

GLOUCESTERSHIRE'S LEVELS OF INTERVENTION GUIDANCE

Working Together to Provide Early Help, Targeted and Specialist
Support for Children (including the unborn) and Families in
Gloucestershire

2021

Gloucestershire Safeguarding Children Partnership



Contents

Document Revision Table	1
Foreword.....	2

Document 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	9 th January 2017	Changes to Windscreen and revision to guidance to align with graduated pathway and changes to the front door.
2.1	6 th February 2017	Updated hyperlinks due to changes to GCC and GSCB Website
2.2	17 th May 2017	Introduction of key issues affecting children and where to go for further advice and guidance
3.0	30 th January 2018	Full revision of guidance to provide greater clarity in relation to Graduated Pathway and Specialist response
4.0	4 th June 2019	Amendments to MASH terminology Throughout Document
5.0	December 2019	SCR Findings - risk from Domestic abuse to unborn babies and children under one year old through Level 1 Pg.11 to Level 4 Pg.18. Professional Practice Pg.27
6.0	February 2020	Changes to Early Help Pathway Pg.10 including repairing and redirecting hyperlinks through document
7.0	December 2021	Complete revision in partnership with GCC Ambassadors under the 'Language That Cares' strategy.

Foreword

Written by GCC Ambassadors

Gloucestershire County Council Ambassadors have been involved in an initiative called 'Language that Cares'. This is a very powerful and incredibly important initiative that our Ambassadors are extremely passionate about, and have worked very hard on producing a brilliant suite of resources. It is vital that all those involved in the lives of our children and young people in Gloucestershire consider what they write and say, and the potential impact this has both in the long and the short term.

Here in Gloucestershire, we are creating our own glossary of words to use as alternatives to many of those commonly used by professionals about our young people. We have consulted widely- with children and young people, social workers, Police, Education and Health colleagues.

We recognise that we are all different and unique, we all have particular trigger words that really impact on us- words that one person finds offensive may be perfectly acceptable to another. That said however, there are many words that children and young people who have had experience of the care system that are unanimously disliked, found offensive or degrading.

Making relationships with children is so important, it enables you to have those conversations about what words they use or would like to have used when professionals are describing them.

Young people are able to access their records from the age of 13 if they are considered to be Gillick Competent (i.e. 'able to understand the impact of accessing your records')

'Please THINK before you write, and show you care by using 'language that cares' whenever you write about us.'

Thank you

The Ambassadors- Barley, Becca, Henry, Eliza, Em, Tabitha & Chloe

"When I received my records I was nervous but excited. Reading my records was horrible at first, it's one big pile of words. If I didn't have people around me when reading it, I would have never got through it. I would have given up and put it away somewhere because it's all bulked together and the words used! Well for reading most of it I needed google to find out what all the acronyms and words meant." Tabitha, Ambassador

'Language that Cares' is important because it can take a minute to write but has a long lasting effect. The things I've been called constantly echo in my mind' Em, Ambassador.

'If we as young people are judged by our labels, we will turn in to them'. Eliza, Ambassador.

"Everyone is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid" Albert Einstein

THINK
before you write

What does Effective Support Look Like?

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 and to enable every child to thrive. 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. By working together, we are able to develop flexible support services that are responsive to children and families' needs and provide the right level of intervention at the right time. This approach is reliant on local agencies working in partnership 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.

There are several factors that are essential to being able to deliver effective early support and intervention to children and families.

An open, honest and transparent approach to supporting children and their families – Asking for help should be seen as a sign of parental responsibility rather than a parenting failure. Support is often more effective when parents feel they are listened to and respected by practitioners. All practitioners need to work honestly and openly with families, having clear conversations about concerns and making sure that they are involved in decision making.

Early, solution focused and evidence-based interventions – We will work with families to help them identify the things that they need to change and the support that they need. For the support to be effective it will be tailored to the family's needs and provided at the lowest level necessary to ensure that the desired outcomes are achieved.

A multi-agency approach to assessment, support and intervention – Safeguarding and promoting the welfare of children is the responsibility of everyone in Gloucestershire who works or has contact with children and their families. We need to consult each other, share information and work together using our collective skills, knowledge and expertise to deliver the best possible outcomes for the child.

A confident workforce with a shared knowledge and understanding about children's needs – Appropriate, effective and timely support for children and families could not be achieved without the professional judgement and expertise that all practitioners working with children bring to their role. We will support individuals and organisations to develop confident practitioners who can work in an open, transparent and non-judgemental way with families to enable them to make positive choices and changes.

Our work with children and families in Gloucestershire will be based on the restorative practice principles of high expectations, high challenge and high support. To do this, we will:

- Engage with families and work to their strengths
- Focus on preventing problems and building the resilience of parents, children, young people and communities to support each other
- Be clear and consistent about the outcomes we expect
- Be brave enough to stop things that aren't working

- Work together across the whole system, and do what needs to be done, when it needs to be done

