

The Right Help at the Right Time Guidance

A guide to ensure we work together to identify the right level of need to enable the most appropriate support to be in place for children and young people in Swindon



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1. Introduction

Welcome to the Swindon Safeguarding Partnership, The Right Help at the Right Time Guidance. This publication is the responsibility of the Safeguarding Partnership as outlined in “Working Together to Safeguard Children 2023.”

The revised statutory guidance [Working-Together-to-Safeguard-Children-2023](#) identifies local safeguarding partners are duty bound to publish a support level guidance document, which sets out the local criteria for action in a way that is transparent, accessible, and easily understood.

Swindon Safeguarding Partnership recognises the Right Help at the Right Time support level guidance and framework for intervention is a vital tool that underpins the local vision to provide targeted support services at the earliest opportunity for all children who live in Swindon. We want to ensure Swindon Safeguarding Partnership offers a clear framework and a common understanding of support levels of need for practitioners within all agencies.

This document aims to help agencies identify a child’s need and respond with the approach of “the right help at the right time” that facilitates early discussion with parents and carers to promote the safety and wellbeing of children and young people when worries and concerns emerge. Once these concerns are identified, agencies provide appropriate services to meet the assessed need and prevent escalation of risk and serious harm from abuse or neglect. Swindon implemented Family Safeguarding in 2021. Family Safeguarding is a whole family approach to working with children and families that supports parents to create sustained change for themselves and for their family.

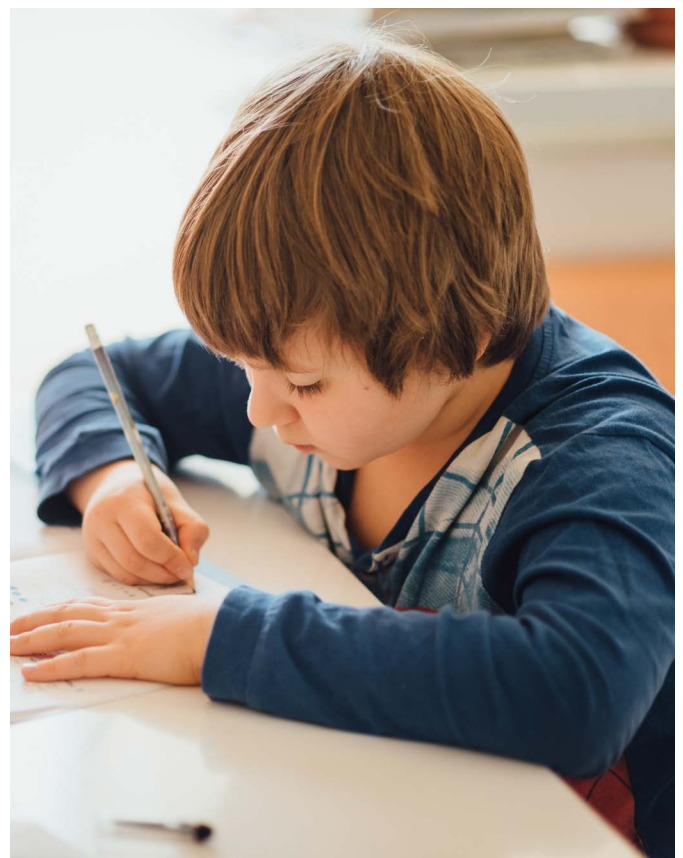
Through collaboration and working alongside families, we will develop services that are responsive to the child, young person, and their family’s needs, flexibly providing the appropriate level of need at the right time using approaches such as Motivational Interviewing and Family Safeguarding services.



I want to feel safe.

Swindon's model reflects a partnership commitment to:

- A multi-agency, coordinated approach to delivery of services
- Embedding the use of the Early Help Assessment and Plan in all agencies
- Providing help and support at the earliest opportunity and at the lowest level to prevent the escalation of need and prevent impairment to a child's health and development
- Improving information sharing between practitioners
- Ensuring access to specialist/statutory services for children and young people: Where there is evidence of impairment to health and development, where there is reasonable cause to suspect that a child or young person is at risk of significant harm; and/or where there is evidence of significant harm.
- When children are subject to child in need, child protection plans or care proceedings, Swindon takes a multi-disciplinary approach to working with families including Children and Families Social Workers and Family Support Practitioners, working alongside Adult Specialist Workers to provide help and support in relation to issues associated with parental domestic abuse, substance misuse and mental ill-health.



2. Early Help

Early Help is being able to identify need at the first opportunity so families can set their own goals and to prevent unnecessary escalation to statutory services.

