Swindon LSCB

The Right Help at the Right Time

A guide to assessing levels of need and identifying the most appropriate support

January 2018

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Introduction

Swindon Local Safeguarding Children Board has developed this guidance in order to encourage an approach to working with children and their families that ensures they receive the right support at the right time and for the right duration within the following context:

- Working Together to Safeguard Children 2015 makes it clear that safeguarding children and promoting their welfare is the responsibility of all professionals working with children and that they should understand the criteria for taking action across a continuum of need that includes: ensuring that children achieve the best outcomes; preventing the impairment of children's health and development; ensuring that children grow up in circumstances consistent with safe and effective care; and, protecting children from abuse and neglect.

- All children have basic needs that in the main are provided for through universal services. These include education, early years, health, youth services, leisure facilities, and the many services provided by voluntary organisations. However, some children have needs which will require the additional support provided by targeted and statutory services.

- This document supports Swindon's Early Help Strategy 2017 – 2022 which sets out the priorities for progressing the delivery of a more co-ordinated and targeted approach to Early Help across Swindon. It outlines a vision for Early Help, explains the Early Help Assessment and Planning process, and describes the plan for delivering and evaluating the impact of a revitalised and better integrated Early Help Offer.

- This document sets out four levels of need and provides guidance to help assess a child's level of need and identify which if any additional services are required. It is not a rigid set of procedures as each child is unique and their needs will change over time. Professionals can seek further advice from their agency safeguarding lead or the Multi Agency Safeguarding Hub (MASH).

- Most children and families welcome help and support but for some, having professionals involved in their lives can be challenging or shameful and this may mean that they are less able to recognise harm or implement strategies to reduce the risks to themselves or others. Whilst this guidance looks to address concerns by promoting the safety and strengths available within the family and through their existing networks it is vital that the needs of the child are prioritised above those of the adults who care for them.

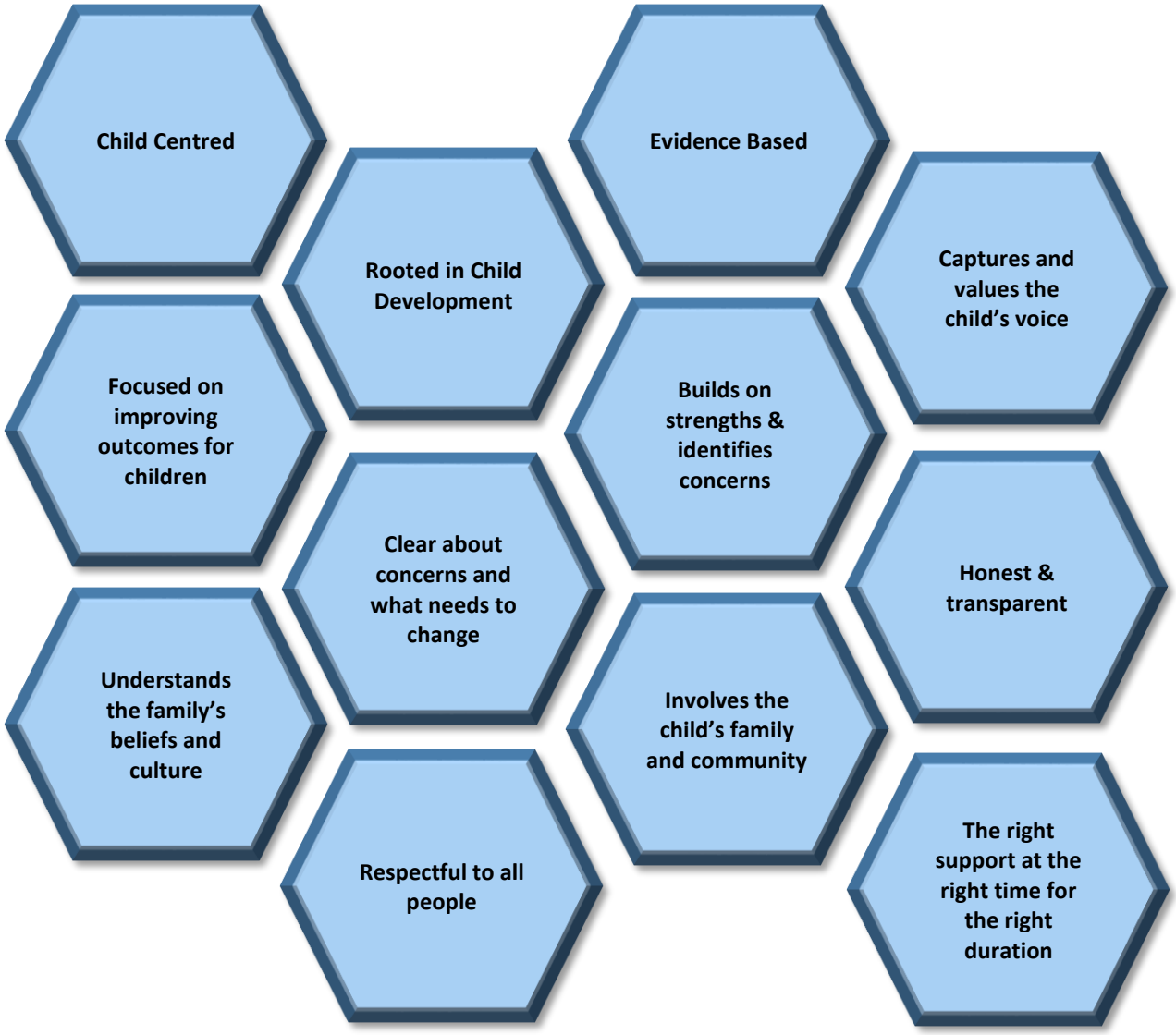
- Professionals must ensure that there is no delay in offering support that may prevent problems escalating. If a child is at imminent and significant risk of harm contact the emergency services on 999 in the first instance and then contact the Multi Agency Safeguarding Hub (MASH). Prompt action is required in order to avoid delay in protecting children and to facilitate the gathering of evidence where a crime may have been committed.

There is a Quick Start Guide to the Levels of Assessment & Support at Appendix 5 of this document. Other links and resources relating to this guidance can be found at www.swindonlscb.org.uk

Principles of Practice

It is important that people working with children and their families share a common set of principles which inform their practice. The diagram below sets out principles of practice that support an approach to working with children and families which:

- Focuses on the needs of the child;
- Facilitates early conversations when there are emerging worries about children; and,
- Promotes the development of safety and strengths that exist within the family and their existing networks to properly address their needs on a long-term basis.



Whilst these are principles that each individual worker should practice we know that it is unlikely that one worker will hold all the information needed for a comprehensive and balanced understanding of a child's needs. It is only by sharing information on a multi-agency basis that a sound evidence base can be established and decisions made about the level of need and what this means about the nature of professional involvement and the intensity of support required to meet the child's needs.

We want family members and children to play a vital role in shaping our decision making. Even when the views of adults and the wellbeing of children are in conflict it is our job to listen and involve all parties in making decision that best safeguard and protect children. Our principles of practice require us to be honest, open and transparent in explaining the assessments and decisions we make. Whenever

professionals are working with children and their families their involvement must be purposeful and focussed on outcomes that are positive for children.

Safeguarding is everybody's responsibility and by working together effectively and earlier we will reduce the number of children and young people requiring statutory interventions and reactive specialist services.

Assessing Need through Conversation

Although the assessment of need involves the gathering and analysis of information it is not a desktop exercise. Rather, it can be thought of as a series of conversations which might be between workers and children, workers and families and/or workers and their colleagues. These conversations, which take place at all levels of need, may be phone calls, home visits or meetings and all should maintain a constructive focus on the needs of the child.

In the vast majority of cases there are opportunities for professionals working with children to engage with them and their family in early and constructive conversations as and when concerns arise.

Most conversations will start with the child and their family because an anxiety or uncertainty has arisen about the welfare of a child. Working with the child and their family to address worries as they arise, rather than waiting for concerns to escalate is appropriate for the majority of children and can ensure much needed consistency for a family. Providing encouragement, building on strengths and sharing information with or about other services that might help are all key ingredients to promoting children's wellbeing.

We must also recognise that where concerns regarding children exist, there may well be involvement from various agencies and possibly with other family members. Each of these different professionals will hold important information and play a crucial role in supporting a family. This is why conversations are vital and why drawing professionals and family together in a coordinated way within the Early Help Record and Plan process is helpful to the whole family.

Having a conversation doesn't always result in increased levels of intervention. It may be that, as a result of having a conversation with the family and/or other professionals, and sharing information and seeking advice, the needs of the child or young person can still be met within universal services, even if these need to be changed or the approach adapted.

Most practitioners will be used to having conversations with children and their families and with other workers. When you have concerns about a child these questions might help you to clarify those concerns and inform your assessment of need.

What are you worried about?

Identifying past harm, future risks & complicating factors

- What have you seen or heard that worries you?
- Are there any barriers preventing the family from speaking openly?
- What are you most worried about?
- If nothing changes what are you worried will happen to the child?
- Have things become worse recently?
- What has been the impact on that child?
- What are the child's worries?
- What do you already know about the family and the child's needs and difficulties that makes this problem harder for them to manage?

What is working well?

Recognising existing strengths and safety

- Where do the family and child get their best support from?
- Who and what are those supports?
- In relation to the worry, what do the family and child do already that makes things even a little better?
- What has already been done to try and help the situation: who did what and when?

Questions you might ask the family:

- Is there anyone else supporting you at the moment?
- Do you mind if I speak to them?
- Is there any other support that you feel you need at the moment?
- What would you ideally like to see happen next?
- Have you told anyone about this before?
- Has this happened before?
- Do you feel that professionals understand your concerns?

What needs to happen?

Identifying agency and family goals

- What do you think needs to happen to make the situation better?
- Are other services needed to provide early help for this family?
- Will a coordinated, multi-agency approach help this family?

If universal services or a coordinated multi-agency approach cannot meet the needs of a child or family; a family are not consenting to assistance; or, an Early Help Record and Plan and Team Around the Child (TAC) is not helping to address the concerns, then conversations may need to focus on whether statutory services are needed to keep a child safe from harm.

Where you are becoming more concerned about a child you should have a conversation with your line manager or safeguarding lead to share what you are worried about and agree what else needs to happen to meet the child's needs and reduce any risks to their safety.

If you need to discuss your concerns with Children's Social Care but are not sure that you will need to make a referral you or your organisation's safeguarding lead can have a conversation with the MASH. It may be that they have additional information that can help you make the right decision. It may be that what you have to tell them is of such concern that it must be a formal referral. Either way it is a good opportunity to have a conversation about the best way of supporting the child.

Assessment Tools and Processes

It is important that when children require additional support, their needs are assessed and recorded together with any actions arising from those needs.

Early Help Record and Plan (EHR&P)

In Swindon, the Early Help Record and Plan (EHR&P) is the process for supporting children, young people and families with additional needs through early identification, swift intervention and a planned, coordinated response. It is used across the levels of need including Special Educational Needs and Disability (SEN/D).

The EHR&P assesses a child's needs across four key areas:

- Health and Well-being
- Development needs, educational attainment and achievement
- Parenting/caring
- Family and Community

The Early Help Record is the first part of the Single Assessment process that aims to empower children, young people and their families and provide a timely, seamless service if needs escalate. The Single Assessment supports families through early help to escalating complex needs and urgent needs that require a statutory response from children's social care.

The Early Help Record and Plan should also be used by schools, early years settings and colleges as part of the graduated response to meet the needs of children and young people with Special Educational Needs and/or Disability (SEN/D) to record, monitor and evaluate provision, intervention and progress against outcomes set. This can then be used as a basis and evidence for statutory assessment for an Education, Health Care Plan if this is required in the future.

Team around the Child and Family (TAC/F) Meeting

The purpose of the TAC/F meeting is to bring together practitioners with the appropriate skills to meet the identified needs of the child and develop a support plan. The parents and practitioners concerned will agree the most appropriate person to undertake the Lead Professional role. Goals will be identified and regular reviews undertaken, with the focus on a child-centred approach, positive engagement with the family, increased community involvement and collaboration between agencies.