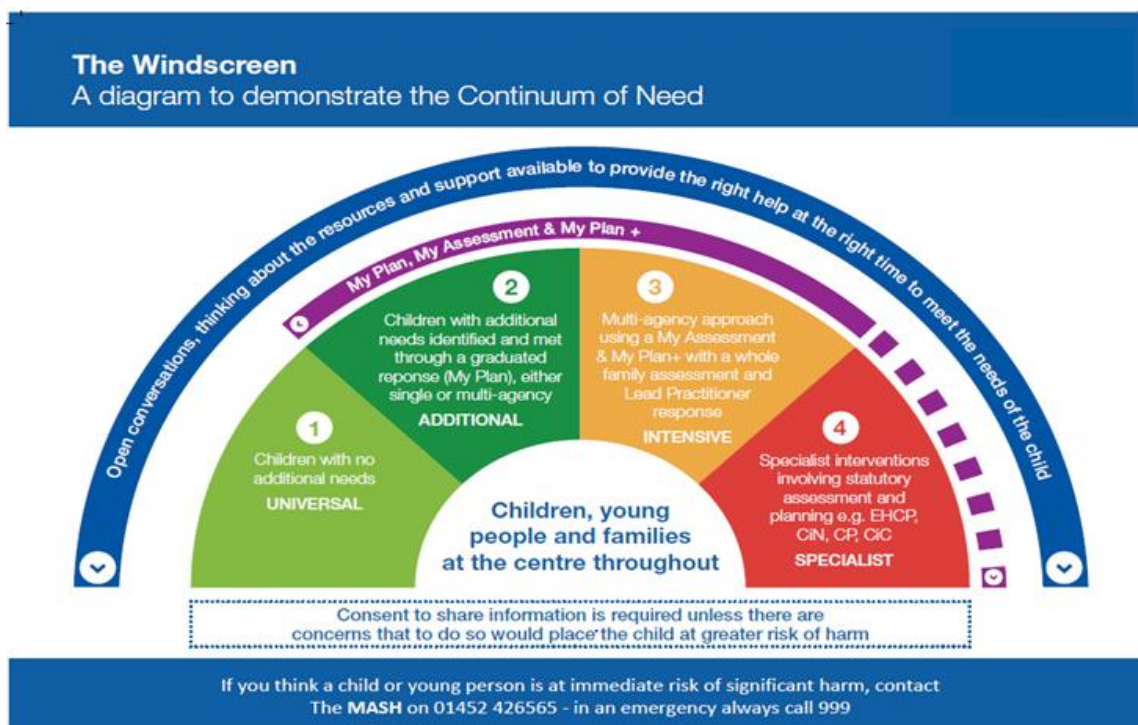
2.0 – Meeting Children and Families’ Needs in Gloucestershire

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, proportionate and at the lowest level of intervention. In this guidance we have identified four levels of need, Universal, Additional, Intensive and Specialist. Services for children with additional and intensive needs are sometimes known as targeted services, such as additional help with learning in school, behaviour support, and extra support to parents in early years or targeted help to involve young people through youth services. Specialist services are where the needs are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services are Children’s Social Care or the Youth Offending Service. This guidance provides a way of working together so that we can use resources more effectively to bring about positive change for children and families in Gloucestershire.

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 practitioners who should be involved.

The model used to illustrate the different levels of children and young people’s needs in Gloucestershire is referred to as ‘The Windscreen’ and is a diagram to demonstrate the continuum of need.

The Windscreen – A diagram to demonstrate the Continuum of Need



All services and interventions seek to work openly with the family (or young person if age appropriate) in order to support them, address their needs at the lowest possible level and prevent them from escalating. We will only request services at a higher level after we have done everything possible to meet needs at the current level.

Levels of Need Table

Level	Needs	Services (Examples)	Outcome
<p>Level 1 – Universal</p> <p>Open access to provision</p>	<p>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.</p>	<p>Examples include:</p> <ul style="list-style-type: none"> ✓ Education Providers ✓ Health Visitors ✓ Midwives ✓ GP's ✓ Universal services accessed through Children and Family Centres, e.g. Stay and Play ✓ Childminders/Nurseries ✓ Leisure centres <p>Advice and guidance to families and professionals is available through Gloucestershire Family Information Service.</p>	<p>Children and young people make good progress in most areas of development</p>
<p>Level 2 – Additional</p> <p>A coordinated response, through an Early Help Plan – ‘My Plan’ which may require a single or multi-agency response. The Lead Practitioner will coordinate support and review progress through the Team</p>	<p>Children and young people with additional needs, who would benefit from extra help - often from practitioners who are already involved with them. Children and families may need help to:</p> <ul style="list-style-type: none"> • Improve access to education and educational outcomes • Improve parenting and/or behaviour • Meet specific health or emotional 	<p>Examples include:</p> <ul style="list-style-type: none"> ✓ Early Years Services ✓ Health visitors ✓ Midwives ✓ Speech and Language Therapy ✓ Education providers ✓ Educational psychology ✓ Group work accessed through Children and Family Centres, e.g. Rainbows Autism Support Group; Young Carers ✓ Child and Adolescent Mental Health Service 	<p>The life chances of children and families are improved by offering Early Help additional support</p>