As set out in [Working-Together-to-Safeguard-Children-2023](#) effective Early Help relies upon local agencies working together to:

- identify children and families who would benefit from Early Help
- undertake an assessment of the need for Early Help which considers the needs of all members of the family
- ensure good communication, for example through regular meetings between practitioners who are working with the family
- co-ordinate and/or provide support as part of a plan to improve outcomes. This plan will be designed together with the child and family, and updated as and when the child and family needs change
- engage effectively with families and their family network, making the use of family group decision-making, such as family group conferences to help meet the needs of the child

Children tell us that they want to remain in their families if it is safe to do so. They want to be loved and cared for and have a voice in decisions made about them.

We know families want the least intrusive but most effective help, offered in a way that is enabling and positive. We recognise some families will need reassurance about having early help, as we know some families worry about accepting help for all sorts of reasons.

In Swindon, the Early Help Assessment and Plan is the process for supporting children, young people and families with additional needs through early identification, swift intervention and a planned, co-ordinated response. It is used across the levels of need including where a child/young person may have SEND (Special Educational Needs and/or Disability).

The Early Help Assessment and Plan is part of a graduated response that aims to empower children, young people and their families and provide a timely, seamless service if needs escalate. The graduated response supports families through early intervention to escalating complex needs where there may need to be a statutory response from Children's Social Care.

We recognise that where concerns regarding children exist, there may be involvement from various agencies and possibly with other family members. Each of the different professionals and families 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 co-ordinated way using the Early Help Assessment and Plan process, can help support whole family thinking and working.

Details of the Early Help process can be found on the Swindon [Local Offer](#) Website.

3. Consent

“Swindon Safeguarding Partnership want to build a way of working in Swindon where all professionals feel empowered to have conversations with parents and young people as well as with each other”

It is expected that all professionals will have open and honest conversations about their worries with the family first, to explore if the family share these worries and agree what help they need. Where families understand that professionals are there to help and support, they are more likely to be open to referrals being made for additional support.

Before the [Request for Help and Support Form](#) is completed, families will need to give their **explicit consent**. Families should be made aware that other agencies will be asked to provide information as part of the decision making process after request for help and support is made. This will include agencies working with adults.

Consent means families are fully informed and understand what information professionals are passing on and the reasons for this. Families should be in agreement with the referral being made and understand that this may result in onward referrals to additional services. It is expected professionals will seek consent for making any referral for support on behalf of a child or family, regardless of whether they are seeking Early Help support or support from Children's Social Care [Children Act 1989, Section 17].

However, there are some exceptions to this, for example, **if having a conversation with the family would place the child, or another person at risk of suffering immediate harm, where a delay in obtaining consent may mean the child or young person is put at**

further risk of harm or if it might undermine or interfere with the investigation or prevention of a crime.

Where this is the case, **consent is not needed to share information or make a referral** and contact should be made by completing a [Request for Help and Support Form](#) to [Contact Swindon](#) as soon as possible.

In an emergency, call 999

Where it is **not appropriate to gain consent or where consent has not been given**, it is important to record why including what actions have been taken to gain consent.

A record of why it was not appropriate to gain consent and/or what has been done to try to gain consent, will need to be made by the referrer and this will be part of the decision to either accept the referral or to ask for more information to be gathered from the referrer.

If a family do not wish to engage with Early Help Services, this does not mean that specialist safeguarding services will become involved. Children's Social Care will only become involved where there is a risk of significant harm to children or where significant

harm is likely to happen if the local authority does not act to safeguard or promote the welfare of a child and their family.

Where families do not wish to receive Early Help Services, but professionals believe it is likely there will be a significant impact on children's physical or emotional wellbeing both now and in the future, they should make efforts to continue to talk to families about how they are feeling, what has been happening and what they think needs to happen next, so that a plan of how best to support them can be made collaboratively. Families should be reassured that professionals will listen and not judge; work with them to build on strengths and use their feedback to help to support them and other families in the future.

Where professionals are concerned about the impact of neglect on outcomes for a child or young person, they should consult with their safeguarding lead and utilise the [Neglect Screening Tool](#).

Where professionals have concerns in regard to consent, [Contact Swindon](#) can offer advice and guidance.



4. Information sharing

Permission to share information means families are fully informed about the services they are being referred to, agree with the referral being made, understand what information professionals are passing on and the reasons for this.

It is expected professionals will seek permission to share information for making a Request for Help and Support on behalf of a child or family, from the children's front door regardless of whether they are seeking support from Early Help services or from Children's Social Care [Children Act 1989, Section 17].

However, there are some exceptions to this, for example, if having a conversation with the family would place the child, or another person at risk of suffering immediate harm, where a delay in getting permission may mean the child or young person is put at further risk of harm or if it might undermine or interfere with the investigation or prevention of a crime.

Where this is the case, permission is not needed to share information and contact

should be made by completing a Request_for_Help_and_Support_Form to the children's front door as soon as possible.