Lead Professional (LP)

The Lead Professional will usually be the worker who is best placed to provide consistent support to the child and family and will probably have initiated the Early Help Record and Plan process. The LP will convene TAC/F meetings and work with other practitioners to provide a coordinated response to the child's needs.
The LP might also be able to request a little financial support to help with a big problem (e.g. fixing the washing machine or buying a new cot).

Full EHR&P guidance is available at http://schoolsonline.swindon.gov.uk/sc/iwg/Pages/Home.aspx.

Education Health and Care Plan (EHCP)

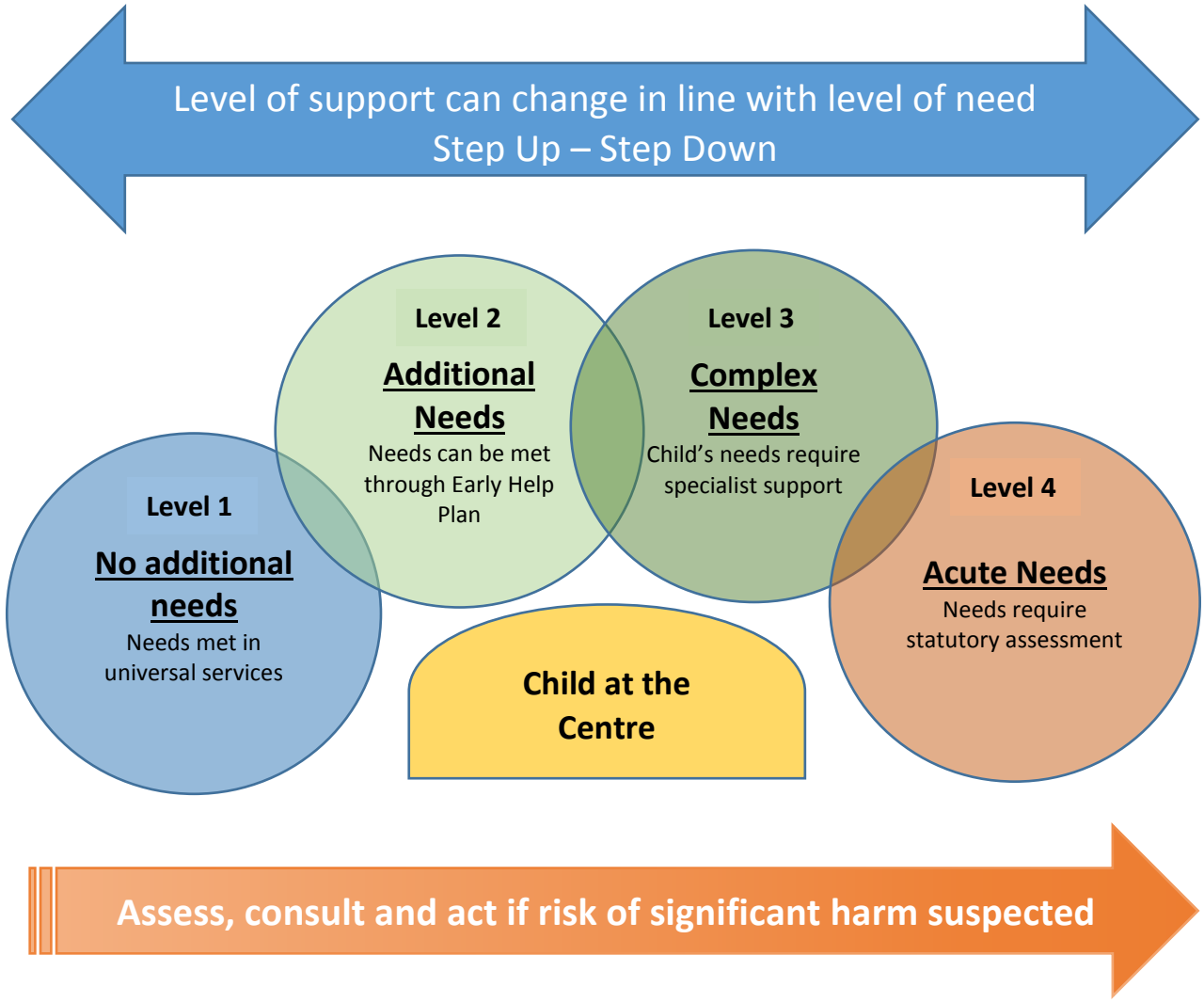
An EHC Plan is a statutory document that specifies the outcomes as well as the necessary provision to meet the SEND needs of children and young people aged 0 - 25.
An EHC Assessment brings together professionals from education, health and care to work in partnership with families to listen, understand and plan support to enable their children to achieve the best possible quality of life.
The EHC Plan is reviewed at least annually with interim Team Around the Child/Family (TAC/F) meetings.

Assessing Levels of Need and Accessing Support

The 'levels of need' set out below will help to determine whether the child and family can be appropriately and safely helped by services providing early intervention and support, or whether the level of need and risk is such that statutory social care involvement is required. It describes how to access services for children with different levels of need, and what kind of response can be expected.

It is important to recognise that understanding what is happening to a vulnerable child is a process, even where it is initiated by a single event. Effective safeguarding involves all those who may be working with a child or family and all the people involved in that child's life; it requires trust and communication to ensure that any changing circumstances are understood and considered in terms of the impact they have on the child.

Assessment criteria can only be indicative: They give examples of what is meant by the different levels of need, but are in no way intended to be exhaustive. They cannot describe every issue or combination of issues which may arise. They do not replace professional judgement, either on the part of referrers or of those considering the appropriate response to a referral. They are intended to provide helpful guidance for those wishing to share a concern about a child or young person, identify appropriate services and give some clarity about the responses that can be expected.



Level 1: Children with no additional needs

Children with no additional needs are children whose health and developmental needs will be met by good parental care and the universal services that are available to all children.
Universal services are available to all Swindon children and families whatever the level of concern and most children will be kept safe from harm and able to reach their full potential with support from services such as: Schools, Nurseries & Child-minders; Youth projects; Police; Midwives; GPs; Health Visitors; Job Centres; Housing; Voluntary Sector. Many of these agencies will use their own assessment processes to tailor support to individual needs of the child.

Level 2: Children with additional needs

Children with additional needs are children who require support above that provided by universal services to ensure that their health and developmental needs are met.
They may be vulnerable and showing early signs of abuse and/or neglect, but often their needs are not clear, not known or not being met.
Additional support may be provided by a single agency, or by a number of different agencies working together, with a lead professional co-ordinating the work. Additional services from providers such as family support services and parenting programmes may be required.
This kind of support is described as 'early help' or 'early intervention', as it seeks to provide help and support to children, young people and their families in the early stages when concerns are identified, and to avoid those concerns escalating. However, the level of need or risk is not such that involvement by statutory children's social care services is required.

Please refer to Appendix 1 for Examples of Levels of Need

Accessing Support

If the need for support can be met by your agency, hold a conversation with the child and family and put agreed support in place.

If it appears that the need can be met by another single agency, discuss with child and/or parents or carers. With their consent, refer them to that agency.

Information about other resources available to families can be found through the My Care My Support website at: http://children.mycaremysupport.co.uk/

If a multi-agency package of support is required, discuss your concerns with the child and/or parents or carers and seek their consent to share information with other agencies. If consent is obtained, an assessment should be completed using the Early Help Record and Plan (EHR&P). This is an assessment tool that is completed with a child, young person and their family as well as other professionals, to decide what help is needed. Once the EHR&P is completed, it should be sent to the MASH at fcp@swindon.gov.uk.

It will probably be beneficial to hold a Team Around the Child (TAC) Meeting. Guidance and paperwork to support you in this can be downloaded from http://schoolsonline.swindon.gov.uk/sc/iwg/Pages/Home.aspx.

If at any point in the EHR&P or TAC process it appears that a child or young person's needs might best be met at Level 3 or Level 4 a referral to the MASH should be made.

Level 3: Children with complex multiple needs

These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. In most cases agencies would be expected to complete Early Help Records to assess, plan and provide intervention for these children and their families. They may require longer term intervention from specialist services.

If these needs are significant and not met within specialist services, then the threshold for a children and families' assessment led by a qualified social worker under Section 17 of the Children Act 1989 is met - although the assessments and services required may come from a range of provision outside of children's social care.

If the conclusion of the assessment is that continued social care involvement is required to prevent impairment of the child's health or development suffering, a 'child in need plan' setting out the contribution of all agencies to meeting the child's needs will be drawn up and implemented.

Please refer to Appendix 1 for Examples of Levels of Need

Accessing Support

Everyone who works with children **must** know how and when to refer safeguarding concerns to Children's Social Care.

You may be concerned that the early help provided at Level 2 is not working and things are not getting better for the child. If so you should discuss this with the child, parents/carers and the other agencies involved before contacting the MASH

It may be that the need to discuss safeguarding concerns has arisen because of an incident, or an injury to the child, or because something the child has told you suggests they are at risk of harm or have been harmed.

You should discuss your concerns with the child or young person's parents or carers and seek their consent to share information, **unless** you have reasonable cause to believe that do would place the child at risk of significant harm. Guidance in relation to information sharing is available in the Government publication:
Information sharing – advice for practitioners providing safeguarding services to children, young people, parents and carers, March 2015.

If you believe that a child has unmet needs at Level 3 then contact the MASH by email fcp@swindon.gov.uk or by phone on 01793 466903 (or 01793 436699 for the out of hours Emergency Duty Team).

The Multi-Agency Referral Form (RF1) should also be completed for all referrals to the MASH and can be downloaded from http://www.swindonlscb.org.uk/wav/Pages/Forms.aspx

Following consideration of your referral and any additional multi-agency information obtained, the MASH will take one of the following actions.

If the child is not considered to have unmet needs at Level 3 then you may be offered advice on other actions you could take at Level 2 which may include a referral to SBC Early Help Service

If the child is considered to have unmet needs at Level 3 a social worker will undertake a statutory assessment under Section 17 of the Children Act 1989.

It may be that your referral is of sufficient concern to indicate that the child is at risk of significant harm and the MASH will pass the details to the Assessment and Child Protection Team

Your referral should be formally acknowledged within 48hrs. You should also expect to receive feedback on the outcome of the referral so contact the MASH if you don't hear back within 3 days.

You might also consider…

Other resources available to families can be found through the My Care My Support website at: http://children.mycaremysupport.co.uk/

A referral to MARAC (Multi Agency Risk Assessment Conference) in which information about high risk domestic abuse victims is shared between agencies and a risk focused, co-ordinated safety plan is drawn up to support the victim. Referral forms can be downloaded from: http://www.swindonwomensaid.org/our-services/referral-pathway-forms-to-access-our-services

Contacting the regional Police Prevent Team if your referral relates to a risk of radicalisation Channel. Tel: 01179455539 or email: channelsw@avonandsomerset.pnn.police.uk

A referral to TAMHS (Targeted Mental Health Service) or CAMHS (Child and Adolescent Mental Health Services. Further information on these services can be found at: http://schoolsonline.swindon.gov.uk/sc/Pages/tamhs.aspx and http://www.oxfordhealth.nhs.uk/children-and-young-people/south-west/child-and-adolescent-mental-health-services-camhs-tier-2-3/

A MAPPA (Multi-Agency Public Protection Arrangements) referral so that information about high risk perpetrators can be shared between agencies and a risk focused, co-ordinated plan drawn up. For referral information contact MAPPA@wiltshire.pnn.police.uk

Level 4: Children with acute needs

These are children where there is reasonable cause to suspect that they are suffering or are likely to suffer significant harm. For further information on the concept of 'significant harm', you should refer to the Child Protection Procedures at www.proceduresonline.com.
Inquiries under Section 47 of the Children Act 1989 will be undertaken and a Strategy Discussion involving Social Care, Police, Health and other relevant agencies will be held. If necessary emergency action to secure the child's safety will be taken.