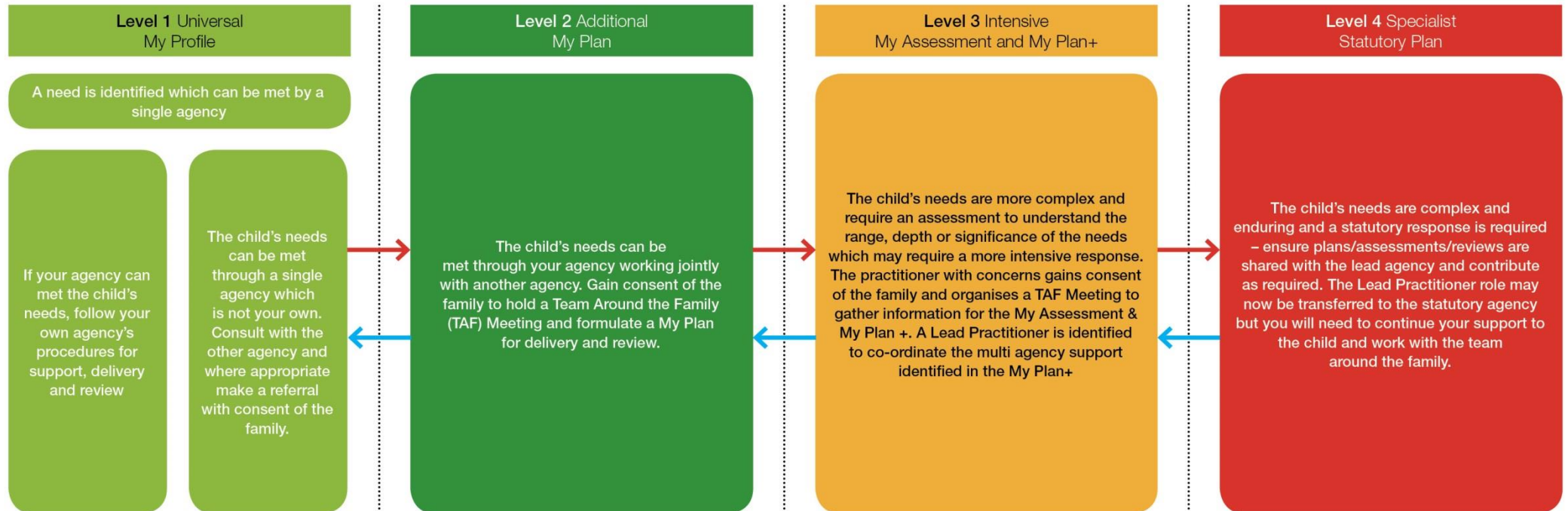
<p>Around the Child/Team Around the Family where a multi-agency response is required.</p>	<p>needs</p> <ul style="list-style-type: none"> • Improve their material situation • Respond to a short-term crisis such as bereavement or parental separation • Support to recognise and mitigate risk 	<p>CAMHs</p> <ul style="list-style-type: none"> ✓ Youth Support Service ✓ Early Help Coordinators providing support with the Graduated Pathway ✓ Housing support ✓ Services provided on a voluntary basis 	
<p>Level 3 – Intensive Targeted Early Help response taking a multi-agency approach through an Early Help Assessment - ‘My Assessment and My Plan+’. The Lead Practitioner will coordinate support and review progress through the Team Around the Child/ Team Around the Family.</p>	<p>Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who:</p> <ul style="list-style-type: none"> • Their presenting behaviour may pose challenges to services. • Struggle to find key services, such as school and health accessible for them • Are not in education or work long-term • An unborn baby, child or young person living in circumstances where there is an identified risk associated with parental behaviour 	<p>Examples include:</p> <ul style="list-style-type: none"> ✓ Specialist health services ✓ Police ✓ Youth Justice ✓ Youth support services ✓ Education providers ✓ Educational psychology ✓ Children and Family Centres – Targeted Family Support (for children aged 0-11); Group Work (e.g. Solihull, Webster Stratton, Best Start) ✓ CAMHs ✓ SEN/D 0-25 ✓ Families First – Targeted Family Support (0-19); ✓ Advice and Guidance provided by Early Help Coordinators and Community Social Workers ✓ Housing support ✓ Services provided on a voluntary basis 	<p>Identified children and families will be supported by services to enable them to achieve.</p> <p>Issues will be prevented from escalating into safeguarding concerns requiring statutory intervention</p>
<p>Level 4 – Specialist Children in Need of</p>	<p>A child or young person living in circumstances where there is a significant risk of abuse or neglect,</p>	<p>Examples include:</p> <ul style="list-style-type: none"> ✓ Children’s Social Care 	<p>Children and/or family members are likely to suffer significant harm/removal from home/serious and</p>

<p>Specialist Support from Children's Social Care, including Children in Need of Protection and Children in Need of Care</p>	<p>where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability.</p> <p>An unborn baby, child or young person living in circumstances where they are suffering or likely to suffer significant harm related to an identified risk associated with parental behaviour</p> <p>These children will have complex needs across a range of domains that requires an assessment under the Children Act 1989</p>	<ul style="list-style-type: none"> ✓ Police ✓ Youth Justice ✓ Youth support services ✓ Specialist Education providers ✓ Specialist Health Providers ✓ GDASS 	<p>lasting impairment without the intervention of specialist services</p> <p>Pregnant woman, unborn, children and young people are supported to be safe from domestic abuse and/or coercive control</p>
--	---	---	---

Early Help Pathway

Level of intervention

At any time If you think a child or young person is at immediate risk of significant harm, contact the Gloucestershire Multi-Agency Safeguarding Hub on 01452 426565 In an emergency call 999. Always follow the GCSB Child Protection Process <http://www.gscb.org.uk>. Discuss concerns with your Supervisor or Designated Safeguarding Lead at all levels.



If you need help with the Graduated Pathway (My Plan, My Plan +, EHCP), want to know how to coordinate a Team Around the Family/Child, or need to understand the role of the Lead Practitioner please contact the Early Help co-ordinators in your locality.