In an emergency, dial 999

A record of why it was not appropriate to gain permission and/or what has been done to try to gain permission, will need to be made by the referrer and this will be part of the decision to either accept the referral or to ask for more information to be gathered from the referrer.

For further guidance on Information Sharing and working together, please see:

[Working-Together-to-Safeguard-Children-2023](#)

[Information-Sharing-Advice-for-Safeguarding-Practitioners](#)

[The-Data-Protection-Act-2018](#)

[South-West-Child-Protection-Procedures](#)

These documents reflect the legal framework underpinning work with children to promote their welfare and prevent abuse.



5. Constructive conversations

The knowledge and working relationships that professionals already have with families must not be undervalued. Each professional will have key information and knowledge, which will play a central role in helping to support a family.

Constructive, open, and meaningful conversations with children and families and their wider network are essential to ensure that everyone has the opportunity to express their views and worries, and to identify the strengths and protective factors that are already in place.

Bringing together professionals and families in a coordinated way to assess the level of need and to offer appropriate support to work towards a whole family support plan is a positive, helpful, and constructive way of working. This approach builds upon family's strengths to bring about change.

All conversations, whatever the outcome, should be recorded accurately to show that they took place. The record should include relevant views and any agreed actions.

Good quality conversations strengthen and improve decision-making and joint working to provide the right help at the right time.

Professionals should use their own professional judgment, experience, and training as well as this document when thinking about the level of support a family may need as well as factors such as the age and vulnerability of children and where these factors have a cumulative effect on children's lived experiences, as well as the protective factors and family's strengths.

Where a family are already open to support, a conversation with the allocated worker and other professionals involved is a constructive

way of exploring concerns and looking at what information each partner has to establish the next steps. This may mean the allocated worker will review the current plan and add some further actions or may need to consider stepping up the concerns to the next level of support.

It is important where professionals are not able to come to an agreement around the level of need for families that we try to resolve any differences of opinion with open and constructive conversations.

If differences of professional opinion occur and cannot be resolved, please follow the Swindon Safeguarding Partnership [Multi-Agency Process for the Resolution of Professional Disagreements Relating to Safeguarding Protection of Children - Swindon Safeguarding Partnership](#) guidance.

Partner agencies are responsible for ensuring professionals are supported and know how to appropriately escalate their concerns and disagreements about a child or young person's wellbeing.



6. 'Think Family'

Swindon Safeguarding Partnership are committed to working across agencies, to improve joined up working, through the provision of high quality and responsive services which meet the needs of children, young people, adults and families.

In Swindon, we recognise that in order to support families to make changes that are helpful and long lasting, we need to work with all members of the family. To achieve this, we need to 'Think Family' by working in new ways with families. By understanding and recognising that the needs and desired outcomes of each person in the family impact each other, we are more likely to affect sustainable change. [Think_Family_Practice_Guidance](#)

Here are a few examples of the questions we can use to explore what we are worried about with families:

"It's clear from what you've said you're not happy with how things are going. How would you like things to be instead?"

"What would your child say if they were here?"

"Has there ever been a time when X could have happened, but you were able to do something different?"

"What do you think will happen in your family if nothing else changes?"

"If the kids were here right now, what would they say is going well in your family?"



7. Key principles of practice

Safeguarding is everyone's responsibility and all agencies will operate within the Right Help at the Right Time framework to safeguard and promote the health and wellbeing of children and young people. It is important to recognise:

- Early Help is everyone's responsibility and support should be offered at the earliest opportunity to prevent problems from escalating further.
- It is important to work with the whole family to produce the best outcomes, with all agencies involved with family members working together, and families only telling their 'story' once.
- The views and influence of children and young people are crucial in delivering and monitoring the Early Intervention, Youth and Community Strategy
- Families are our partners; we will work together with families to become stronger, more resilient, and better able to help themselves.
- Our approach and services will be evidence based and focused on what works for children and families
- All practitioners will have a shared vision and common skills to put the family at the heart of deciding and implementing solutions

It is vital all agencies working with children and their families work to a set of principles that underpin good practice. We will:

- Ensure practice is trauma informed and evidence based
- Be child centred by listening to their views
- Make decisions rooted in evidence
- Be focused on outcomes
- Be respectful to all people at all times
- Be honest and transparent
- Listen to family members and give importance to what they say
- Build on strengths as well as identifying difficulties
- Communicate clearly regarding concerns and what needs to happen to reduce those concerns
- Recognise the importance of a child's family and community
- Understand the family's individuality, beliefs, culture, and spirituality
- Offer help early, doing all we can to keep intervention at the lowest possible and safe level

8. What our children, young people, their families and our staff tell us about the work we do.

“The family safeguarding model gives families the platform to tell us who they are, not what they are”
(Social Worker)

“We couldn’t have done what we did without our social worker” (Parent)