If the suspicion of significant harm is substantiated, and is assessed as likely to continue, a multiagency Initial Child Protection Conference (ICPC) will consider what further action is required to protect the child.

This level also includes children in specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems, and children who are remanded into custody.

Please refer to Appendix 1 for Examples of Levels of Need

Accessing Support:

If the child is at immediate risk, contact the police by calling 999

When a child is at risk of significant harm, a referral must be made to the MASH on 01793 466903 (or 01793 436699 for the out of hours Emergency Duty Team). You will need to provide:

- all of the details known to you/your agency about the child;
- their family composition including siblings;
- the nature of the concern; and,
- your view of immediate risks.

(See Appendix 2 for more information on making a good referral)

The MASH will also need to know where the child is and whether you have informed parents/ carers of your concern (see Sharing Information about Children and their Families).

Remember to complete the RF1 Referral Form and send it to fcp@swindon.gov.uk

The MASH will then undertake further information gathering about the child and their family from relevant agencies and their own records, and make a decision as to whether the referral needs to go to the Assessment and Child Protection Team (ACP) or the Disabled Children's Team for a social work assessment. Where a social work team has worked with the case within the previous three weeks the referral information will be passed direct to that team's manager.

If concerns for a child are immediate and serious, the MASH processes runs parallel to essential safeguarding action planning between Children's Services, Police and Health.

The MASH provides a referral management and decision making process. It does not provide direct services to children. The MASH will inform referrers of the decision that has been taken, i.e. that a referral has been passed to the Assessment and Child Protection Team or, where appropriate, will recommend that the referrer considers approaching the Family Service or other Early Help services.

Information about other resources available to families can be found through the My Care My Support website at: http://children.mycaremysupport.co.uk/

See Appendix 3 for Information and flowcharts showing what should happen once a child is referred to the Local Authority's Childrens Social Care Service

Resolving and Escalating Professional Disagreements

Situations may arise when workers within one agency feel that the decision made by a worker from another agency about a safeguarding case is not in the best interests of the child. Differences of opinion could arise in a number of areas, but are most likely to occur around:

- Levels of Need
- Roles and responsibilities
- The need for action
- Lack of action
- Communication

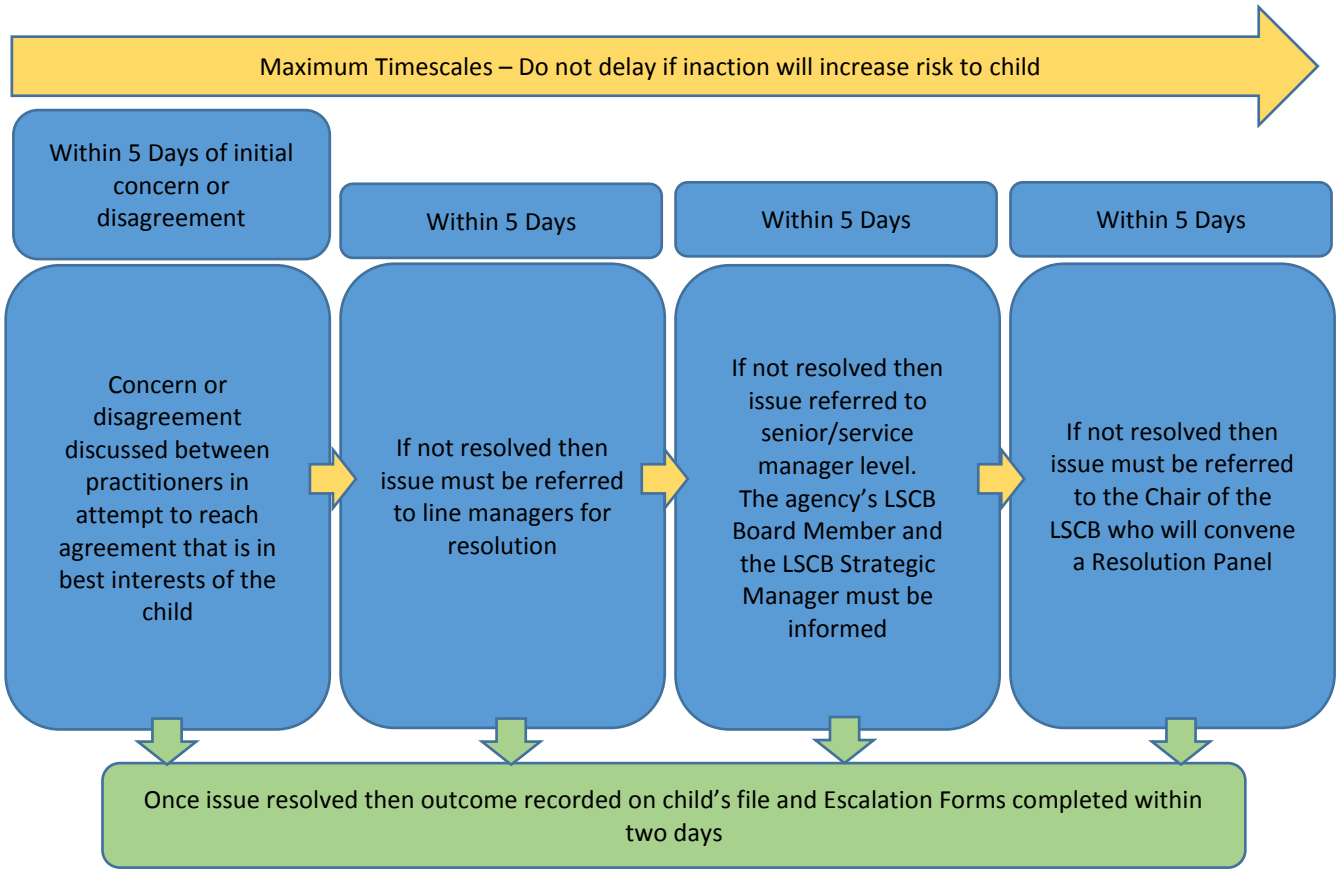
The safety of individual children is the paramount consideration in any professional disagreement and any unresolved issues should be addressed with due consideration to the risks that might exist for the child. All workers should feel able to challenge decision-making and to see this as their right and responsibility in order to promote the best multi-agency safeguarding practice.

The LSCB's Escalation Policy provides workers with the means to raise concerns they may have about decisions made by other professionals or agencies by:

- avoiding professional anxiety or disagreement that put children at risk or obscure the focus on the child
- resolving difficulties within and between agencies quickly and openly
- identifying problem areas in working together where there is a lack of clarity and promoting resolution via amendment to protocols and procedures

Effective working together depends on open and honest relationships between practitioners and agencies. Problem resolution is an integral part of healthy challenge, professional co-operation and joint working to safeguard children.

The Escalation Policy can be found at: http://www.swindonlscb.org.uk/procedures/Pages/Home.aspx



Sharing Information about Children and their Families

Sharing information is an intrinsic part of any frontline practitioners' job when working with children and young people. The decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives. It could ensure that an individual receives the right services at the right time and prevent a need from becoming more acute and difficult to meet. At the other end of the spectrum it could be the difference between life and death.

Poor or non-existent information sharing is a factor repeatedly flagged up as an issue in Serious Case Reviews following the death of, or serious injury to, a child. 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

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 1998 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns.

The principles

The principles set out below are intended to help practitioners working with children, young people, parents and carers share information between organisations. Practitioners should use their judgement when making decisions on what information to share and when and should follow organisation procedures or consult with their manager if in doubt.

The most important consideration is whether sharing information is likely to safeguard and protect a child.

Necessary and proportionate

When taking decisions about what information to share, you should consider how much information you need to release. The Data Protection Act 1998 requires you to consider the impact of disclosing information on the information subject and any third parties. Any information shared must be proportionate to the need and level of risk.

Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk.

Relevant

Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make sound decisions.

Adequate

Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

Accurate

Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely

Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm to a child. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

Secure

Wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation's policy on security for handling personal information.

Record

Information sharing decisions should be recorded whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with each organisation's own retention policy, the information should not be kept any longer than is necessary. In some circumstances this may be indefinitely, but if this is the case there should be a review process.

Remember, when sharing information:

- communicate effectively with other practitioners and professionals by listening and ensuring that you are being listened to
- appreciate that others may not have the same understanding of professional terms and may interpret abbreviations such as acronyms differently
- be able to use clear language to communicate information unambiguously
- listen carefully to what is said and check your understanding
- know that inference or interpretation can result in a difference between what is said and what is understood

The DFE's advice on sharing information can be read in full at: Information Sharing Guidance for practitioners providing safeguarding services to children, young people, parents and carers.

Swindon Borough Council's guidance on Early Help for Children, Young People and Families contains further information and forms relating to consent and can be found at:
http://schoolsonline.swindon.gov.uk/sc/iwg/Pages/Home.aspx

Categories of Abuse

Working Together 2015 defines abuse as a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Physical: A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse: Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to and attendance at appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Apart from being potentially fatal, neglect causes great distress to children and leads to poor outcomes in the short- and long-term. Possible consequences include an array of health and mental health problems, difficulties in forming attachment and relationships, lower educational achievements, an increased risk of substance misuse, higher risk of experiencing abuse as well as difficulties in assuming parenting responsibilities later on in life. The degree to which children are affected during their childhood and later in adulthood depends on the type, severity and frequency of the maltreatment and on what support mechanisms and coping strategies were available to the child.

To support practitioners to better understand and address neglect Swindon LSCB has developed practice guidance which is available at http://www.swindonlscb.org.uk/wav/Pages/Neglect.aspx .

Specific Safeguarding Issues

Domestic Abuse

Domestic violence is any violent or abusive behaviour used by one person to dominate and control another within a close personal or family relationship.

It can happen to anyone, in all kinds of relationships and people may experience domestic abuse regardless of their social group, age, class, lifestyle, disability or sexuality. Domestic abuse can be:

- Physical abuse: pushing, hitting, punching, kicking, choking and using weapons.
- Sexual abuse: forcing or pressuring someone to have sex (rape), unwanted sexual activity, touching, groping someone or making them watch pornography.
- Financial abuse: taking money, controlling finances, not letting someone work.
- Emotional abuse / coercive control: making someone repeatedly feel bad or scared, stalking, blackmailing, constantly checking up on someone, playing mind games. Coercive control is now a criminal offence under the Serious Crime Act 2015.
- Digital / online abuse: using technology to further isolate, humiliate or control someone.
- Honour-based violence and forced marriage

Risks to Children

The emotional responses of children who witness domestic violence and abuse may include fear, guilt, shame, sleep disturbances, sadness, depression, and anger (at both the abuser for the violence and at the other parent for being unable to protect them). In relationships where there is domestic violence and abuse, children witness about three-quarters of the abusive incidents. About half the children in such families have themselves been physically abused. Sexual and emotional abuse are also more likely to happen in these families.

The younger the children in the family, or the presence of special needs, the higher the risk to their safety.

Domestic violence and abuse may have a long term psychological and emotional impact in a number of ways, for example:

- Children may be greatly distressed by witnessing (seeing or hearing) the physical and emotional suffering of a parent, or witnessing the outcome of any assault;
- Children may be pressurised into concealing assaults, and experience the fear and anxiety of living in an environment where abuse occurs;
- The domestic violence and abuse may impact negatively on an adult victim's parenting capacity;
- Children may be drawn into the violence and themselves become victims of physical abuse.

For children living in situations of domestic violence and abuse, the effects may result in behavioural issues, absence from school, difficulties concentrating, lower school achievement, ill health, bullying, substance misuse, self-harm, running away, anti-social behaviour and physical injury.

Risk to Teenagers

Teenage victims of domestic abuse experience at least the same level of violence as adult victims, and are at risk of serious harm or death. They may also be experiencing abuse from a current or ex-partner that they are not living with and are more likely (than adults) to be abused by more than one perpetrator.

