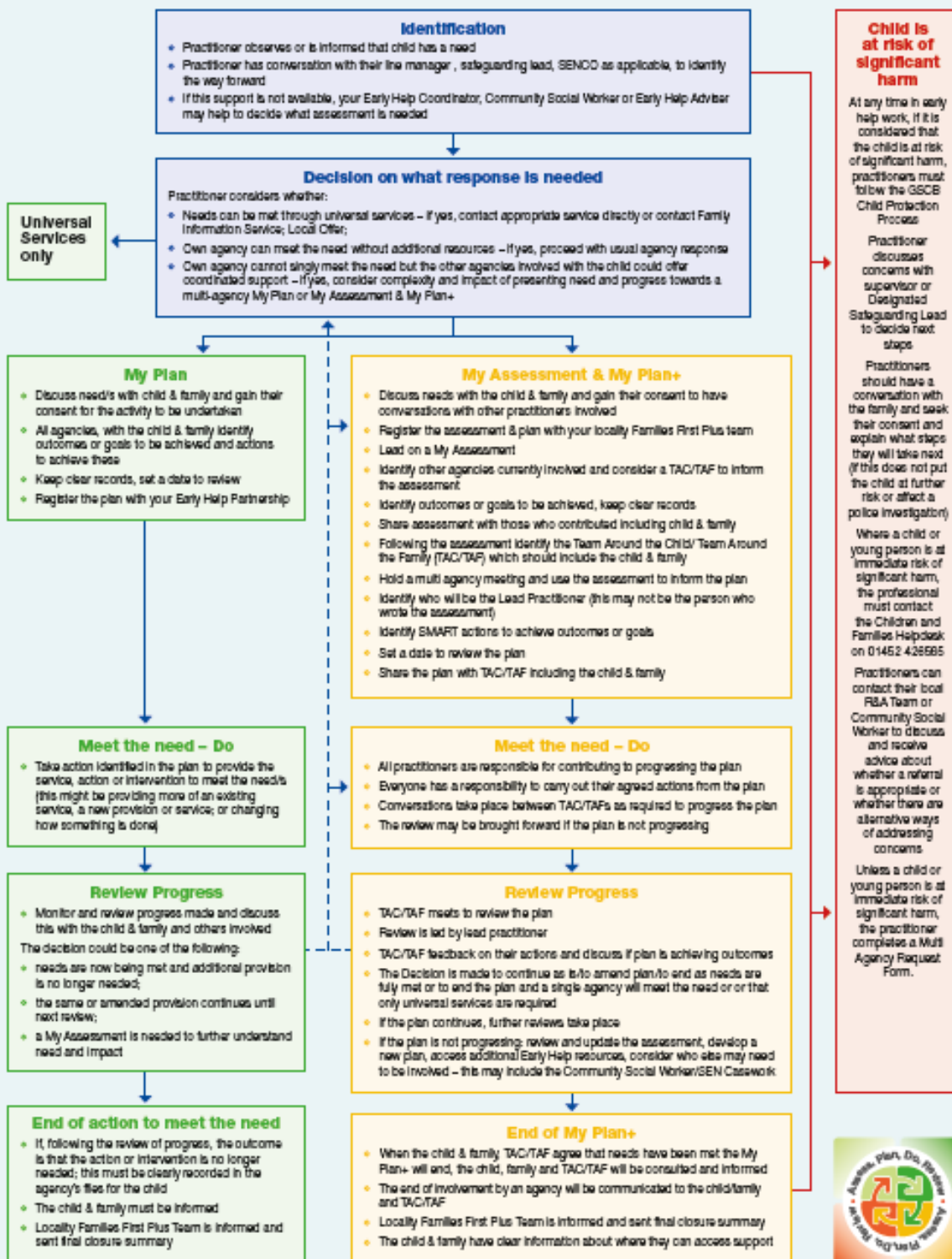


Graduated Pathway Flowchart – Early Help and Support for Children, Young People and Families What to do and How

Graduated Early Help and Support involves: identification; assessment; planning; providing services; and reviewing the plan.