“She did what she said she was going to do, listened to me and made me feel like I could be honest and not judged”
(care experienced)

“They always make sure I am okay and if I need anything. They have our best interests at heart and do the best they can to make things work that we want to happen”
(young person)

“Listened to my need for regular respite to ensure I can continue my caring role, being able to take some time out on my own”
(foster carer)

“Part of my role is re-building their identity... re-connecting them with the community”
(Adult Practitioner)

“The Family safeguarding model is motivating, so it makes it easier for me to engage with families”
(social worker)

“She is just a good social worker and has been great for being there for me”
(young person)

“Family Safeguarding is about working together with families. It goes with my values and everything I personally believe”
(social worker)

9. Moving between services

Stepping Up:

Before considering a higher level of intervention, professionals and Lead Practitioners must consider:

- Is the child/young person at risk of abuse, neglect, or significant harm? Is this risk immediate? Is the harm cumulative?
- In what timescale does change need to happen for the child?
- Are the child's needs being met by Early Help? What evidence do I have to support this? Have I discussed my concerns with the allocated worker for the child and have we considered the next steps?
- If the child's needs are unable to be met by Early Help, what is the impact of this on the child now and/or what would the impact be for the child in the future?
- What evidence is there that professionals have been able to engage the family with the current plan?
- Does the situation need a Statutory Assessment by a qualified social worker?
- What are the consequences for this child if the situation does not change?
- Can the child's needs be met under the current level of support?
- Is consent needed to make a request for help and support at the next level?

Stepping Down:

The aim of any intervention should be to keep families together and should result in a step down from statutory services to Early Help services, with appropriate support, for an agreed period of time before step-down into universal services.

The aim of stepping down should be to:

- Support families to continue the progress they have made towards their plan,
- Help prevent the need to escalate support in future
- Empower families to bring about the required changes that help them to build resilience so they can meet their own needs with universal provision.