Domestic violence in teenage relationships can be more hidden for many reasons, including the fact that some teenagers may be more acceptant of or dismissive about this form of abuse. Some may not actually conceptualise what is happening to them as being abusive. Teenage domestic violence should be seen as a child protection issue.

Many experience additional problems which increase their vulnerability, including mental health issues and self-harm: one in five victims is pregnant.
They may be subjected to domestic violence and abuse perpetrated in order to force them into marriage or to punish him/her for 'bringing dishonour on the family'. This abuse may be carried out by several members of a family increasing the young person's sense of isolation and powerlessness.

Risks during Pregnancy

During pregnancy, domestic violence and abuse can pose a threat to an unborn child as assaults on pregnant women often involve punches or kicks directed at the abdomen, risking injury to both the mother and the foetus.
In almost a third of cases, domestic violence and abuse begins or escalates during pregnancy and it is associated with increased rates of miscarriage, premature birth, foetal injury and foetal death.

The mother may be prevented from seeking or receiving antenatal care or post-natal care. In addition if the mother is being abused this can affect her attachment to her child, more so if the pregnancy is a result of rape by her partner.

Young mothers are at greater risk of experiencing domestic abuse especially where there are a range of complicating factors including mental health issues, substance abuse, a lack of wider support or housing problems. It is often harder for them to ask for help.

Children under the age of 12 months are particularly vulnerable so incidents of domestic abuse after the baby has been born are very concerning.

For details on domestic abuse training opportunities and to book places go to:
http://www.swindonlscb.org.uk/train/Pages/Home.aspx

Child Exploitation

Child Exploitation is characterised by levels of coercion, control, persuasion and duress, which will often result in the children involved failing to recognise themselves as victims of abuse. The focus of the exploitation will most likely be in relation to adolescent children and in relation to those outside of traditional position of trust relationships. The LSCB maintains a Child Exploitation & Missing Children Sub-group which considers multi-agency responses to the following types of exploitation and risk:

- Sexually Exploited Children (see section below for further information)
- Criminally Exploited Children (children who are exploited to commit criminal offences, by a third party who stands to gain, e.g. those coerced and exploited by drug gangs, cyber criminals or organised crime gangs, who exploit the vulnerability of children in their criminal enterprises)
- Children who are trafficked or who are victims/potential victims of Modern Slavery
- Radicalisation of children
- Missing Children (because the risk of exploitation to children who go missing is significantly higher than those children who do not).

Child Sexual Exploitation (CSE)

Child sexual exploitation is child abuse and involves children and young people receiving something, such as accommodation, drugs, gifts or affection, in return for them performing sexual activities, or having others perform sexual activities on them. It can occur without physical contact for example, when children are groomed to post sexual images of themselves online.

CSE is a hidden issue taking place out of public view. Professionals often do not identify it and young people themselves might not recognise themselves as the abused. Getting an accurate understanding of CSE risk in the local area is important if agencies are to provide effective support to young people at risk.

The link between children being sexually exploited and children going missing is very strong. Some 140,000 children go missing from home or care in the UK each year and it has been estimated that running away places around a quarter of these at risk of serious harm. Children and young people who run away may be 'pushed away' following abuse or other factors or 'pulled away' wanting to be near friends or because they are being exploited by adults.

The LSCBs CSE Handbook provides information on the roles and responsibilities for practitioners who are working with children at risk from CSE http://www.swindonlscb.org.uk/wav/Pages/CSE.aspx

The LSCB website also contains information about CSE training opportunities. For further details and to book places go to http://www.swindonlscb.org.uk/train/Pages/Home.aspx

Safeguarding Children and Young people against Radicalisation and Violent Extremism

Keeping children safe from violent extremism is a safeguarding matter and should be approached in the same way as safeguarding children from other risks. There have been attempts to radicalise vulnerable children and young people to develop extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Children should be protected from messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology and extremist Animal Rights movements.

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet via social media or other websites. This can put a young person at risk of being drawn into criminal activity and has the potential to lead to the child or young person suffering significant harm'.

The risk of radicalisation can develop over time and may relate to a number of factors in the child's life. Identifying the risks require practitioners to exercise their professional judgement and to seek further advice as necessary. The risk may be combined with other vulnerabilities or may be the only risk identified.

Further information about extremism and radicalisation and how to respond to concerns that children may be at risk can be found at http://www.proceduresonline.com/swcpp/wiltshire/p_sg_ch_extremism.html and http://www.swindonlscb.org.uk/wav/Pages/PREVENT.aspx

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is a collective term for procedures, which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy.

- FGM is abuse of the human rights of girls and women and is therefore a child protection issue.
- FGM is illegal in the UK and it is illegal to prepare, send or take a child to another country.
- If you suspect that any girl in Swindon is at risk of being subjected to any form of FGM you must take action to report it immediately by contacting the MASH.

Swindon LSCB's FGM Strategy outlines the multi-agency approach to tackling FGM in Swindon and is available from The LSCB website at http://www.swindonlscb.org.uk/wav/Pages/FGM.aspx

Allegations about people who work with children

All allegations of abuse of children by those who work with children must be taken seriously. Allegations against any person who works with children, whether in a paid or unpaid capacity, cover a wide range of circumstances.

This procedure should be applied when there is such an allegation or concern that a person who works with children, 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.

These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include concerns relating to inappropriate relationships between members of staff and children or young people, for example:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual (see ss16-19 Sexual Offences Act 2003);
- 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence (see s15 Sexual Offences Act 2003);
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text / e-mail messages or images, gifts, socialising etc);
- Possession of indecent photographs / pseudo-photographs of children.

If concerns arise about the person's behaviour to her/his own children, the police and/or children's social care must consider informing the employer / organisation in order to assess whether there may be implications for children with whom the person has contact at work / in the organisation, in which case this procedure will apply.

Allegations of historical abuse should be responded to in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children and if so, to inform the person's current employer or voluntary organisation or refer their family for assessment.

References to ' staff or members of staff' should be interpreted as meaning all paid or unpaid staff / professionals and volunteers, including for example foster carers, approved adopters and child minders. This chapter also applies to any person, who manages or facilitates access to an establishment where children are present.

Where there are concerns or allegations about a member of staff or volunteer who works with children, contact the Local Authority Designated Officer (LADO) through the MASH - email fcp@swindon.gov.uk or phone on 01793 466903 (or 01793 436699 for the out of hours Emergency Duty Team)

Further information on these and other safeguarding issues can be found on the LSCB website – www.swindonlscb.org.uk and the online South West Shared Procedures at http://www.proceduresonline.com/swcpp/swindon/index.html

Working Together to Safeguard Children 2015 also provides the links to DfE guidance on the following issues:

- **Safeguarding children who may have been trafficked**
- **Safeguarding children and young people who may have been affected by gang activity**
- **Safeguarding children from female genital mutilation**
- **Forced marriage**
- **Safeguarding children from abuse linked to faith or belief**
- **Radicalisation - Prevent strategy**
- **Radicalisation - Channel guidance**
- **Safeguarding children and young people from sexual exploitation**
- **Safeguarding Children in whom illness is fabricated or induced**
- **Preventing and tackling bullying**
- **Keeping children safe in education**
- **Safeguarding Disabled Children: Practice guidance**
- **Department of Health / Department for Education: National Service Framework for Children, Young People and Maternity Services**
- **What to do if you're worried a child is being abused: advice for practitioners**

Appendix 1: Example of Needs at Levels 2, 3 & 4

LEVEL 2

This can include children and young people:

- Who have 'young carer' responsibilities
- with low level behavioural problems
- in poor living conditions or with identified housing need
- in households under chronic financial pressures or without recourse to public funds
- With poor school attendance
- With learning needs
- With mild or moderate disability
- With disabilities whose needs can be met with basic additional support
- At risk of or involved in low level crime/anti-social behaviour
- in households where parenting is compromised by parental illness or disability, mental health, substance abuse or domestic violence, but no indication of significant impairment to the child's health or development
- Who experience intimidation or bullying behaviour or are at risk of isolation
- Who exhibit self-harming behaviour
- Who send or receive inappropriate sexual material produced by themselves or other young people via digital or social media
- Who sometimes express extreme or intolerant views about those who do not share political or religious views, or support for extremist actions
- Who are involved in low-level substance misuse
- Who go missing occasionally from home or care

LEVEL 3

Children with multiple complex needs may:

- Live in households where they experience persistent domestic abuse.
- Be those where there is an allegation of physical assault but with no visible or only minor injury (other than to a pre-or non-mobile child), or allegations of serious verbal threats
- Experience a series of apparently accidental injuries or a minor non-accidental incident
- Be the subject of repeatedly expressed minor concerns from one or more sources
- have severe and profound disabilities in a range of developmental areas or in one significant area
- have a disability and whose parents or carers are not meeting their developmental needs in areas such as feeding, use of equipment, communication, or engagement with professionals, or respecting their right to dignified and safe care
- be believed to be neglected or emotionally abused, and whose health and development are showing signs of impairment
- display signs of sexual abuse (e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour, carer)
- have no available parent or carer, and are in need of accommodation
- at risk of criminal exploitation
- raise concerns that they are being targeted and groomed for sexual exploitation, and 'warning signs' of exploitation have been identified, but there is no evidence at this stage of any offence. Who demonstrate strong support for extremist ideologies, which may be encouraged by family or community networks
- be at risk of affiliation with gangs
- undertake intimate personal care for a parent or carer
- be privately fostered
- be at immediate risk of homelessness
- be heavily engaged in substance misuse
- repeatedly go missing from home or care
- be at risk from purported witchcraft or malign spirituality
- be pregnant under the age of 16 with additional vulnerabilities

LEVEL 4

Situations in which children may be suffering or be likely to suffer significant harm include:

- any allegation of abuse or any suspicious injury in a pre- or non-mobile child
- any allegation of serious physical assault or suspicious injury
- two or more minor injuries to pre-mobile or non-verbal babies or children
- Children with a disability whose health and development is likely to be significantly impaired by parental or carer failure to meet their needs
- Chronic domestic abuse or actual/serious risk of domestic abuse in a care setting.
- Persistent or chronic neglect of their needs
- emotional abuse likely to cause serious impairment of health and/or development
- allegations or confessions of sexual abuse.
- an allegation suggests connections between sexually abused children in different families or with more than one abuser
- living in a household with an individual known to pose a risk to children
- subjects of a current Child Protection Plan or looked after by a local authority and the subject of suspicious injury or allegation of harm
- no available parent and the child is vulnerable to significant harm (e.g. an abandoned baby)
- suspected to be at risk of significant harm due to fabricated or induced illness
- parent/carer with severe mental illness or substance addiction which poses a serious risk to the child's health or development.
- Criminal, including sexual, exploitation
- trafficking
- in a household into which a registered sex offender or convicted violent offender subject to MAPPA moves
- sexually active and aged 13 or below (statutory rape)

Appendix 2: Making a Good Referral

When making a referral to the MASH the amount and quality of information you are able to provide makes a difference to the timeliness and nature of the response. When making a referral you should ask yourself:

1. **Does the person with parental responsibility know that I am concerned about their child and that I am making a referral? Have they consented to the referral being made?**

   The 2004 Children Act and the 2008 Information Sharing Protocols are clear that consent should be sought wherever possible. In some cases you will have concerns that a child is at risk of significant harm and parental consent is not forthcoming. In these cases you should state on the referral what action you have taken to try to gain consent. In some rare cases your professional view will be that seeking consent will increase the risk to the child. This may include the risk of forced marriage or female genital mutilation. In these cases state clearly on the referral form why you have not sought consent.

2. **Have I included all the personal details I have about the child/ young person and their family?**

   Including these details including DOB/ethnicity/ telephone numbers/ up to date address/ language and a family composition mean that the child 's records can be accessed quickly and that any intervention can be provided in a timely way. Phone numbers in particular mean that families can be contacted quickly. Where English is not a first language, details will allow the provision of an interpreter.

3. **Have I included details about any other professionals working with the family?**

   Knowing these details, especially if there has been a Team around the Family, will ensure that their knowledge and skills be part of our assessment and intervention.