At any time in early help work, if it is considered that a child is at immediate risk of significant harm, the practitioner must contact the Children & Families Help Desk.

Throughout any work with children, young people and their families, where practitioners have concerns or differences in opinion about the decisions or practice of others that they cannot resolve on their own, they can refer to the Gloucestershire Safeguarding Children Board Escalation Policy.



Information in the table below has been designed to help identify which level of need a child/family is most likely to meet.

| |
|---|
| <p>Level 1</p> <p>Children and young people are making good overall progress in all areas of development. They are likely to have a protective environment where their needs are well recognised and met. These children need no additional support other than that which is universally available from public services.</p> |
| <p>Level 2</p> <p>Children and young people who have additional needs, including SEND, and need some additional support, without which they would be at risk of not reaching their full potential. The support they need may relate to their health, educational or social development. If not identified, and addressed at an early stage, these issues may go on to become more worrying concerns under Level 3.</p> <p>The response may be either single-agency or multi-agency and support is required to promote social inclusion, to reduce levels of vulnerability and/or to reduce risk taking behaviours. If needs are not met then children’s health, social development, or educational attainment may be significantly impaired. A coordinated response, through My Plan/My Assessment/My Plan+ will be required and a Lead Practitioner will coordinate support through the Team Around the Child (TAC)/Team Around the Family (TAF).</p> |
| <p>Level 3</p> <p>Children with complex needs that may be chronic and enduring. These children will be those who are highly vulnerable or living in the greatest level of adversity. The needs of many of these children and young people can be met through a My Assessment/My Plan+ with a lead practitioner coordinating the support. However, there will be times when a child or young person requires specialist assessment and support from a range of agencies, either through a single assessment or an Education, Health and Care Plan.</p> <p>If a child, young person or family you are working with becomes subject to a social care intervention, you should ensure that the Social Worker is aware of your involvement. It is important that the support being offered to the family does not stop whilst a single assessment is being completed. There may still be a My Plan/My Plan+ running alongside the social care intervention and this should be jointly reviewed with the Social Worker to ensure needs are being met.</p> |
| <p>Level 4</p> <p>Children in need of immediate care and protection. This is the most urgent category and always requires an immediate referral to children’s social care. There will be serious concerns about the health, care or development of a child. It may include serious family dysfunction e.g. a child who has been severely rejected. These children and young people would include those whose care is so compromised as to place them at risk of significant harm and in need of a Child Protection Plan, and all children and young people already subject of a Child Protection Plan.</p> |

It is inevitable that children will move from one level of need to another over time. The transition should happen seamlessly to ensure that information is

shared appropriately between agencies and a Lead Practitioner is identified and clear about their role. Children and families need to be kept informed and should have been part of the decision making.

4.0 - Responding to the Needs of Children and Young People in Gloucestershire

Universal (Level 1)

1

Children and young people are making good overall progress in all areas of their development. They are very likely to be living in a protective environment where their needs are well recognised and met accordingly. These children will require no additional support beyond that which is universally available.

At this level, support is 'universal' which means that it is generally available to all children and young people. Universal services are those such as schools, leisure centres, GP surgeries and are accessible without a referral or an assessment. For further information visit the Family Information Service website: www.glosfamiliesdirectory.org.uk

Level 1

Children with no additional needs (Not Safeguarding)

Children whose developmental needs are met by universal services

Child achieving expected outcomes. No assessment required

Achieving key stages

Good physical health with age appropriate developmental milestones including speech and language

Good quality early attachments

Vulnerable (Level 2)

Some key services available at these levels of need are:

| | | | | |
|----------------------|---------------------------|-------------------------------------|-----------------------|------------------------|
| Early Years Services | Health Visitors | Speech and Language Therapy Service | Youth Support Service | 2gether CYPS |
| Education Providers | Advisory Teaching Service | Families First Plus | Children's Centres | Educational Psychology |

Universal Services

2

Children and young people who need some additional support, without which they would be at risk of not meeting their full potential. The support that they need may relate to their health, educational or social development. If not dealt with as soon as a problem emerges, these issues may develop into more worrying concerns under level 3

Children, young people and their families have a range of needs. Support is required to promote social inclusion, to reduce vulnerability and/or to minimise risk taking behaviours. If needs are not met then children's health, social development or educational attainment may be significantly impaired. A coordinated response, through a single or multi-agency assessment is required and the Lead Practitioner will coordinate support through the Team Around the Child/Team Around the Family

The majority of children and young people with additional needs will require interventions from universal and targeted support through the graduated pathway (such as schools, health visitors, speech and language service, early years settings etc).