Cheltenham	01452 328160	cheltenhamearlyhelp@gloucestershire.gov.uk
Cotswolds	01452 328101	cotswoldsearlyhelp@gloucestershire.gov.uk
Forest of Dean	01452 328048	forestofdeanearlyhelp@gloucestershire.gov.uk
Gloucester	01452 328076	gloucesterearlyhelp@gloucestershire.gov.uk
Stroud	01452 328130	stroudearlyhelp@gloucestershire.gov.uk
Tewkesbury	01452 328251	tewkesburyearlyhelp@gloucestershire.gov.uk

Arrow key

.....
Level of need reduced

Greater need identified

Level 1 – Universal

These children will require no additional support beyond that which is universally available. The **My Profile** is a universal document that can be used with any child/young person even if they do not have SEND. It is a tool to get to know a child/young person better and understand their preferred style of communication and what is important to them.

Further information about My Profile, including templates and guidance notes can be downloaded from the glosfamiliesdirectory website:

http://www.glosfamiliesdirectory.org.uk/kb5/gloucs/glosfamilies/family.page?familychannel=3_2_4_3

Level 1 – Universal: 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

Child's Developmental Needs (including, where relevant, unborn children)

Health

- Physically well
- Nutritious diet
- Adequate hygiene and dress
- Development and health checks/immunisations up to date
- Development milestones and motor skills appropriate
- Safe and healthy relationships including appropriate sexual relationships
- Good mental health

Emotional Development

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

Behavioural Development

- Age appropriate responsibility for behaviour
- Responds appropriately to boundaries and constructive guidance

Identity and Self-Esteem

- Age appropriate understanding of the difference between safe and unsafe contacts

Parents and Carers

Basic Care, ensuring safety and protection

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

Emotional warmth and stability

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

Guidance, boundaries and stimulation

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

Family and Environmental Factors

Family functioning and well-being

- Good relationships within family, including when parents are separated.

Housing, work and income

- Accommodation has basic amenities and appropriate facilities, and can meet family needs

<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Stable and affectionate relationships with family • Is able to make and maintain friendships <p>Learning</p> <ul style="list-style-type: none"> • Access to books and toys • Enjoys and participates in learning activities • Has experiences of success and achievement • Sound links between preschool provision, school and home • Planning for career and adult life 	<ul style="list-style-type: none"> • Managing budget to meet individual needs <p>Social and community including education</p> <ul style="list-style-type: none"> • They have friendships and are able to access local services and amenities • Family feels part of the community
---	---

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

Level 2 – Additional

These are children, young people and families of unborn children who need some additional support, to ensure that they can thrive and achieve positive outcomes. The support that they need may relate to their health, education or social development. If not dealt with as soon as a problem emerges, these circumstances may develop into more worrying concerns and escalate requiring more intensive support under Level 3.

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.).

Children, young people and their families have a range of needs. Support is required to promote social inclusion and/or to minimise behaviours that could lead to unsafe outcomes or circumstances. If needs are not met then children’s health, social development or educational attainment may be significantly reduced. A coordinated response, through a single or multi-agency **My Plan** is required and the Lead Practitioner will coordinate support.

As a practitioner, you should seek advice from your line manager, the safeguarding lead in your own agency, and Early Help Coordinator or a SENCO as applicable who will be able to advise you on the action that you need to take. 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, pregnant mother, their family and the agencies involved. This would include the following:

- Discuss needs with child and family and gain their consent for the activity to be undertaken

- All agencies with the child and family identify outcomes or goals to be achieved and actions to achieve these
- Keep clear records, set a date for review
- Register the plan with your Early Help Partnership (through the locality Early Help & Targeted Support Team)
- Take action identified in the plan to provide the service, action or intervention to meet the needs (this might be providing more of an existing service, a new provision or service, or changing how something is done)
- Monitor and review the progress made and discuss this with the child and family and others involved. The decision could be one of the following:
 - Needs are now being met and additional provision is no longer needed
 - The same or amended provision continues until the next review
 - A **My Assessment** is needed to further understand need and impact

Remember: Consent to share information from the parent (or young person if appropriate) is required unless there are concerns that to do so would leave a child or young person at risk of significant harm – in which case you should go straight to Level 4.

Indicators of Possible Need – this is not a full list but is there as a guide to help support decision making. Other factors such as the wider context, age of the child and the resilience of the child and their family should also be taken into consideration

Level 2 – Children and young people whose needs require some additional support, often from the practitioners who are already involved

Child's Developmental Needs (including, where relevant, unborn children)	Parents and Carers
<p>Health</p> <ul style="list-style-type: none"> • A delay in reaching developmental milestones • Weight not increasing or decreasing as expected • Missing immunisations or checks • Susceptible to minor health problems • Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous) • Disability requiring support services • Starting to have sex (under 16) <p>Emotional Development</p> <ul style="list-style-type: none"> • Low level mental health or emotional issues • Substance misuse that is not immediately hazardous, including alcohol 	<p>Basic Care, ensuring safety and protection</p> <ul style="list-style-type: none"> • Support to recognise and mitigate risk • Basic care is not provided consistently • Parent requires advice on parenting issues • Professionals are beginning to have some concerns around child's physical needs not being met • Parental engagement with services is poor • Teenage parent(s) • Haphazard supervision, unaware of the child's whereabouts • Some exposure to dangerous situations in the home or community • Unnecessary or frequent visits to GP or unplanned care settings e.g. ED <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Inconsistent parenting but development