4. **Have I made it as clear as possible what I am concerned about?**

   Making it clear what you are concerned about will help in determining the most appropriate response. Sometimes you may not be absolutely certain about what is happening for the child/ young person. In these cases provide as much detail as possible. Remember that you have professional expertise and will be up to date with research and practise in your field of work. Try to reduce the use of jargon and provide some analysis. For example: as a health professional you may be concerned about failed appointments or concealed pregnancy; as teacher you may be concerned that a child's changed behaviour and demeanour that is effecting their learning. Setting out what this means for the child and the impact on their development will ensure that the worker assessing the referral (who might not have the same level of knowledge as you) understands your perspective and can include this analysis in their assessment.

5. **Have I made it clear what I have done already and what worked or didn't work?**

   Research tells us that we sometimes 'start again' with families. This is especially the case where there is chronic neglect or with families who appear compliant with plans but fail to either follow through with work or fail to sustain change. Knowing what has been worked well enables targeted and social work services to build on success; knowing what has failed to sustain change ensures that this can be explored and other solutions sought

6. **Have I made sure that I will be available for further discussion about the referral and how I can be contacted?**

   As the referrer you are the person with the most up to date knowledge of the child/ young person and we want you to be involved in our decision making and intervention. We aim to make a decision on every referral within 24 hours. If you cannot be available please proved the name and contact details of someone familiar with the child and your concerns who can act for you.

Appendix 3: Working Together to Safeguard Children 2015

Response to a referral

Once the referral has been accepted by local authority children's social care the lead professional role falls to a social worker.

The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen. Within one working day of a referral being received a local authority social worker should make a decision about the type of response that is required. This will include determining whether:

- the child requires immediate protection and urgent action is required;
- the child is in need, and should be assessed under section 17 of the Children Act 1989;
- there is reasonable cause to suspect that the child is suffering, or likely to suffer,
- significant harm, and whether enquires must be made and the child assessed under section 47 of the Children Act 1989;
- any services are required by the child and family and what type of services; and
- further specialist assessments are required in order to help the local authority to decide what further action to take.

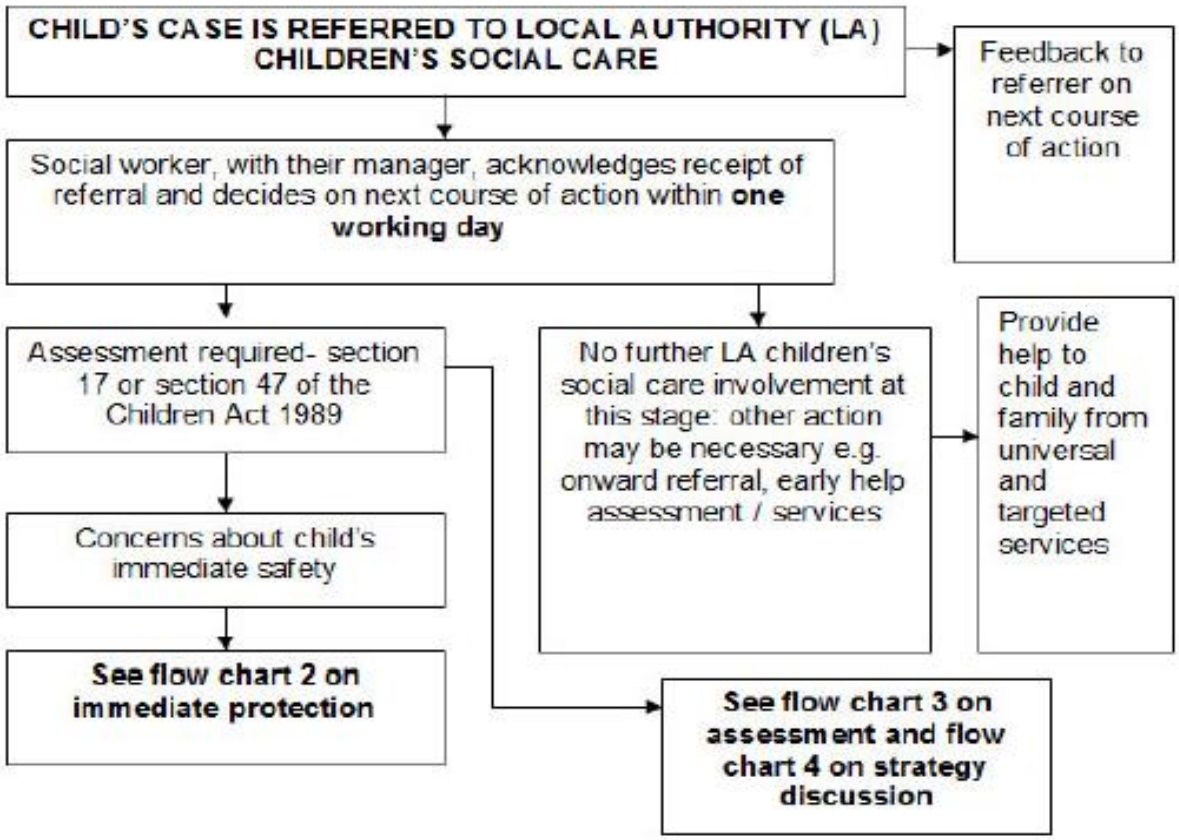
Action to be taken:

The child and family must be informed of the action to be taken.

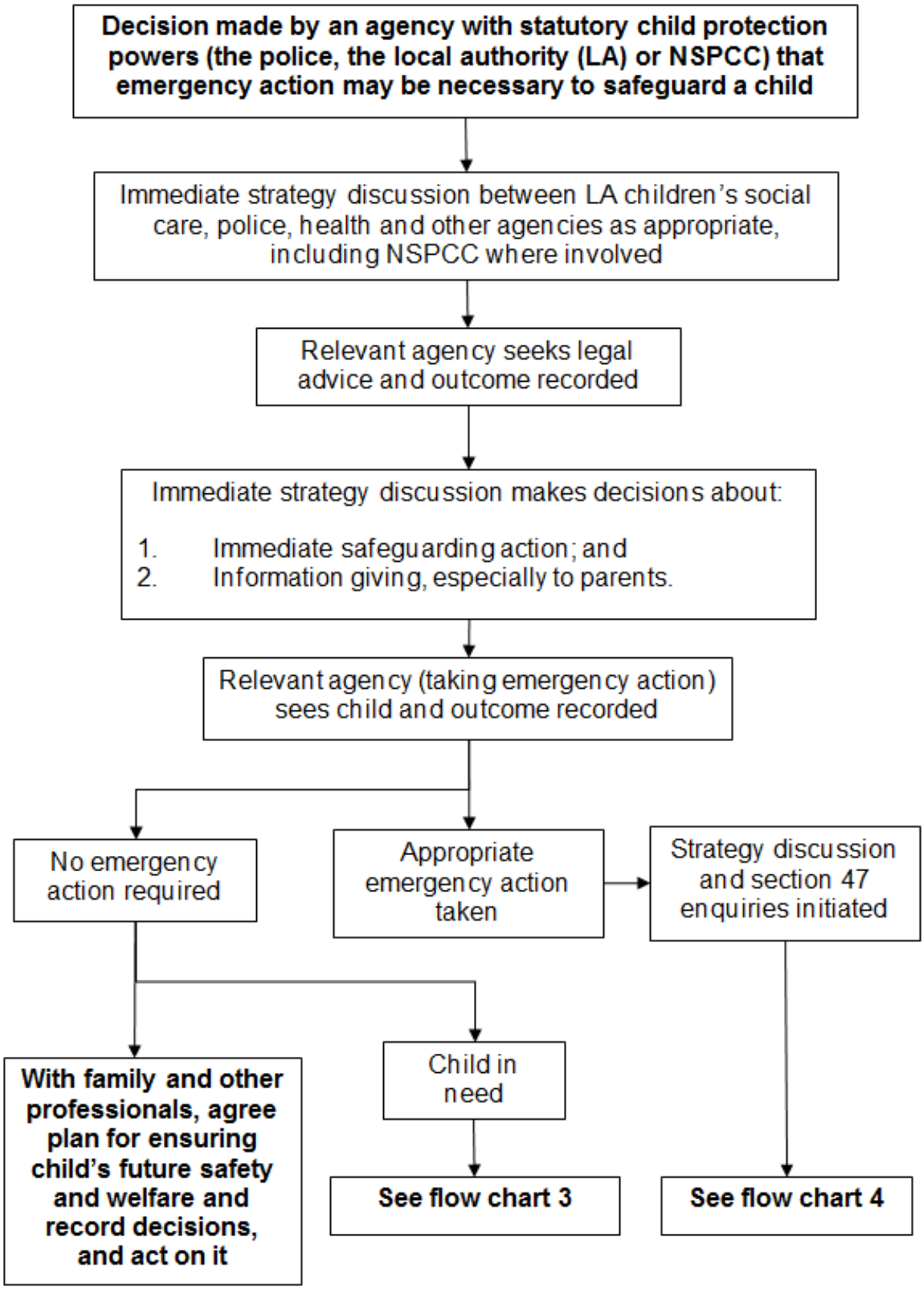
Local authority children's social care should see the child as soon as possible if the decision is taken that the referral requires further assessment.

Where requested to do so by local authority children's social care, professionals from other parts of the local authority such as housing and those in health organisations have a duty to cooperate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions.