What do I do when the child or young person needs help from one or more agency agency?

Always make sure that you obtain appropriate consent to share information

1. Visit the Information for Practitioners pages on the Glosfamilies Directory website www.glosfamiliesdirectory.org.uk for information and guidance on early help support that might be available to meet the child's need.
2. Contact the CYPS Practitioner Advice Line (01452 894272) or visit www.2gether.nhs.uk/cyps for advice and information

3. Information about the Educational Psychology Service can be found at <http://www.gloucestershire.gov.uk/education-and-learning/special-educational-needs-and-disability-send/educational-psychology/>
4. Information about Health Visiting Services can be found at <http://www.glos-care.nhs.uk/our-services/nursing/health-visiting>
5. Speech and Language Therapy Services can be contacted on 0300 421 8937
6. Contact the Youth Support Team on 01452 426900 or email info.glos@prospects.co.uk
7. Contact your local Early Help Partnership <http://www.gloucestershire.gov.uk/health-and-social-care/children-young-people-and-families/early-help-for-children-young-people-and-families/>

Remember: Information sharing with consent from the parent (or young person if appropriate) is required unless there is evidence that doing so would leave a child or young person at risk of significant harm – in which case you should go straight to Level 4.

Seek advice from the safeguarding lead in your agency who will be able to advise you on the action that you need to take, which may include a My Plan or My Assessment and My Plan+

If you are clear about the presenting needs, their impact and what or who may be able to help, then complete a My Plan with the child, their family and the agencies involved. If the needs are unclear, the impact is unknown or you are not sure about who or what may help then complete a My Assessment. The assessment allows the child, their family and a range of different practitioners to contribute information and insight which will build an overall picture of the child's strengths and needs, and to work together as a Team Around the Child/Team Around the Family (TAC/TAF) to meet the identified needs. A Lead Practitioner must be identified, but this is not necessarily the person who wrote the assessment. There are many factors to consider in deciding who should take the Lead Practitioner role. Children and families should always be asked who they would like to act in this role for them; who has a positive relationship with the family? who has most contact with the family? The LP role can change throughout the lifetime of the plan depending on the presenting needs. It is the responsibility of the Lead Practitioner to coordinate support through the TAC/TAF until all the identified needs have been met.

The role of the TAC/TAF is to facilitate:

- Putting the child and family first
- A committed and flexible multi-agency team that will change as needs change
- A joined-up assessment
- An integrated support plan to meet the needs of the child by achieving outcomes agreed by the TAC/TAF
- Regular meetings/reviews of support plans to ensure that the support is effective
- The TAC/TAF should ensure:
 - Good information sharing
 - Early identification and intervention
 - A lead practitioner (LP) to coordinate the work
 - Action where needs are not being met

The graduated pathway for all children with additional needs and SEND has recently been launched www.glosfamiliesdirectory.org.uk

The table below gives examples of some concerns that you might have at Level 2 (This is not a full list but is aimed at assisting in the decision making process)