<p>Behavioural Development</p> <ul style="list-style-type: none"> • Involved in behaviour seen as anti-social • Attachment issued and/or emotional development delay e.g. adopted child <p>Identity and Self-Esteem</p> <ul style="list-style-type: none"> • Some insecurities around identity • Limited self confidence • May experience bullying in relationship to identity <p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Some support from friends and family • Has some difficulties sustaining relationships • Low levels of parental conflict <p>Self-care Skills</p> <ul style="list-style-type: none"> • Child is continues to show delays in developing age-appropriate self-care skills • Not always adequate self-care - poor hygiene • Disability limits the amount of self-care possible <p>Learning</p> <ul style="list-style-type: none"> • Occasional truanting or non-attendance, poor punctuality • At risk of fixed term exclusion or a previous fixed term exclusion • SEN Support • Few opportunities for play/socialisation • Not in education, employment or training • Identified language and communication difficulties • Struggles to reach age appropriate educational milestones 	<p>not significantly impaired</p> <ul style="list-style-type: none"> • Post-natal depression or other parental mental health difficulties • Perceived to be a problem by parent • Parents struggling to have their own emotional needs met <p>Guidance, boundaries and stimulation</p> <ul style="list-style-type: none"> • Inconsistent boundaries offered • Child/young person spends considerable time alone (TV etc.) • Lack of routine in the home • Child not exposed to new experiences • Child/young person can behave in an anti-social way <p>Family and Environmental Factors</p> <p>Family functioning and well-being</p> <ul style="list-style-type: none"> • Parents have relationship difficulties which may affect the child including the unborn • Child may look after younger siblings • Parent has health difficulties <p>Housing, work and income</p> <ul style="list-style-type: none"> • Families affected by low income or unemployment • Parents have limited formal education • Adequate/poor housing <p>Social and community including education</p> <ul style="list-style-type: none"> • Some social exclusion problems • Adequate universal resources but family may have access issues • Family may be new to the area • Victimisation by others
---	---

Always make sure that you obtain appropriate consent to share information, Refusal of consent may escalate concerns.

Sources of Information and Advice:

1. Visit the Information for Practitioners pages on the Glosfamilies Directory website www.glosfamiliesdirectory.org.uk for information and guidance on Gloucestershire's Graduated Pathway of Support for all children with additional needs and early help support that might be available to meet the child's need.
2. Contact the CAMHs 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 <https://www.ghc.nhs.uk/our-teams-and-services/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 Early Help Coordinator based in your local Early Help & Targeted Support team for support around implementing the Graduated Pathway

Level 3 – Intensive

Children with intensive needs will require targeted support and specific interventions linked to a clear assessment of need. Their needs will be met through the completion of a **My Assessment & My Plan+**, which is regularly reviewed through a Team Around the Child (TAC) or Team Around the Family (TAF) meeting. A **My Assessment & My Plan+** may be required due to complex needs arising from a child's SEN/D and the range of support that is needed in relation to these needs.

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 (LP) must be identified, but this is not necessarily the person who wrote the assessment and could come from any of the partner agencies involved in the TAC/TAF. 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.** It is the responsibility of the agencies working as part of the TAC/TAF to deliver the agreed actions and provide an update to the Lead Practitioner.

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 holistic assessment of the child and family's needs
- 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 to coordinate the work
- Action where needs are not being met

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.

If you think a child or young person is at immediate risk of significant harm, contact The MASH on 01452 426565 or in an emergency phone 999

Remember: Consent to share information from the parents (or young person if appropriate) is required unless there are concerns 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 (your Early Help Coordinator can tell you this), 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 are able to focus resources on those children and families with the highest levels of need.

If a **My Assessment** and **My Plan+** have not already been undertaken, then this is the starting point. You should always speak to the safeguarding lead within your organisation and seek their advice about who would need to be involved. If it remains unclear then you may also wish to speak with a Community Social Worker within the Early Help and Targeted Support Team to discuss your concerns as they might be able to support you with managing risk within the community. You can also contact Childrens Services at the MASH 01452 426565.

Indicators of Possible Need – this is not a full list but is there as a guide to help support decision making. Other factors such as the wider context, age of the child and the resilience of the child and their family should also be taken into consideration

Level 3 – Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who are living in circumstances where the worries and concerns are frequent, multiple and over an extended period of time:

Child’s Developmental Needs (including, where relevant, unborn children)	Parents and Carers
<p>Health</p> <ul style="list-style-type: none"> • Emerging mental health issues • Missed routine and non-routine health appointments • Children with complex health needs • Child has some chronic/recurring health problems • Regular substance misuse (think context) • Conception to child under 16 (think 	<p>Basic Care, ensuring safety and protection</p> <ul style="list-style-type: none"> • Poor recognition of ability to mitigate risk • Parent is struggling to provide adequate care • Domestic abuse, coercion or control in the home. NB excluding where a woman is pregnant or a child is under one, in which case see level 4 • Parental learning disability, parental substance misuse or mental health

context)

- Self-harming behaviours
- Concerns regarding weight – underweight or overweight

Emotional Development

- Age inappropriate sexualised behaviour
- Physical and emotional development raising concerns
- Difficulty coping with anger, frustration and upset

Behavioural Development

- Offending or regular behaviour considered to be anti-social
- Persistent bullying behaviour
- Persistent disruptive behaviour at school, home or behaviours seen as challenging in the community

Identity and Self-Esteem

- Low self-esteem
- Gang membership
- Presentation significantly impacts on all relationships
- Subject to discrimination
- Is socially isolated does not have positive or good role models

Family and Social Relationships

- Peers also involved in behaviour that could be considered challenging
- Regularly needed to care for another family member
- Previously experience care in the Local Authority
- Misses school consistently

Self-care Skills

- Poor self-care for age – hygiene
- Child's hygiene alienates them from peers
- Disability limits the amount of self-care in a significant range of tasks

impacting on parent's ability to meet the needs of the child

- Parents have found it difficult to care for previous child/young person
- Child has limited positive relationships