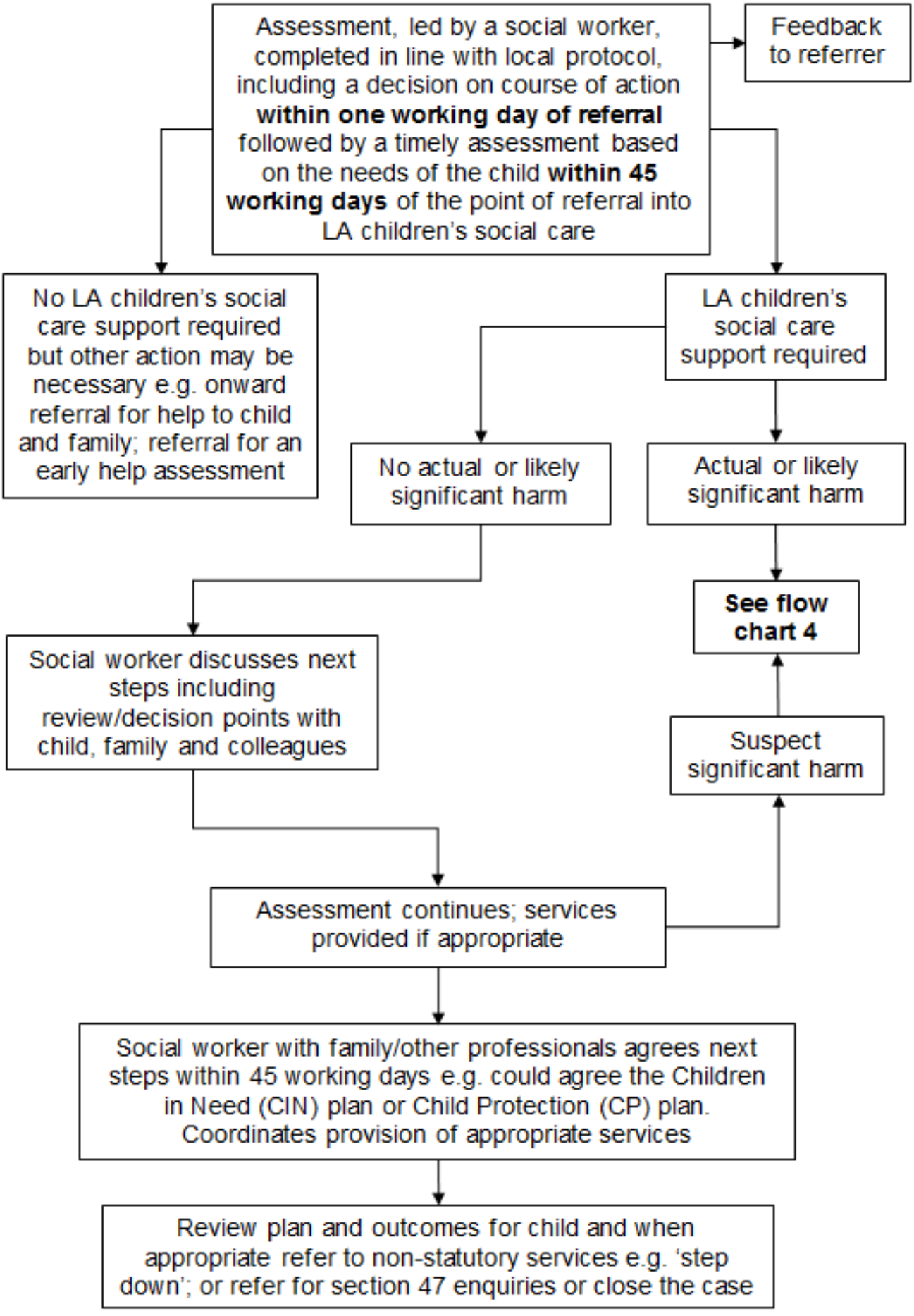
Flowchart 1



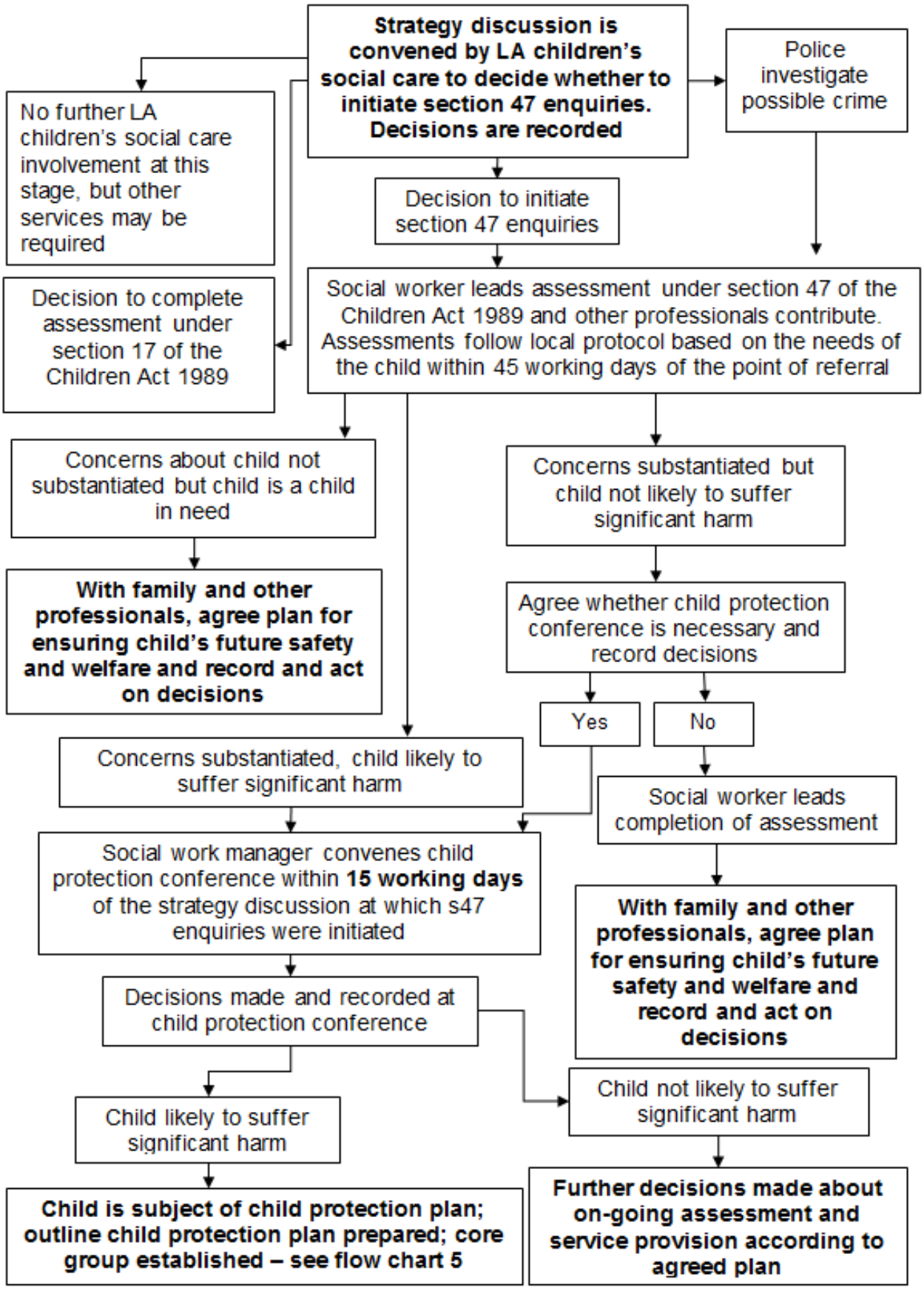
Flowchart 2


Decision made by an agency with statutory child protection powers (the police, the local authority (LA) or NSPCC) that emergency action may be necessary to safeguard a child
Immediate strategy discussion between LA children's social care, police, health and other agencies as appropriate, including NSPCC where involved
Relevant agency seeks legal advice and outcome recorded
Immediate strategy discussion makes decisions about:
1. Immediate safeguarding action; and
2. Information giving, especially to parents.
Relevant agency (taking emergency action) sees child and outcome recorded
No emergency action required
Appropriate emergency action taken
Strategy discussion and section 47 enquiries initiated
With family and other professionals, agree plan for ensuring child's future safety and welfare and record decisions, and act on it
Child in need
See flow chart 3
See flow chart 4

Flowchart 3


Assessment, led by a social worker, completed in line with local protocol, including a decision on course of action **within one working day of referral** followed by a timely assessment based on the needs of the child **within 45 working days** of the point of referral into LA children's social care
Feedback to referrer
No LA children's social care support required but other action may be necessary e.g. onward referral for help to child and family; referral for an early help assessment
LA children's social care support required
No actual or likely significant harm
Actual or likely significant harm
See flow chart 4
Social worker discusses next steps including review/decision points with child, family and colleagues
Suspect significant harm
Assessment continues; services provided if appropriate
Social worker with family/other professionals agrees next steps within 45 working days e.g. could agree the Children in Need (CIN) plan or Child Protection (CP) plan. Coordinates provision of appropriate services
Review plan and outcomes for child and when appropriate refer to non-statutory services e.g. 'step down'; or refer for section 47 enquiries or close the case

Flowchart 4


Strategy discussion is convened by LA children's social care to decide whether to initiate section 47 enquiries. Decisions are recorded
Police investigate possible crime
No further LA children's social care involvement at this stage, but other services may be required
Decision to initiate section 47 enquiries
Decision to complete assessment under section 17 of the Children Act 1989
Social worker leads assessment under section 47 of the Children Act 1989 and other professionals contribute. Assessments follow local protocol based on the needs of the child within 45 working days of the point of referral
Concerns about child not substantiated but child is a child in need
Concerns substantiated but child not likely to suffer significant harm
With family and other professionals, agree plan for ensuring child's future safety and welfare and record and act on decisions
Agree whether child protection conference is necessary and record decisions
Yes
No
Concerns substantiated, child likely to suffer significant harm
Social worker leads completion of assessment
Social work manager convenes child protection conference within 15 working days of the strategy discussion at which s47 enquiries were initiated
With family and other professionals, agree plan for ensuring child's future safety and welfare and record and act on decisions
Decisions made and recorded at child protection conference
Child not likely to suffer significant harm
Child likely to suffer significant harm
Child is subject of child protection plan; outline child protection plan prepared; core group established – see flow chart 5
Further decisions made about on-going assessment and service provision according to agreed plan

Appendix 4: Common acronyms and abbreviations

A&E	Accident and Emergency unit within a hospital or clinical setting
CA 1989	The Children Act 1989 makes provision for those children, young people and families who are more vulnerable, where early help plans are not making sufficient positive difference and the child may be at risk of long term impairment to health and development and or where they are at risk of or have suffered significant harm.
CAMHS	Child & Adolescent Mental Health Service
CCG	Clinical Commissioning Group - responsible for the planning and commissioning of health care services for Swindon.
CIN	Child In Need
CP	Child Protection
CYP	Children and Young People
DOB	Date of Birth
DPA	Data Protection Act 1998.
DSL	Designated Safeguarding Lead
EDS	Social Care Emergency Duty Service
EI or EH	Early Intervention or Early Help
EHCP	Education, Health & Care Plan (see mycaremysupport website for more details)
EHR&P	Early Help Record and Plan - an assessment tool completed with a child and their family and other relevant professionals, to decide what help is needed.
FGC	Family Group Conference
FGM	Female Genital Mutilation
GP	General Practitioner
GWH	Great Western Hospital
ICPC	Initial Child Protection Conference
LAC	Children Looked After by the Local Authority
LP	Lead Professional
LSCB	Local Safeguarding Children Board
MAPPA	Multi-agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference
MARP	Multi-agency Risk Panel – considers high risk cases of child exploitation & missing children
MASH	Multi-Agency Safeguarding Hub
NEET	Not in Education, Employment or Training
RCPC	Review Child Protection Conference
RF1	Form to be used when referring child to the MASH
RYS	Restorative Youth Service
S17	Defines Children in Need as a child who is unlikely to achieve or maintain a satisfactory level of health or development, without provision of services or a disabled child. Children in Need may be assessed under section 17 in relation to their Special Educational Needs, disability, as a young carer or because they have committed a crime.

S20	Some children in need may require accommodation because there is no one who has parental responsibility for them, or because they are alone or abandoned. Under Section 20 of the Children Act 1989, the local authority has a duty to accommodate such children in their area.
S30	If it is assessed by Social Work Services that a child is at risk of immediate significant harm it may be necessary to take legal measures to ensure the child's safety. Examples of these are an application for an emergency protection order or for a care order.
S47	Sets Significant Harm as the threshold that justifies compulsory intervention in family life and the best interest of the children. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are categories of significant harm. Harm is defined as the ill treatment or impairment of health and development. The Adoption and Children Act 2002 stated that it may also include impairment suffered from seeing or hearing the ill treatment of another Where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm the local authority shall make enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote a child's welfare.
SA	Single Assessment – completed by a Social Worker
SEN/D	Special Educational Need/Disability
SLT	Speech and Language Therapy
TAC/F	Team Around the Child/Family
TaMHS	Targeted Mental Health Service
WT2015	Working Together to Safeguard Children 2015 https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
YOT	Youth Offending Team