| Subject indicators | Family and Environmental Factors | Parenting Capacity |
|---|--|---|
| <ul style="list-style-type: none"> • Weight not increasing as expected • Limited diet • Delayed in reaching developmental milestones • Persistent minor health problems resulting in less than 80% school attendance • Child smokes and has tried other substances • Poor punctuality • Not reaching educational potential • Subject to mild bullying/bullying other children • Not always engaged in learning – poor concentration, low motivation • Some difficulty with peer group relationships • Limited self confidence • Clothes may not be suitable for situation • Child may not always be clean • Child can find managing change difficult • Not always able to understand how own actions impact on others • Can be either over friendly or withdrawn • Vulnerable to mental health problems • Impact of disability on child's ability to access community and friendships • Impact of disability on siblings in the family | <ul style="list-style-type: none"> • Parents/carers have relationship difficulties which may affect the child • Parents request advice to manage their child's behaviour • Children affected by difficult family relationships or bullying • Inadequate/poor housing • some problems over basic facilities • Insufficient facilities to meet needs e.g. transport or access issues • Some support from family or friends • Family require advice regarding social exclusion e.g. hate crimes • Periods of unemployment of the wage-earner • Stress from over working making an impact • Associating with anti social or criminally active peers • Limited access to contraceptive and sexual health advice, information and services | <ul style="list-style-type: none"> • Basic care is not provided consistently • Food, warmth and other basics are not always available • Parent struggling without support and or adequate resources • Haphazard supervision, unaware of the child's whereabouts • Insufficient awareness of danger to the child/young person • Inappropriate childcare arrangements • Inappropriate visits to the GP/casualty • Parent struggling to have their own emotional needs met • Poor home routines • Complex family dynamics result in ongoing level of instability • Inconsistent parenting, but development not significantly impaired |

Complex (Level 3)

If you think a child or young person is at immediate risk of significant harm, contact the Children's Helpdesk on 01452 426565 or in an emergency phone 999

3

Children with **complex** needs that may be chronic and enduring. These children will be those who are highly vulnerable or living in the greatest level of adversity. The needs of many of these children and young people can be met through an integrated assessment and plan with a lead Practitioner coordinating the support. However, there will be times when a child or young person requires specialist assessment and support from a range of agencies.

Some key services available at this level of need are:

| | | | | |
|------------------------|---------------------|----------------------------|--------------------------|---------------------------|
| Children's Social Care | Police | Specialist Health Services | Youth Support Service | Educational Psychology |
| 2gether CYPS | Education Providers | Children's Centres | Families First Plus Team | Advisory Teaching Service |

Universal Services

How do I access support at Level 3?

Remember: Information sharing with consent from the parent (or young person if appropriate) is required unless there is evidence that doing so would leave a child or young person at risk of significant harm – in which case you should go straight to Level 4.

A My Assessment and My Plan+ may already have been completed, in which case you would need to contact the Lead Practitioner who has been coordinating the assessment and plan to date. A review of outstanding actions in the plan would need to be completed.

The effective use of multi-agency assessments and improved integrated working should ensure that Children's Social Care (levels 3+ and 4) are able to focus resources on those children and families with the highest levels of need.

If a My Assessment and My Plan+ has not already been undertaken, then you will need to consider whether the needs of the child or young person can be met through the graduated pathway or whether there is such a range of complex needs that a request for service to Children's Social Care is required. You should always speak to the safeguarding lead within your organisation and seek their advice about whether a referral should be made. If it remains unclear then you may also wish to speak with a Community Social Worker to discuss your

concerns before making a request for service to Children’s Social Care. They might be able to support you with managing risk within the community. If it is felt that a request for service is appropriate, it should be made using the Multi Agency Service Request Form <http://www.gscb.org.uk/frequently-used-forms/> and emailed to Childrenshelpdesk-gcsx@gloucestershire.gcsx.gov.uk

The Children’s Helpdesk can be contacted on **01452 426565**

When completing the service request form, it is really important to ensure that high quality, detailed information and evidence is provided to ensure that the risk to the child can be properly assessed and the correct decision made.

The table below gives examples of some concerns that you might have at Level 3 (This is not a full list but is aimed at assisting in the decision making process)