Emotional warmth and stability

- Child is rarely comforted when upset
- Receives inconsistent care (think context e.g. passed around relatives and extended family, frequent changes in partner, inconsistent warmth)
- Child is treated differently to their siblings

Guidance, boundaries and stimulation

- Parents refuse/struggle to set effective boundaries
- Child/young person shows behaviours in the neighbourhood that could be considered anti-social
- Few age appropriate toys in the house

Family and Environmental Factors

Family functioning and well-being

- Evidence of domestic abuse which is a higher risk to pregnant women, the unborn and children under one. (See level 4)
- Challenging divorce/separation
- Parental involvement in crime
- Family members have physical and mental health difficulties
- Young person displays anger/aggression towards parents

Housing, work and income

- Overcrowding, temporary accommodation, homelessness, unemployment
- Poorly maintained bed/bedding
- Serious debts/poverty impacting on ability to care for the child

Social and community including education

- Family socially excluded with access

<ul style="list-style-type: none"> • Child has to care for self in a way that is not age-appropriate <p>Learning</p> <ul style="list-style-type: none"> • At risk of permanent exclusion or previous permanent exclusion • Persistent unauthorised school absences • Not achieving key stage benchmarks • Regularly not in employment, education or appropriate training 	<p>problems to local facilities and targeted services</p> <ul style="list-style-type: none"> • No community tolerance for the family
--	---

The Families First Team

The Families First Team is one of a range of teams within the Early Help Partnership. The role of the Families First Team is to:

- Support the coordination and development of local partnerships
- Provide advice, guidance and support to practitioners working in the community with children and young people with additional needs.

If you need to get hold of a Community Social Worker or Early Help Coordinator you can contact them via the details below.

Early Help & Targeted Support Teams:
Cheltenham 01452 328160
Cotswolds 01452 328101
Forest of Dean 01452 328048
Gloucester 01452 328076
Stroud 01452 328130
Tewkesbury 01452 328251

Level 4 – Specialist

If you think a child, unborn baby or young person is at immediate risk of significant harm, contact The MASH on 01452 426565 or in an emergency phone 999

Children who are living in circumstances where there is a significant risk of abuse or neglect, where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability may require a more specialist intervention.

Children with complex Special Educational Needs and/or a Disability may have an Education, Health and Care Plan in place. This is a statutory plan that is issued by a multi-agency panel following a statutory assessment process. An Education, Health and Care plan will be considered if outcomes are not being met through non-statutory assessments and plans.

The key factors to take into account in deciding whether or not a child or young person requires a Children's Social Care intervention under the Children Act 1989 are:

- What will happen to a child's health or development without services being provided; and
- The likely effect the services will have on the child's standard of health and development

Within Level 4 there will be children with the following levels of need:

Children in Need of specialist support from Children's Social Care

- Children with highly complex needs (including children with disabilities or adopted children)
- Children who have a need for multi-agency high level support and are experiencing ineffective parenting
- There is a significant risk of family breakdown or being harmed
- There is a risk that the child will cause serious harm to themselves or others
- There is a likelihood of significant harm but the initial assessment suggests that the risk can be managed outside a Child Protection Plan

Children in Need of Protection

- Children and young people who are suffering or likely to suffer significant harm

Children in Need of Care

- Children who are in need of care or have been in the care of the Local Authority

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 and emailed to The MASH Childrenshelpdesk@gloucestershire.gov.uk If there are concerns that a child is at immediate risk of significant harm The MASH should be contacted on 01452 426565 and the MARF should be completed and submitted within 48 hours as written confirmation of the verbal request.

The Multi-Agency Service Request Form can be downloaded from the GSCB website:

<https://children.gloucestershire.gov.uk/web/portal/pages/home>

Indicators of Possible Need – this is not a full list but is there as a guide to help support decision making. Other factors such as the wider context, age of the child and the resilience of the child and their family should also be taken into consideration

Level 4 – Children in Need of Specialist Support from Children’s Social Care, including Children in Need of Protection and Children in Need of Care

Child’s Developmental Needs (including, where relevant, unborns)

Health

- Non-accidental injury
- Unexplained significant injuries
- Professional disclosure of abuse/physical injury
- Sexual abuse
- Early teenage pregnancy
- More than one pregnancy under the age of 16
- Developmental milestones are not being met due to parental care
- Lack of food linked to neglect
- Dental decay and no access to treatment
- Significant failure to thrive not due to illness
- Parent/carer refusing medical care endangering life/development
- Illness suspected to be fabricated by parent/carer
- Children has Complex health difficulty at level of needing specialist support from Disabled Children’s Social Work Team
- Child is experiencing extremes of weight as identified by a specialist practitioner
- Repeated pattern of substance or alcohol misuse
- High risk of child sexual exploitation

Emotional Development

- Puts self or others in danger
- Severe emotional/behavioural difficulties
- Severe attachment difficulties and/or severe delay in emotional development

Behavioural Development

- Regular patterns of offending and re-offending behaviour for serious offences

Parents and Carers

Basic Care, ensuring safety and protection

- Unable to recognise and mitigate risk
- Parents unable to provide adequate and safe parenting
- Parents have seriously neglected/abused the child
- Parents unable to care for previous children
- Parents are involved in crime
- Domestic abuse and/or coercive control where a woman is pregnant or has a child under one year of age
- Extremist views or behaviour
- Parents’ mental health or substance misuse significantly affect care of child
- Level of supervision is inadequate given the child’s age