Appendix 5

Swindon Local Safeguarding Children Board

Safeguarding Swindon's Children

Swindon LSCB

The Right Help at the Right Time

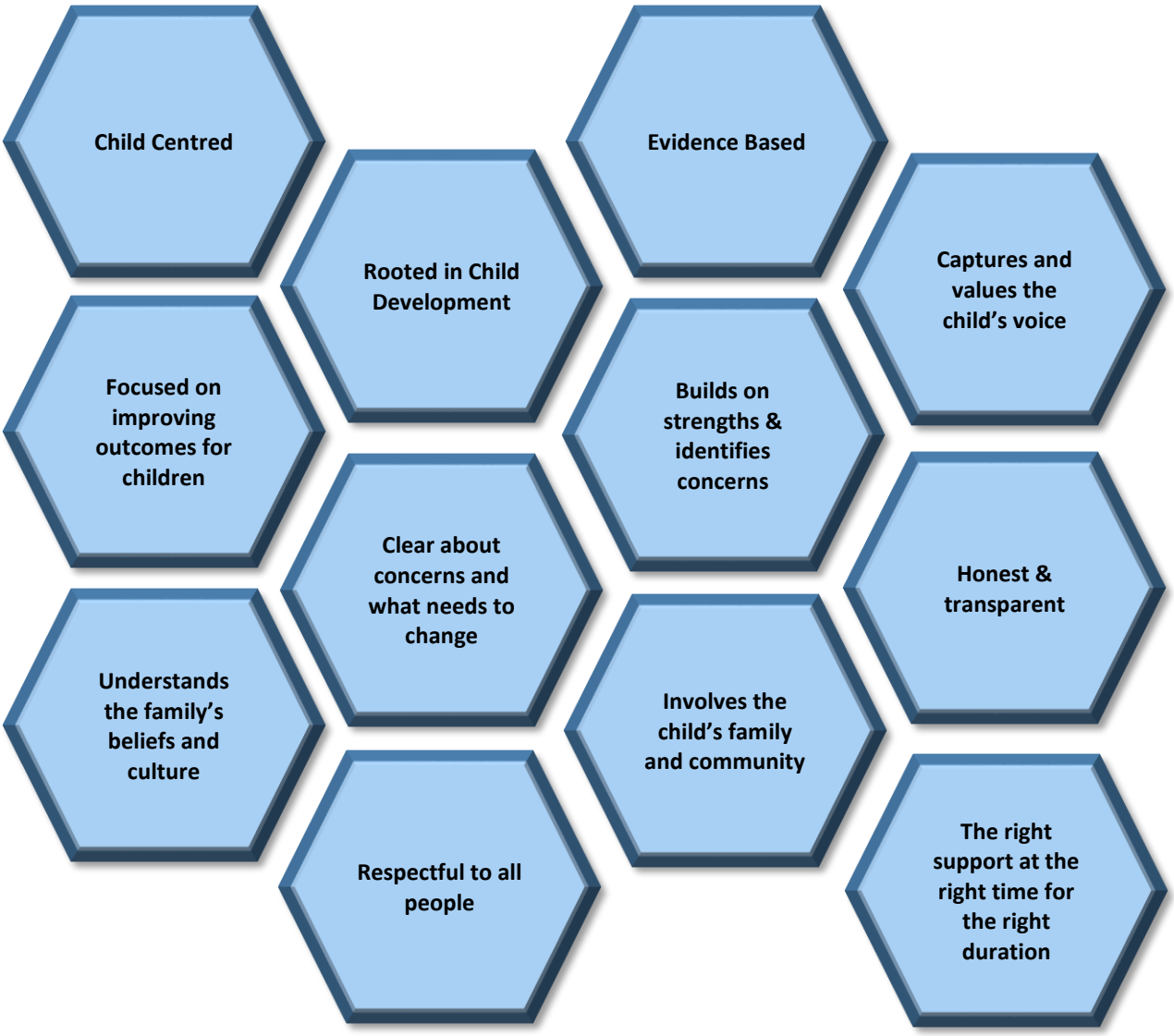
A guide to assessing levels of need and identifying the most appropriate support

QUICK START GUIDE

Principles of Practice

It is important that people working with children and their families share a common set of principles which inform their practice. The diagram below sets out principles of practice that support an approach to working with children and families which:

- Focuses on the needs of the child;
- Facilitates early conversations when there are emerging worries about children; and,
- Promotes the development of safety and strengths that exist within the family and their existing networks to properly address their needs on a long-term basis.



Assessing Need through Conversation

Most practitioners will be used to having conversations with children and their families and with other workers. When you have concerns about a child these questions might help you to clarify those concerns and inform your assessment of need.

What are you worried about?

Identifying past harm, future risks & complicating factors

- What have you seen or heard that worries you?
- Are there any barriers preventing the family from speaking openly?
- What are you most worried about?
- If nothing changes what are you worried will happen to the child?
- Have things become worse recently?
- What has been the impact on that child?
- What are the child's worries?
- What do you already know about the family and the child's needs and difficulties that makes this problem harder for them to manage?

What is working well?

Recognising existing strengths and safety

- Where do the family and child get their best support from?
- Who and what are those supports?
- In relation to the worry, what do the family and child do already that makes things even a little better?
- What has already been done to try and help the situation: who did what and when?

Questions you might ask the family:

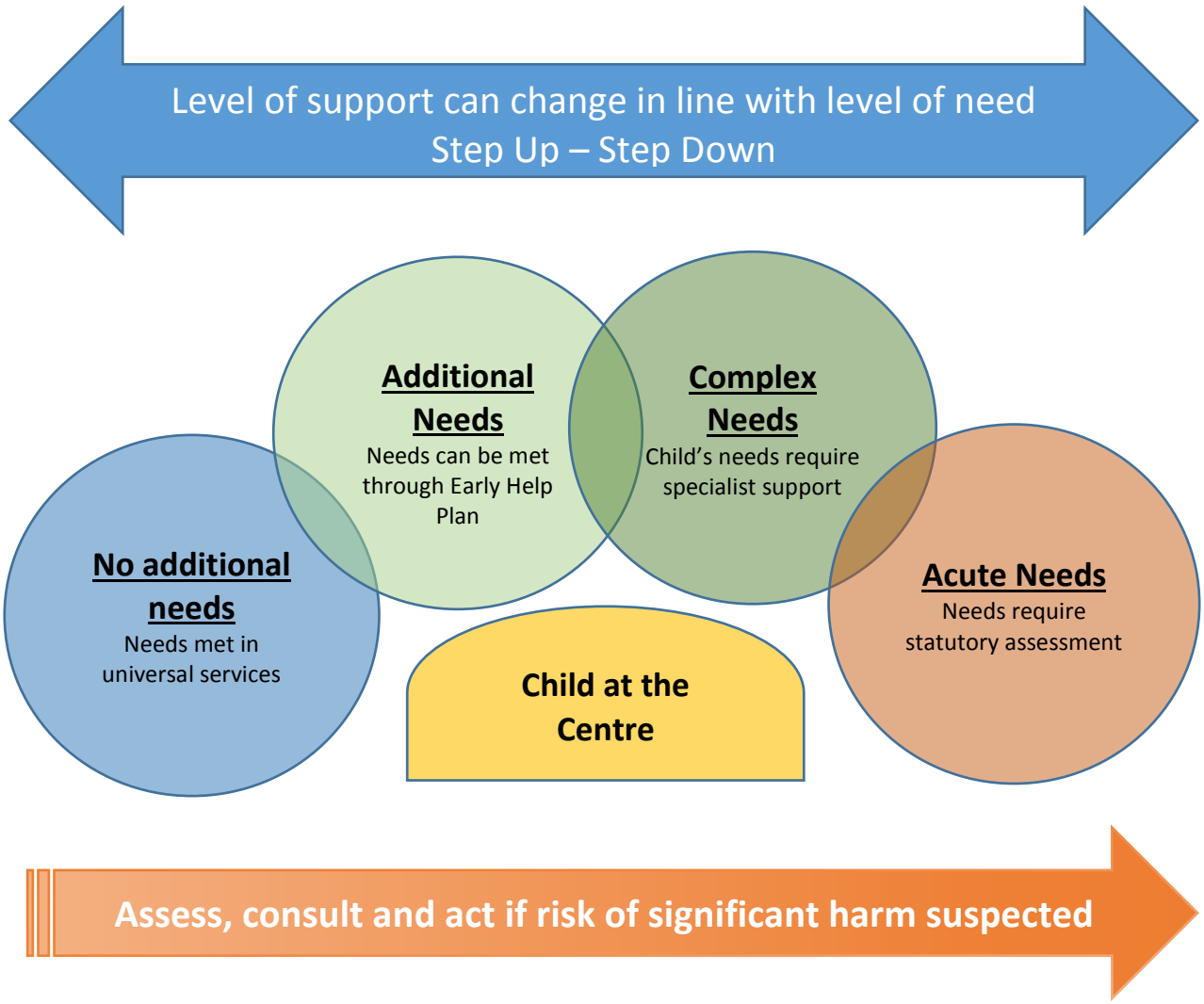
- Is there anyone else supporting you at the moment?
- Do you mind if I speak to them?
- Is there any other support that you feel you need at the moment?
- What would you ideally like to see happen next?
- Have you told anyone about this before?
- Has this happened before?
- Do you feel that professionals understand your concerns?

What needs to happen?

Identifying agency and family goals

- What do you think needs to happen to make the situation better?
- Are other services needed to provide early help for this family?
- Will a coordinated, multi-agency approach help this family?

Assessing Levels of Need and Accessing Support



Level 1: Children with no additional needs

Children with no additional needs are children whose health and developmental needs will be met by good parental care and the universal services that are available to all children.
Universal services are available to all Swindon children and families whatever the level of concern and most children will be kept safe from harm and able to reach their full potential with support from Swindon's excellent universal services such as: Schools - Nurseries – Child-minders; Youth projects; Local police; Midwife; Family GP; Health Visitors; Job Centre; Housing Officer; Mentors; Voluntary Sector. Many of these agencies will use their own assessment processes to tailor support to individual needs of the child.

Level 2: Children with additional needs

Children with additional needs are children who require support above that provided by universal services to ensure that their health and developmental needs are met.
They may be vulnerable and showing early signs of abuse and/or neglect, but often their needs are not clear, not known or not being met.
Additional support may be provided by a single agency, or by a number of different agencies working together, with a lead professional co-ordinating the work. Additional services from providers such as family support services and parenting programmes may be required.
This kind of support is described as 'early help' or 'early intervention', as it seeks to provide help and support to children, young people and their families in the early stages when concerns are identified, and to avoid those concerns escalating. However, the level of need or risk is not such that involvement by statutory children's social care services is required.

Please refer to Appendix 1 for Examples of Levels of Need

Accessing Support

If the need for support can be met by your agency, hold a conversation with the child and family and put agreed support in place.

If it appears that the need can be met by another single agency, discuss with child and/or parents or carers. With their consent, refer them to that agency.

Information about other resources available to families can be found through the My Care My Support website at: http://children.mycaremysupport.co.uk/

If a multi-agency package of support is required, discuss your concerns with the child and/or parents or carers and seek their consent to share information with other agencies. If consent is obtained, an assessment should be completed using the Early Help Record and Plan (EHR&P). This is an assessment tool that is completed with a child, young person and their family as well as other professionals, to decide what help is needed. Once the EHR&P is completed, it should be sent to the MASH at fcp@swindon.gov.uk.

It will probably be beneficial to hold a Team Around the Child (TAC) Meeting. Guidance and paperwork to support you in this can be downloaded from http://schoolsonline.swindon.gov.uk/sc/iwg/Pages/Home.aspx.

If at any point in the EHR&P or TAC process it appears that a child or young person's needs might best be met at Level 3 or Level 4 a referral to the MASH should be made.

Level 3: Children with complex multiple needs

These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. In most cases agencies would be expected to complete Early Help Records to assess, plan and provide intervention for these children and their families. They may require longer term intervention from specialist services.

If these needs are significant and not met within specialist services, then the threshold for a children and families' assessment led by a qualified social worker under Section 17 of the Children Act 1989 is met - although the assessments and services required may come from a range of provision outside of children's social care.

If the conclusion of the assessment is that continued social care involvement is required to prevent impairment of the child's health or development suffering, a 'child in need plan' setting out the contribution of all agencies to meeting the child's needs will be drawn up and implemented.

Please refer to Appendix 1 for Examples of Levels of Need

Accessing Support

Everyone who works with children **must** know how and when to refer safeguarding concerns to Children's Social Care.

You may be concerned that the early help provided at Level 2 is not working and things are not getting better for the child. If so you should discuss this with the child, parents/carers and the other agencies involved before contacting the MASH

It may be that the need to discuss safeguarding concerns has arisen because of an incident, or an injury to the child, or because something the child has told you suggests they are at risk of harm or have been harmed.

You should discuss your concerns with the child or young person's parents or carers and seek their consent to share information, **unless** you have reasonable cause to believe that do would place the child at risk of significant harm. Guidance in relation to information sharing is available in the Government publication:
Information sharing – advice for practitioners providing safeguarding services to children, young people, parents and carers, March 2015.