| Subject Indicators | Family and Environmental Factors | Parenting Capacity |
|---|--|--|
| <ul style="list-style-type: none"> • Extremes of weight – underweight or overweight • Child has chronic health problems • Restricted/limited diet • Persistent substance misuse • Unsafe sexual activity • Poor school attendance and punctuality • Persistent unauthorised absence • Not achieving as anticipated • Poor home/nursery/school links with affects development • Not educated at school (or at home by parents) • Threat of permanent exclusion • Child finds it difficult to cope with anger and frustration • Child is withdrawn/unwilling to engage • Child living in an environment where there is a history of domestic abuse • Child demonstrates significantly low self esteem in a range of situations | <ul style="list-style-type: none"> • Incidents of domestic abuse between parents • Acrimonious divorce/separation • Limited extended family support • Family has poor relationship with extended family or little communication • Family is socially isolated • Housing is in a poor state of repair • Rent arrears put the family at risk of eviction • Prosecution/eviction proceedings • Stress from unemployment or overworking have an impact on other aspects of the family life e.g. marital relationships • Parents find it difficult to obtain employment due to poor basic skills • Generally isolated • Parents are socially excluded • Acrimonious relationships within the community • Poor access to quality | <ul style="list-style-type: none"> • Basic care is frequently inconsistent • Food, warmth and other basics are often not available • Large family with several young children • Parents mental health/ substance misuse significantly affects the care of the child • Parent has struggled to care for previous children • Instability in the home • Poor supervision • Inappropriate care arrangements • Carers are victims/perpetrators of domestic abuse • Parents own emotional needs are starting to compromise those of the child/young person • Child/young person receiving little positive stimulation, with a lack of any new experiences or activities • Restricted access to any leisure activities • Erratic or inadequate guidance provided • Parent does not offer a good role model e.g. by behaving in an anti-social way |

| | | |
|---|--|---|
| <ul style="list-style-type: none"> • Conflicts with peers/siblings • Child shows sexualised behaviour • Child's hygiene alienates them from peers • Persistent substance misuse • Previous periods of LA accommodation • Child may be provocative in appearance or behaviour • Disability prevents self care in a significant range of tasks • Starting to offend/reoffend • Child is in a controlling or abusive relationship | <p>universal resources and targeted services</p> <ul style="list-style-type: none"> • No community support/tolerance for families | <ul style="list-style-type: none"> • Child/young person regularly behaves in an anti-social way in the neighbourhood • Parents don't acknowledge worries and concerns about their child |
|---|--|---|

Acute (Level 4)

4

If you think a child or young person is at immediate risk of significant harm, contact the Children's Helpdesk on 01452 426565 or in an emergency phone 999 Children and young people in need of immediate care and protection is the most urgent category which will always require an immediate referral to children's social care and/or intensive specialist services. There will be serious concerns about the health, care or development of a child. Statutory intervention under S.47 of the Children Act, 1989 may be required.

Some key services available at this level of need are:



Universal Services

Remember: Information sharing with consent from the parent (or young person if appropriate) is required unless there is evidence that doing so would leave a child or young person at risk of significant harm.

At this level of need either a referral to social care or an intensive specialist statutory service is required. This is also the level at which formal and/or immediate protection of the child/ren may be needed.

The Multi-Agency Service Request Form should be completed <http://www.gscb.org.uk/frequently-used-forms/> and emailed to Childrenshelpdesk-gcsx@gloucestershire.gcsx.gov.uk

The table below gives examples of some concerns that you might have at Level 4 (This is not a full list but is aimed at assisting in the decision making process)