Emotional warmth and stability

- Parents inconsistent, highly critical or apathetic towards child
- Child is rejected or abandoned
- Requesting young child is accommodated by local authority
- Parents own emotional experiences impacting on their ability to meet child’s needs
- Child is not comforted when distressed
- Child is often targeted and blamed

Guidance, boundaries and stimulation

- No effective boundaries set by parents
- Child beyond parental control
- Regularly behaves in an anti-social way in the neighbourhood
- Missing from home for long periods of time

- Child who's behaviours are seen as abusive to others
- Mental health needs leading to or increasing high-risk of self-harming

Identity and Self-Esteem

- Experiences persistent discrimination
- Child has no self confidence
- Young person involved and associating with gangs
- Self-identified image negatively impacting on daily functioning

Family and Social Relationships

- Child in Care
- Care leaver
- Subject to physical, emotional, or sexual abuse or neglect
- Child's displayed behaviour resulting in difficulties and straining family relationships
- Is main carer for a family member
- Relationships with family experienced as negative
- Family no longer want to care for child

Self-care Skills

- Neglects to use self-care skills due to alternative priorities e.g. substance misuse
- Precociously able to care for self
- Unaccompanied asylum seeking children

Learning

- No education provision
- No school placement due to parental neglect
- Permanently excluded from school
- Significant developmental delay due to neglect/poor parenting

Family and Environmental Factors

Family functioning and well-being

- Domestic abuse and/or coercive control where a woman is pregnant or has a child under one year of age
- Significant parent disagreement in regard to Child/young person in need where there are child protection concerns
- Family home used for drug taking, sex work & other illegal activities
- Parents are in prison and there are no family/friends option
- Young person displays regular physical violence towards parents
- Destructive and/or unhelpful involvement from extended family

Housing, work and income

- Physical accommodation places child in danger
- Housing dangerous or seriously threatening to health
- No fixed abode or homeless
- Extreme poverty/debt impacting on ability to care for child
- Family seeking asylum or are refugees

Social and community including education

- Family chronically socially excluded
- Extreme rural isolation
- Community are hostile to the family
- Restricting and refusing intervention from services

What happens when support is requested from Children's Social Care?

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 Social Care. 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 consent 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 MASH on 01452 426565.

Contacts are made via a Multi-Agency Service Request Form (MARF)

<https://children.gloucestershire.gov.uk/web/portal/pages/home>

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 further enquiries will be made by 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

Escalation of Professional Concerns

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 of [Professional Concerns Procedure](https://www.proceduresonline.com/swcpp/gloucestershire/index.html#) can be found <https://www.proceduresonline.com/swcpp/gloucestershire/index.html#>

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

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:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with 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**

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

7.0 – Key Contacts

Gloucestershire Family Information Service	<ul style="list-style-type: none">• 0800 5420202/01452 427362• familyinfo@gloucestershire.gov.uk
CYPS Practitioner Advice Line	<ul style="list-style-type: none">• 01452 894272
Local Authority Designated Officer (LADO)	<ul style="list-style-type: none">• 01452 426994
The MASH - Children's Practitioner Advice Line	<ul style="list-style-type: none">• 01452 426565 (Option 3)
The MASH- Urgent Concerns	<ul style="list-style-type: none">• 01452 426565
Emergency Duty Team (Out of Hours)	<ul style="list-style-type: none">• 01452 614194
Community Social Workers and Early Help Coordinators	<ul style="list-style-type: none">• Cheltenham - 01452 328160• Cotswold - 01452 328101• Forest of Dean - 01452 328048• Gloucester - 01452 328076• Stroud - 01452 328130• Tewkesbury - 01452 328251

8.0 - Some Key Issues affecting Children and young People

Non-mobile infant

The pre-mobile baby is one who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes all babies under 6 months of age and recognises that some babies over 6 months may not be independently mobile eg disabled babies, premature babies. Minor injuries could be a pointer to serious abuse in non-mobile babies

Research findings

- Bruising in a baby who has no independent mobility is very uncommon – less than 1% of non-mobile babies will have bruises
- Accidental bruising occurs in approximately 17% of babies who are cruising/walking around furniture (1-5 bruises)
- Severe child abuse is 6 times more common in babies under 1 year than in older children

- Infant deaths from non-accidental injuries often have a history of minor injuries prior to hospital admission
- Non mobile babies cannot cause injuries to themselves, hence any injury must therefore be considered as a marker of possible significant risk of abuse

A non-mobile infant may present with

- **BENIGN SKIN MARKS** –these may be associated with birth trauma such as a laceration to the head , a birth mark, Mongolian blue spot or rash . If any doubt seek a medical opinion from the GP.
- **MINOR INJURIES** – Minor injuries, including bumps to the head may arise accidentally, with parents seeking re-assurance that the baby has come to no harm.
- **BRUISING** – Bruising is the commonest injury experienced by babies/children in physical child abuse. There can be difficulty in distinguishing abusive from non-abusive bruises and it is not possible to determine the age of the bruise. Non mobile babies cannot cause injuries to themselves, hence any injury must therefore be considered as a marker of possible significant risk of abuse

In **all cases** of observed injury an explanation should be sought, and the explanation(s) recorded. Arrangements must be made for the baby to be fully examined (unclothed). All discussions should analysed and documented.