If you believe that a child has unmet needs at Level 3 then contact the MASH by email fcp@swindon.gov.uk or by phone on 01793 466903 (or 01793 436699 for the out of hours Emergency Duty Team).

The Multi-Agency Referral Form (RF1) should also be completed for all referrals to the MASH and can be downloaded from http://www.swindonlscb.org.uk/wav/Pages/Forms.aspx

Following consideration of your referral and any additional multi-agency information obtained, the MASH will take one of the following actions.

If the child is not considered to have unmet needs at Level 3 then you may be offered advice on other actions you could take at Level 2 which may include a referral to SBC Early Help Service

If the child is considered to have unmet needs at Level 3 a social worker will undertake a statutory assessment under Section 17 of the Children Act 1989.

It may be that your referral is of sufficient concern to indicate that the child is at risk of significant harm and the MASH will pass the details to the Assessment and Child Protection Team

You will receive feedback on the outcome of your referral but do contact the MASH if you need additional information.

You might also consider…

Other resources available to families can be found through the My Care My Support website at: http://children.mycaremysupport.co.uk/

A referral to MARAC (Multi Agency Risk Assessment Conference) in which information about high risk domestic abuse victims is shared between agencies and a risk focused, co-ordinated safety plan is drawn up to support the victim. Referral forms can be downloaded from: http://www.swindonwomensaid.org/our-services/referral-pathway-forms-to-access-our-services

Contacting the regional Police Prevent Team if your referral relates to a risk of radicalisation Channel. Tel: 01179455539 or email: channelsw@avonandsomerset.pnn.police.uk

A MAPPA (Multi-Agency Public Protection Arrangements) referral so that information about high risk perpetrators can be shared between agencies and a risk focused, co-ordinated plan drawn up. For referral information contact MAPPA@wiltshire.pnn.police.uk

A referral to TAMHS (Targeted Mental Health Service) or CAMHS (Child and Adolescent Mental Health Services. Further information on these services can be found at: http://schoolsonline.swindon.gov.uk/sc/Pages/tamhs.aspx and http://www.oxfordhealth.nhs.uk/children-and-young-people/south-west/child-and-adolescent-mental-health-services-camhs-tier-2-3/

Level 4: Children with acute needs

These are children where there is reasonable cause to suspect that they are suffering or are likely to suffer significant harm. For further information on the concept of 'significant harm', you should refer the Child Protection Procedures at www.proceduresonline.com.
Inquiries under Section 47 of the Children Act 1989 will be undertaken, and if necessary emergency action to secure the child's safety will be taken.

If the suspicion of significant harm is substantiated, and is assessed as likely to continue, a multiagency Initial Child Protection Conference (ICPC) will consider what further action is required to protect the child.

This level also includes children in specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems, and children who are remanded into custody.

Please refer to Appendix 1 for Examples of Levels of Need

Accessing Support:

If the child is at immediate risk, contact the police by calling 999

When a child is at risk of significant harm, a referral must be made to the MASH on 01793 466903 (or 01793 436699 for the out of hours Emergency Duty Team). You will need to provide:

- all of the details known to you/your agency about the child;
- their family composition including siblings;
- the nature of the concern; and,
- your view of immediate risks.

(See Appendix 2 for more information on making a good referral)

The MASH will also need to know where the child is and whether you have informed parents/ carers of your concern (see Sharing Information about Children and their Families).

Remember to complete the RF1 Referral Form and send it to fcp@swindon.gov.uk

The MASH will then undertake further information gathering about the child and their family from relevant agencies and their own records, and make a decision as to whether the referral needs to go to the Assessment and Child Protection Team (ACP) or the Disabled Children's Team for a social work assessment. Where a social work team has worked with the case within the previous three weeks the referral information will be passed direct to that team's manager.

If concerns for a child are immediate and serious, the MASH processes runs parallel to essential safeguarding action planning between Children's Services, Police and Health.

The MASH provides a referral management and decision making process. It does not provide direct services to children. The MASH will inform referrers of the decision that has been taken, i.e. that a referral has been passed to the Assessment and Child Protection Team or, where appropriate, will recommend that the referrer considers approaching the Family Service or other Early Help services.

Information about other resources available to families can be found through the My Care My Support website at: http://children.mycaremysupport.co.uk/

See Appendix 3 for Information and flowcharts showing what should happen once a child is referred to the Local Authority's Childrens Social Care Service

Example of Needs at Levels 2, 3 & 4

LEVEL 2

This can include children and young people:

- Who have 'young carer' responsibilities
- with low level behavioural problems
- in poor living conditions or with identified housing need
- in households under chronic financial pressures or without recourse to public funds
- With poor school attendance
- With learning needs
- With mild or moderate disability
- With disabilities whose needs can be met with basic additional support
- At risk of or involved in low level crime/anti-social behaviour
- in households where parenting is compromised by parental illness or disability, mental health, substance abuse or domestic violence, but no indication of significant impairment to the child's health or development
- Who experience intimidation or bullying behaviour or are at risk of isolation
- Who exhibit self-harming behaviour
- Who send or receive inappropriate sexual material produced by themselves or other young people via digital or social media
- Who sometimes express extreme or intolerant views about those who do not share political or religious views, or support for extremist actions
- Who are involved in low-level substance misuse
- Who go missing occasionally from home or care

LEVEL 3

Children with multiple complex needs may:

- Live in households where they experience persistent domestic abuse.
- Be those where there is an allegation of physical assault but with no visible or only minor injury (other than to a pre-or non-mobile child), or allegations of serious verbal threats
- Experience a series of apparently accidental injuries or a minor non-accidental incident
- Be the subject of repeatedly expressed minor concerns from one or more sources
- have severe and profound disabilities in a range of developmental areas or in one significant area
- have a disability and whose parents or carers are not meeting their developmental needs in areas such as feeding, use of equipment, communication, or engagement with professionals, or respecting their right to dignified and safe care
- be believed to be neglected or emotionally abused, and whose health and development are showing signs of impairment
- display signs of sexual abuse (e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour, carer)
- have no available parent or carer, and are in need of accommodation
- at risk of criminal exploitation
- raise concerns that they are being targeted and groomed for sexual exploitation, and 'warning signs' of exploitation have been identified, but there is no evidence at this stage of any offence. Who demonstrate strong support for extremist ideologies, which may be encouraged by family or community networks
- be at risk of affiliation with gangs
- undertake intimate personal care for a parent or carer
- be privately fostered
- be at immediate risk of homelessness
- be heavily engaged in substance misuse
- repeatedly go missing from home or care
- be at risk from purported witchcraft or malign spirituality
- be pregnant under the age of 16 with additional vulnerabilities

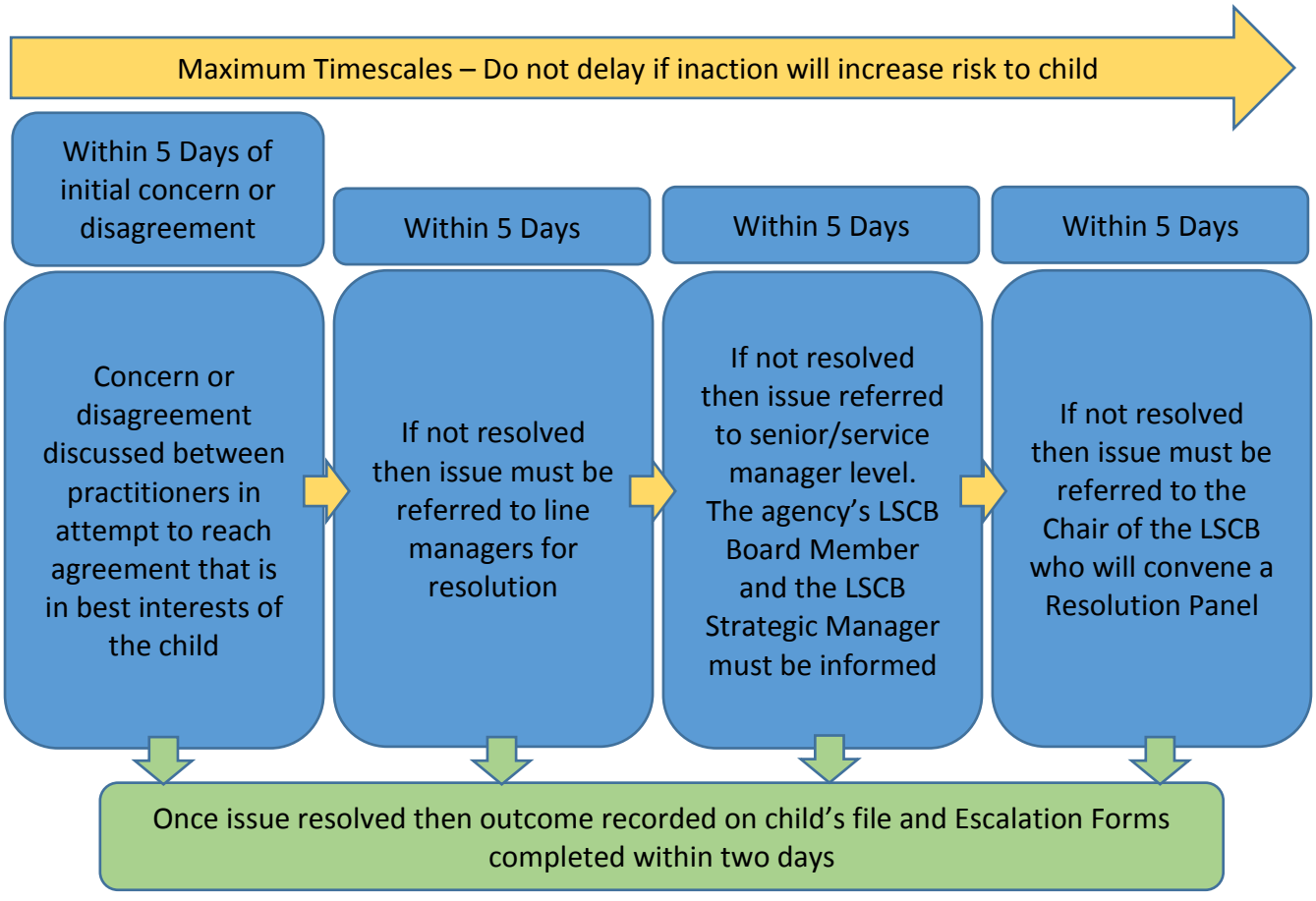
LEVEL 4

Situations in which children may be suffering or be likely to suffer significant harm include:

- any allegation of abuse or any suspicious injury in a pre- or non-mobile child
- any allegation of serious physical assault or suspicious injury
- two or more minor injuries to pre-mobile or non-verbal babies or children
- Children with a disability whose health and development is likely to be significantly impaired by parental or carer failure to meet their needs
- Chronic domestic abuse or actual/serious risk of domestic abuse in a care setting.
- Persistent or chronic neglect of their needs
- emotional abuse likely to cause serious impairment of health and/or development
- allegations or confessions of sexual abuse.
- an allegation suggests connections between sexually abused children in different families or with more than one abuser
- living in a household with an individual known to pose a risk to children
- subjects of a current Child Protection Plan or looked after by a local authority and the subject of suspicious injury or allegation of harm
- no available parent and the child is vulnerable to significant harm (e.g. an abandoned baby)
- suspected to be at risk of significant harm due to fabricated or induced illness
- parent/carer with severe mental illness or substance addiction which poses a serious risk to the child's health or development.
- Criminal, including sexual, exploitation
- trafficking
- in a household into which a registered sex offender or convicted violent offender subject to MAPPA moves
- sexually active and aged 13 or below (statutory rape)

It's OK to disagree!

In fact, if you believe that what is happening is not in the best interests of the child you must speak up…



Effective working together depends on open and honest relationships between practitioners and agencies. Problem resolution is an integral part of healthy challenge, professional co-operation and joint working to safeguard children.

The Escalation Policy can be found at: http://www.swindonlscb.org.uk/procedures/Pages/Home.aspx

Information Sharing