| Subject Indicators | Family and Environmental Factors | Parenting Capacity |
|---|--|--|
| <ul style="list-style-type: none"> • Significant concerns for the child’s development as measured by weight and height both under 10th centile • Child has a severe disability and relies on others to meet care needs • Lack of food linked with neglect • Dental decay and no access to treatment • Achievement is significantly below child’s academic potential • Unable to connect cause and effect of own actions • Child witnesses domestic abuse • Child has no self confidence • Relationships with family all experienced as critical and/or negative • Rejection by a parent/step-parent • Family no longer want to care for child • Physical, emotional or sexual harm or neglect • Family have abandoned child • Child unable to discriminate and likely to put self in danger • Acute mental health problems, threats of suicide, psychotic episode, severe depression • Permanent exclusion • Child’s self image distorted and may demonstrate fear of persecution by others | <ul style="list-style-type: none"> • Incidences of domestic violence • Family characterised by conflict and serious, chronic relationship difficulties • Poor/abusive sibling relationships • History of rejection • No effective support from extended family • Destructive/unhelpful involvement from extended family • Homelessness - present or imminent • House dangerous or threatening health • Physical accommodation places child in danger • Family seeking asylum or refugee status • Chronic unemployment that has severely affected parents own identities • Family unable to gain employment due to significant lack of basic skills or long-term difficulties e.g. substance misuse/mental health • Extreme financial difficulties impacting on the ability to meet basic needs • Family socially isolated • High levels of family conflict, volatility within the neighbourhood • Community are hostile to the family • Extreme rural isolation | <ul style="list-style-type: none"> • Basic care is rarely consistent • Parents have seriously neglected/abused the child • Food, warmth and other basics are rarely available • Previous child has been removed from the parent • Parents own needs mean they are unable to keep the child safe • Supervision is haphazard • Level of supervision is inadequate given the child’s age • Parent unable to restrict access to the home by dangerous adults • May involve leaving the child in the care of adults who are a risk to children • Ongoing domestic abuse • Low warmth/high criticism • Parents own emotional experiences impacting on their ability to meet the child’s needs • No constructive leisure time or activities • No relevant stimulation appropriate for age • Child/young person beyond parental control • Parents don’t acknowledge worries and concerns about their child |

5.0 – What happens when support is requested from Children’s Services?

Professionals should seek consent from parents (or those who hold parental responsibility) or the young person, as appropriate, prior to making contact with Children’s Services. It is helpful if parents or young people are given an explanation that in order to work out the best way to respond, there may be conversations with partner agencies to decide the most appropriate response. Where this is not evident, unless immediate safeguarding needs are identified, this can lead to a delay in children and families getting the support that they need.

If you think a child is at immediate risk of significant harm then you should contact the Children’s Helpdesk on 01452 426565

Contacts are made via a Multi-Agency Referral Form (MARF) <http://www.gscb.org.uk/frequently-used-forms/> and we are currently moving towards this being an online form.

All new contacts are reviewed by a social work practitioner upon receipt who will make decisions about immediate responses, including going back to the referrer where information is not clear.

- 1) If child protection concerns are identified that require an immediate social work response, the contact will be created and sent to the appropriate team for urgent action.
- 2) Where it is identified that the needs of the family would be best met through the early help partnership, the contact will be referred to that service and the referrer advised of the action taken
- 3) There will be situations where it is not immediately clear what would be the appropriate response and further enquiries are needed to establish what action, if any, is required to safeguard or support the child and family. In this instance the social work practitioner will send the contact to the MASH.

The Multi Agency Safeguarding Hub in Gloucestershire is made up of a team of professionals from a number of statutory agencies (social care, police, health, education) who will securely share information to ensure that appropriate and robust decisions are made in relation to safeguarding children and incidents of domestic abuse. This decision then triggers an appropriate and proportionate response by local services in the county to ensure safeguarding and early help needs are identified and supported

Decision makers within the MASH will RAG rate the information that is received to determine the initial level of risk and timescales for a response

RED – indicators of likelihood of significant harm – 4 hours

AMBER – complex needs – one working day

GREEN – low level of need or unknown – two working days

Information will then be returned to the decision maker for a final RAG rating

RED – CP response required

AMBER – Assessment response required

GREEN – No referral to specialist services as low level of risk identified. Advice may be offered as to next steps.

The outcome from the MASH may differ from any response indicated by either a Community Social Worker or a Duty Social Worker upon initial contact. This is due to the fact that previous advice will not be based on the whole picture of the child's needs based on the information gathered through the MASH episode.

Gloucestershire’s MASH RAG (Red, Amber, Green) Assessment Ratings for Incidents and Referrals. This will be used for an initial risk assessment of the risk posed to the child or young person based upon the information provided.