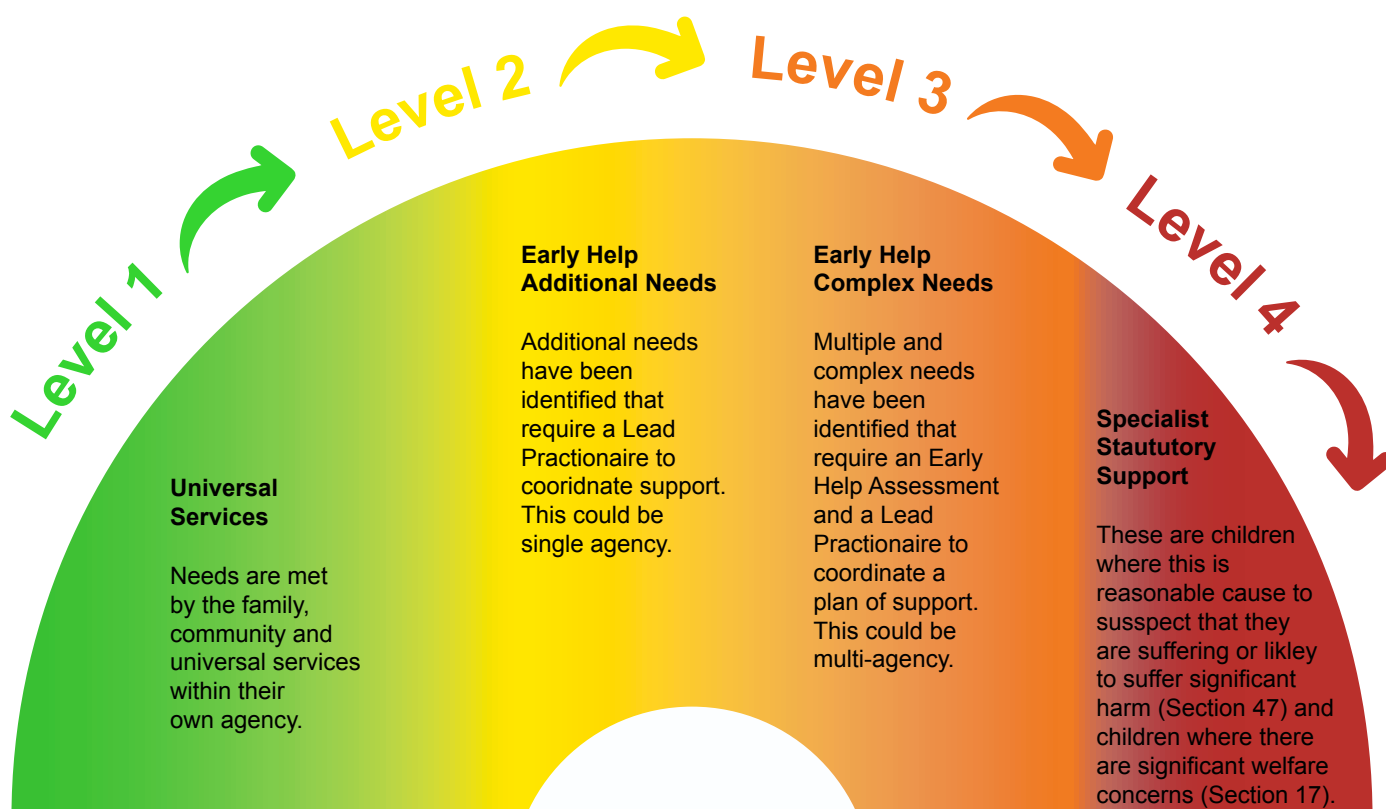
10. Swindon levels of need

It is important to recognise that understanding what is happening to a 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 honesty, trust and communication to ensure that any changing circumstances are understood and considered in terms of the impact they have on the child.

The “**Levels of Need**” (**figure 1**) help to determine how children and families can be appropriately and safely helped and supported by services. This could be at the lowest level of support through universal services or services offering support for children who have additional or more complex Early Help needs, or whether the level of need and risk is such that specialist, statutory social care involvement is required. Swindon ‘**Level of Need**’ outlines how to access services for children and families.

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.

Figure 1, Levels of Need



Level 1: Universal Services

Children and young people whose needs are met by universal services such as schools and healthcare services, alongside the love, care and protection from parents and carers.

Children and young people in this category are making good overall progress in all areas of their development. Some limited intervention from a universal service may be required to avoid needs arising or to meet a single identified need. The majority of children living in Swindon will fall into this category.

Response	Assessments
Agencies should identify what they can do first to support the child and their family through their own service.	Agencies may use their own assessment processes to tailor the services they provide.

Consent

Consent must be sought to access services and share information with others. Any information sharing between agencies without consent must be clear as to its legal basis. Ensure privacy information is shared with the family and a consent form completed.

Outcome

Children, young people and their families make good progress in most areas of development.

Level 2: Early Help Additional Needs

Level 2 additional support relates to children, young people and their families with additional needs that can be met through a single agency response. This includes children who may have a special educational need and/or disability (SEND support). The single agency will coordinate the assessment and plan with the aim of achieving positive outcomes and preventing the need for a higher level of support. The support required may only be short term, but if ignored, these issues could escalate further.

Response

Professionals should refer to a single agency to meet identified need. Agencies can be identified through Contact Swindon who can provide details of services and support.

Assessments

Agencies should consider using their own internal assessment frameworks or other tools such as the Neglect Screening Tool. Agencies should complete an Early Help Assessment (EHA) and arrange a Team Around the Family (TAF) meeting. The EHA will ensure that information is held centrally and is visible (with consent) to other professionals who may also have concerns. This approach is particularly helpful where more than one agency may be involved.

Consent

Consent must be sought to access services. Any information sharing between agencies without consent must be clear as to its legal basis. Ensure privacy information is shared with the family and a consent form completed.

Outcome

Children, young people and their families make good progress in most areas of development. Additional support has been put in place to improve overall outcomes for the family. If improvement has not been made, consideration should be given to review level of need and additional interventions that may be required at Level 3.

Level 3: Early Help Complex Needs

Level 3 applies to children and families who require support from more than one agency due to multiple and complex needs. This includes where a child may have special educational need and/or disability and is identified as SEND support by their school.

These families need services to work together in a co-ordinated way to assess, plan and work directly with the family to bring about change. The support required may only be short term, but if not addresses, these issues could escalate to require statutory intervention.

The child's needs will be discussed at the Locality Panel where a multi-agency response will be required. A lead practitioner will be identified to co-ordinate support.

It is expected when Level 3 support is requested; professionals will be able to outline the support that is already in place through an early help plan or other appropriate plans to meet a child's special educational need and disability.

Response

Following appropriate consent, agencies should initiate an Early Help Assessment (EHA) to assist in identifying the correct level of needs for children and families and inform any support plan required to meet those needs.

The EHA is designed as a shared tool to be used by all agencies who are delivering early help support to children and families, with the purpose being to provide a co-ordinated response so no one misses out on the support needed.

Advice to support children and families at this level would benefit from a discussion at a Locality Panel. Locality Panels are booked through Contact Swindon.

The identified Lead Practitioner will coordinate work with the family and across agencies to support their needs. They provide a central point of contact for the family and other practitioners, coordination of the plan of support and monitoring progress towards outcomes.

The aim will be to facilitate consistent support to children and families with the desired expectation of support being stepped down in the future once high-level needs have been met.

Assessments

In addition to the EHA, other tools for assessing need are the Neglect_Screening_Tool Child Exploitation Risk Assessment Framework (CERAF) and any local, regional, or nationally specialist assessment tools.