Any explanation for the injury should be critically considered within the context of:

- *The nature, site and History of the injury*
- *The baby's developmental abilities*
- *The family and social circumstances including current safety of sibs/other children (and other significant adults involved in the child's care)*

Due to the significant risk of abusive injury in a non-mobile baby **ALL** non-mobile babies with an injury should be referred for a medical opinion to GHNHSFT either to a Paediatrician or to the Emergency Department

Domestic Abuse

The impact of all domestic abuse is harmful to children. there are clearly identified additional risk to pregnant mothers and children under one year of age and that additional risk should be considered when assessing the risk of Domestic Abuse. Separation is also a period of increased risk for women and children. Services should not be withdrawn at this point and adult victims need access to supportive services.

Neglect

Neglect is the ongoing failure to meet a child's basic needs and is the most common form of child abuse. Neglect is a factor Nationally in two thirds of non-fatal SCR's and over half of the fatal cases, irrespective of the primary category of abuse identified by the SCR. Its is important That practitioners should be able to understand the impact of cumulative and long term effects of neglect, (for example long term poor dental health) t can be particularly difficult for professionals to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns; it is more likely

that there will be a series of concerns over a period of time that, taken together, demonstrate that a child is in need or at risk. The impact of neglect on children and young people is huge. Neglect causes great distress to children, can lead to poor health, poor social and educational outcomes and in some circumstances may affect the development of a child's brain which compromises the child's ability to make positive attachments. Children's emotional well-being is often affected and this could impact on their school attainment and also their ability to successfully parent in the future.

We have recently introduced a child neglect toolkit in Gloucestershire to assist professionals in identifying and assessing children who are at risk of neglect. For more information, please go to the GSCB website: <http://www.gscb.org.uk/i-work-with-children-young-people-and-parents/issues-affecting-children-and-young-people/children-living-with-neglect-neglect-toolkit/>

The neglect toolkit should be used in conjunction with this document

Child Exploitation

When assessing a child or young person's vulnerability, exploitation should always be considered. It is our collective, multi-agency responsibility to identify those children and young people who are at risk of exploitation and our joint responsibility to protect them and safeguard them from further risk of harm. It is important that practitioners understand the term 'exploitation' and recognise this as child abuse so that children are protected and enabled to recognise the risks in all aspects of their lives and relationships. People often think of child sexual exploitation in terms of serious organised crime, but it may also involve informal exchanges of sex for something a child wants or needs, such as accommodation, gifts, cigarettes or attention. Some children are 'groomed' through peers and individuals who may present as 'boyfriends', who then force the child or young person into having sex with friends or associates.

A screening tool has been developed to help professionals record their concerns about a child or young person. The tools help to build a picture for police, Youth Service and Social Care and ensure that the child receives the most appropriate support and intervention. For more information, please go to the GSCB website: <http://www.gscb.org.uk/i-work-with-children-young-people-and-parents/issues-affecting-children-and-young-people/child-sexual-exploitation-and-missing-children/>

Preventing Radicalisation and Extremism

Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo, contemporary ideas and expressions of freedom of choice. The threats to children & young people take many forms, not only the high profile incidents of those travelling to countries such as Syria and Iraq to fight, but on a much broader perspective also. The internet, in particular social media, is being used as a channel to promote and engage. Often this promotion glorifies violence, attracting and influencing many people including children and in the extreme cases, radicalising them. We know from research that children can be trusting and not necessarily appreciate bias that can lead to them being drawn into these groups and adopt these extremist views, and in viewing this shocking and extreme content may become normalised to it.

Prevent is a term which is used to describe the Prevent strand of the Governments Counter Terrorism Strategy, which aims to tackle radicalisation and extremism. Prevent is about safeguarding people and communities from the threat of terrorism. At the heart of Prevent is safeguarding children and adults to provide early intervention to protect and divert people away from being drawn into terrorist activity.

For details of the Gloucestershire Prevent Pathway and the Prevent referral guidance, please go to the GSCB website: <http://www.gscb.org.uk/i-work-with-children-young-people-and-parents/issues-affecting-children-and-young-people/radicalisation-and-extremism/>

9.0 Professional Practice

Professional Curiosity

Professionals need to establish facts and gather evidence about what is actually happening, rather than accepting parent's presenting behaviour and assertions. By focussing on outcomes rather than processes professionals can keep the focus of their work on the child. Developing and maintaining an open stance of professional curiosity will allow professionals to consider the possibility of maltreatment and to challenge and explore the issues while maintaining an objective and supportive approach.

Partners and significant others

Many case reviews published nationally since 2008 highlighted the issue of professionals not identifying and/or assessing key men, such as fathers and mothers' partners, involved in the care of children who died or suffered harm. In addition there is an identified need to identify men, for example estranged fathers, who were capable of providing a positive impact on parenting for the child, but are overlooked by professionals.

10.0 - Information Sharing

Information sharing should be the default position for any information that has a bearing on child welfare. As such, the onus would be on the professional to make an active decision not to share information and to document their reasoning with reasons for any decision to withhold information clearly recorded.

"Lack of information sharing was an issue in 65 of 66 national SCR reports studied in depth; by contrast, the authors emphasise that in over ten years of analysing SCRs, they have not come across a single case where too much information sharing caused harm to a child" (RIP Triennial Analysis of SCR's p166).

Consent to Information Sharing

Working Together to Safeguard Children (2018) 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
- 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,”

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.

11.0 - Key Acronyms

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 – their role is to coordinate support through the TAC/TAF until all the identified needs have been met
MARF	Multi-Agency Service Request Form
MASH	Multi-Agency Safeguarding Hub
TAC	Team Around the Child
TAF	Team Around the Family

12.0 - Further Guidance

Follow Child Protection procedures as given at <https://www.proceduresonline.com/swcpp/> or refer to the Gloucestershire Safeguarding Children Board website www.gscb.org.uk