| Levels of Need | Level 2a - Single Agency Response | Level 2b Multi-agency response | Level 3 – Complex | Level 4 – Acute |
|---|---|--------------------------------|---|--|
| Who | Children with low level additional needs that are likely to be short-term but are not being met. Child’s needs are not clear, not known or not being met | | Complex needs are likely to require longer term intervention from targeted, statutory and/or specialist services. High level of unmet needs may require targeted integrated response, including specialist or statutory services. More complex level 3 may meet the level of intervention for Children’s Social Care intervention. | Acute needs requiring statutory intensive support, including Youth Offending Service and Children’s Social care. This includes meeting the required level of intervention for child protection which will require Children’s Social care intervention. |
| Features: Children and Young People: | From households where parents/carers are under stress, possibly impacting on their parenting capacity. Children or Young People whose health & development may be adversely be affected without multi—agency intervention. Integrated, multi-agency assessment required; Lead Practitioner identified, TAC process initiated. | | Children and Young People who are unlikely to enjoy a reasonable standard of development or health and are at risk of negative outcomes without the provision of co-ordinated targeted services. Children and Young People at risk of offending. Children and Young People Missing from Education. Integrated, multi-agency assessment required; Lead Practitioner identified, TAC process initiated and/or step up to Children’s Social care is required. | Children and Young People who have suffered or are at risk of suffering significant harm. Where there are serious concerns about his/her health and development or deemed to be suffering neglect and/or abuse. |
| Possible Indicators: Children and Young People | Slow in reaching developmental milestones. Families affected by low income or unemployment. Minor health problems which can be maintained in mainstream education. | | Short-term exclusions or at risk of permanent exclusions, persistent truanting. Physical and emotional development raising significant concerns. Chronic/recurring health problems. | Chronic non-attendance, truanting. No parental support for education. High level disability which cannot be maintained in a mainstream setting. Serious physical/sexual/emotional abuse or neglect. |

6.0 – Escalation Policy/Healthy Challenge

Differences of opinion relating to the level of risk will exist and are an expected part of quality practice. Professionals are expected to discuss these differences in a professional and productive manner. However, in order to be able to resolve difficulties within and between agencies quickly and openly there are a number of key principles that need to be adopted by all professionals:

- Seek to resolve any professional disagreements at the lowest possible level and within the shortest possible timescales
- Encourage others to challenge or question your own practice
- Respond positively to feedback
- The tone of challenge should be one of respectful enquiry, not criticism – ‘be curious’
- Challenge should be evidence based and solution focussed
- Be persistent and keep asking questions
- Always keep a written record of actions and decisions taken

If differences are not able to be resolved at a practitioner level then the issue needs to be raised with line managers who will investigate and liaise with the other relevant manager(s). Full details of the Escalation Policy can be found at

http://www.gscb.org.uk/media/1224/escalation_policy_may_2014-60436.pdf

Always Remember: The safety and welfare of children and young people is the most important consideration in any professional disagreement.

7.0 - Allegations Management

If you receive an allegation or have a concern about the behaviour of a member of staff or volunteer working with children, and that concern could indicate that a member of staff or volunteer has:

- a) behaved in a way that has harmed a child, or may have harmed a child; or
- b) possibly committed a criminal offence against or related to a child; or
- c) behaved towards a child or children in a way that indicated s/he may pose a risk of harm to children

then you must report your concerns to the most senior person in your organisation not implicated in the allegation.

You should always contact the Local Authority Designated Officer (LADO) for advice prior to investigating the allegation. This is because it might meet the criminal threshold and so your investigation could interfere with a Police or Social Care investigation.

The Local Authority Designated Officer (LADO) can be contacted on the following numbers – Tel: **01452 426994** or **01452 425017**

The LADO will offer advice on any immediate action required and will assist with employment and safeguarding issues.

8.0 - Further Guidance

Follow Child Protection procedures as given at www.swcpp.org.uk or refer to the Gloucestershire Safeguarding Children Board website www.gscb.org.uk

9.0 - Key Contacts



10.0 - Key Acronyms

| | |
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| CP | Child Protection |
| CYPS | Children and Young People's Services |
| EDT | Emergency Duty Team |
| FIS | Family Information Service |
| GDASS | Gloucestershire Domestic Abuse Support Service |
| GSCB | Gloucestershire Safeguarding Children Board |
| LADO | Local Authority Designated Officer |
| LP | Lead Practitioner |
| MARF | Multi-Agency Service Request Form |
| MASH | Multi-Agency Safeguarding Hub |
| TAC | Team Around the Child |