Consent

Consent must be sought to access services. Any information sharing between agencies without consent must be clear as to its legal basis. Ensure privacy information is shared with the family and a consent form completed.

Outcome

Children, young people and their families make good progress in most areas of development; additional support has been put in place to improve overall outcomes for the family.
If improvement has not been achieved and there is a risk that a child or young person is likely to suffer significant harm, the support and intervention needs to be considered at Level 4.
There should be no unnecessary delay.

Level 4: Specialist / Statutory Support

Level 4 specialist/statutory support is for children, young people, and families with a high level of unmet or complex needs including;

- Children in need; a child who has significant developmental or disability needs
- Child protection; a child who is suffering or likely to suffer significant harm
- Children looked after and privately fostered
- Young people who have committed an offence
- Children with acute mental health needs
- A child who may need an Education Health and Care Needs Assessment
- Children who are unaccompanied asylum seekers
- Children subject to an Emergency Protection Order
- Interim Care Order or a full Care Order.
- A child who is remanded by a court into local authority accommodation or youth detention accommodation will also be deemed as a Child Looked After.

Response

Agencies should refer to Contact_Swindon by completing a Request_for_Help_and_Support_Form or by calling Contact Swindon on 01793 464646 or 01793 436699 for the out of hours Emergency Duty Team.

If there is a concern that a child is immediately at risk, dial 999.

If there is a concern that a child's health is at immediate risk, medical support should be sort by contacting 999 in an emergency, 111, GP, Emergency Department or the child's existing health provider.

Assessments

A child who requires a Statutory /specialist assessment will take place under the provisions of the Children Act 1989.
A child who needs a Statutory Needs Assessment (SEND) under Children and Families Act 2014

Consent

Professionals should normally seek consent to share information for Level 4 referrals, except where this would place the child at potential risk of harm, or compromise a police investigation (for example; allegations of parental sexual abuse, or suspicions of fabricated or induced illness).

If consent is withheld for a Level 4 referral, the professional should consider with their Safeguarding Lead whether they have grounds to override consent in order to protect the child. Where a safeguarding lead is not available, this should not delay a timely referral. Contact_Swindon can provide advice. Rationale for not pursuing consent should be recorded.

Where a referral is necessary to protect the child, professionals will have a legal basis to share information without parental consent.

Outcome

Children and young people will be supported through the intervention of specialist services, within in a statutory role.

Level 1 Universal Services	Level 2 Early Help Additional Needs	Level 3 Early Help Complex Needs	Level 4 Specialist/Statutory Support
<p>Needs are met by the family, the community, and universal services within their own agency</p>	<p>Additional needs have been identified that require a Lead Practitioner to coordinate support. This could be single agency</p>	<p>Multiple and complex needs have been identified that require an Early Help Assessment and a Lead Practitioner to coordinate a plan of support. This could be multi-agency</p>	<p>There is evidence of or likelihood of impairment to health and development, or actual/likely significant harm.</p> <p>Statutory assessment coordination is required</p> <p>Referrals that are identified as Level 4 will all be subject to a multi-agency triage discussion which may result in either, a strategy discussion being convened, further social work enquiries to unpick the pathway or progression for statutory social care assessment.</p>

Child or Young Person Indicators

Education <ul style="list-style-type: none"> • I have good attendance at early years/ school / college / training • There are no barriers to my learning • I am achieving in my key stage learning • There are no concerns about my cognitive learning • There are no concerns about my home/school link 	Education <ul style="list-style-type: none"> • There are concerns regarding my school attendance; I sometimes do not attend all my lessons or have absences from school. • I am at risk of being persistently absent i.e. attendance rate below 90% • I have sometimes been suspended from school • I am not meeting my education targets/ milestones expectations for my age • I am not reaching my development milestones • I am at risk of becoming Not in Education, Employment and/or Training • I am home educated and there are concerns about the quality of my education provision • I have language and communication difficulties • I have few opportunities for play/ socialise with peer groups • I sometimes go missing from home 	Education <ul style="list-style-type: none"> • I have had multiple suspensions or and patterns of unauthorised absences from school and have been identified as at risk of being severely absent or am severely absent i.e. attendance rate below 50% • I am Not in Education, Employment and or Training (NEET) • I am at risk, or I have been permanently excluded from school • I am being bullied/ experience child on child abuse within my education provision • I regularly go missing from home or care • I am home educated and there are significant concerns about the quality of my education provision and the impact this is having on my development • There is serious delay in me achieving my development milestones creating significant concerns 	Education <ul style="list-style-type: none"> • I have no education provision • I have been permanently excluded from school or at risk of permanent exclusion • I attend less than half of my scheduled sessions at school i.e. I am severely absent • I am home educated and the quality of my education provision has not improved and this has impacted my development • I have been exposed to physical or sexual violence at school • I have significant developmental delay due to neglect / poor parenting • I have needs across Education, Health and Care and require an Education Health Needs Assessment • I have an Education, Health and Care Plan that is not meeting need or has not been reviewed
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Emotional & Behavioural Development

- I can form good quality and safe relationships
- I have a positive sense of self and abilities, and am able to express my needs
- I am able to demonstrate feelings of belonging and acceptance
- I have a good relationship(s) with my sibling(s)
- I have positive relationships with my peers
- I have friends
- I have a stable and affectionate relationship with my parents/carers
- My physical and Mental health needs are met
- My behaviours raise no concerns

Emotional & Behavioural Development

- I have displayed some inappropriate sexual activity for my age
- I have had a previous pregnancy under the age of 18 years old
- I have shown limited compliance with prescribed health treatment
- I am affected negatively by difficult family/carers/friend relationships
- I have some difficulties sustaining relationships and forming appropriate attachments
- I am a young carer with some responsibilities at home
- I am a teenage parent and I require some low-level support
- I am starting to associate with peers involved in crime or anti-social behaviour
- I have low level mental health or emotional issues requiring intervention
- I am experimenting with drugs/ alcohol
- I have difficulties managing my behaviour and responding appropriately to situations
- I have displayed some early indications of offending behaviour
- I have disruptive/challenging/abusive behaviours
- I am at risk due to low level/emerging neglect
- I have poor self-care and hygiene for my age
- I can be over friendly with strangers

Emotional & Behavioural Development

- My peers are involved in challenging behaviours
- I am regularly needed to care for another family member which is affecting my outcomes
- I am involved in ongoing conflict with peers and siblings
- I am at risk of either committing crimes or continuing involvement with criminal activities
- I am being exposed to cultural practices that may be detrimental to my health and development
- I am being exposed to extremism, radicalisation, and gang involvement/at risk of harm outside of the home/exploitation
- I am being exposed to verbal abuse
- I am vulnerable to being sexually abused or exploited
- I am being verbally and/or physically abusive to my parents/carers/siblings/ peers

Emotional & Behavioural Development

- I am unborn and the level of risk requires a pre birth assessment
- I have experienced physical/sexual/emotional abuse
- My own life is at risk through significant self-harm (including alcohol/substance misuse/ eating disorder, suicide attempts)
- I don't go out with friends/family as I'm struggling with my mental health, and this is having a significant impact on me
- I am being sexually/criminally exploited
- I am at risk of being homeless or I am homeless
- I have been abandoned or severely neglected by my parents/ carers and my emotional needs are continually not met
- I am physically and verbally abusive towards my parents/ carers/siblings/friends
- I am a child who displays harmful behaviours towards other

Health, Care and Protection

- I have access to health services
- My development milestones, including speech and language are being met
- I am the appropriate weight and height
- I have an adequate and nutritious diet
- There are no concerns about my mental health, or drugs and alcohol issues
- I have age appropriate behaviour towards sexual activity
- I have a good level of hygiene
- I have age- appropriate independent living skills
- I am able to determine between “safe” and “unsafe”

Health, Care and Protection

- I am missing immunisations or health assessments
- There are minor concerns regarding my diet, hygiene, clothing, alcohol consumption (but not immediately hazardous)
- There are minor concerns about how I am supported to access healthcare
- I am a pregnant teenager and have no additional vulnerabilities

Health, Care and Protection

- I am unborn and my parents need support through an Early Help Assessment
- I have health conditions that are perplexing presentations to health professionals or medically unexplained and I need coordinated support
- I have multiple health conditions and my parent/carer is struggling to manage these and I need coordinated support
- I have some concerns around mental health, including self-harm and suicidal thoughts
- I require support with Special Educational Needs / Disability
- There are concerns around my sexual activity and behaviour that is potentially harmful to myself or others and I could be at risk of sexual exploitation
- I am vulnerable to intimate partner abuse/ violence
- I am a pregnant teenager and require support for myself and my unborn baby
- I am showing self-harming behaviours and need support for myself and my family
- I have attended A&E due to injuries or risks experienced in extra-familial settings
- I am not compliant with prescribed health treatment and my parent/carer has not responded to Level 2 support
- I am displaying signs of poor hygiene
- There has been a noticeably change in my appearance and/or behaviour
- I am vulnerable due to my drugs/alcohol use
- I have difficulties coping with anger, frustration and upset
- I was previously subject of a Child Protection Plan

Health, Care and Protection

- I continue to miss immunisations or health assessments
- I am not growing or developing properly with no medical reasons for this
- I am a non-mobile baby/child with a bruise or an injury
- My parent/carer has not sought antenatal care and there are accumulative risks.
- My parent/carer is suffering from severe post-natal depression and is a significant risk to themselves and me and my siblings.
- I show signs of being neglected
- I have severe/chronic health problems
- I persistently misuse drugs and alcohol
- I am a teenager with significant vulnerabilities who is pregnant
- I am a child under 13 who is sexually active/ pregnant/ has an STI
- My own life is at significant risk and my developmental progress is at significant risk due to complex mental health presentation
- I have a physical and learning disability that requires the highest level of support
- I have serious dental decay and have no access to treatment
- I am obese with no identified organic cause
- I am under-eating or show signs of extreme loss of weight
- I present myself in an unwashed state and wear unsuitable clothing despite advice and support
- I am suffering significant harm from through inappropriate moving and handling and ill-fitting essential equipment
- I have suffered a non-accidental injury
- I have health conditions that are perplexing presentations to health professionals or medically unexplained and I need coordinated support
- I have multiple health conditions and my parent/carer is struggling to manage these and I need coordinated support
- I am being sexually/criminally exploited/extra-familial abuse/slavery/extremism and radicalisation
- I have made allegations of harm and/or disclosed of physical, sexual, emotional harm, ill treatment, cruelty, or neglect
- I am a young carer, and struggling to cope
- I am in possession of money / gifts / phones / clothing that cannot be accounted for am or have experienced honour-based violence /forced marriage / female genital mutilation
- I am experiencing or have experienced honour-based violence /forced marriage / female genital mutilation
- I am an unaccompanied asylum-seeking child
- I am a child looked after by the Local Authority, but my placement is at risk of /keeps breaking down

<p>Parents/Carers</p> <ul style="list-style-type: none"> • My parents/carers are able to provide me with all my needs and protect me from danger and harm • My parents/carers provide me with a safe, clean, and secure home environment • My parents/carers can meet my needs ensuring I attend school/access education and all my health appointments • My parents/carers are able to manage my behaviours • My parents/carers are supportive with family relationships, including when parents are separated • My parents/ carers provide me with appropriate guidance and boundaries • My parents/ carers support my development through play 	<p>Parents/Carers</p> <ul style="list-style-type: none"> • My parents/carers are not accessing appropriate services which is affecting my development • My parents/carers require advice on parenting issues • I am sometimes exposed to dangerous situations in my home/community • My family home is in a poor state of repair and cleanliness, impacting on my health and development • My parents/carers prioritise their needs over mine and struggle to meet mine • My parents/carers struggle to provide me with good supervision and behavioural management • My family are facing eviction/ homelessness • My family require rehousing due to domestic abuse • My parents/carers do not take me to my health appointments • My parents/carers require support to understand and manage my disability or sensory impairment • My parents/carers mental health/physical health/substance misuse or learning disability has a negative impact on me • My parents/carers are at risk of entering the criminal justice system • My parents/carers expose me to domestic abuse within my family home 	<p>Parents/Carers</p> <ul style="list-style-type: none"> • I am unborn, the level of risk requires a pre-birth assessment • My parents/carers are struggling to provide me with adequate emotional and physical care • My parents/carers are not meeting my physical needs including providing me with adequate food, warmth, and clothing • My parents/carers learning disability, substance misuse (including alcohol), or physical and mental health impacts on their ability to meet my needs • My family are being evicted • My parents/carers are in long-term unemployment and this is impacting on my needs being met • My parents/carers are in serious debt/ poverty which impacts on their ability to care for me and my sibling(s) • I am at serious risk due to a family breakdown, and I will be homeless • My parents/carers are involved in illegal activity • My parents/carers expose me to domestic abuse within my family home 	<p>Parents/Carers</p> <ul style="list-style-type: none"> • I am unborn and need a pre-birth assessment • I am experiencing fabricated or inducing illness upon me which has a negative impact on my mental and physical health and my relationship with my parent/carer • My parents/carers are unable to provide adequate parenting that keeps me safe, which include unknown visitors to my home • My parent/carers set no boundaries • My parents/carers are involved in criminal activity which is having a negative impact on me and putting my life in danger • My parents/carers mental health problems or substance misuse is having a significant impact on them being able to care for me • My parents/carers were unable to care for my siblings who are now in care, which also puts me at risk • My parents/carers have neglected and/or have abused another child and this puts me at risk • I am exposed to my parents/carers self-harm and suicidal ideation which has a negative impact on my thoughts and feelings • My parents/carers expose me to domestic abuse within my family home
<p>Harm outside the home</p> <ul style="list-style-type: none"> • I feel safe outside of my home at school and within my local community 	<p>Harm outside the home</p> <ul style="list-style-type: none"> • I am at risk of using substances or being encouraged to do so/or encouraging others • I am routinely absent from school/college, sometimes I am being encouraged to do so/or encouraging others • I am at risk of committing low level crime/anti-social behaviour or I am being encouraged to do so or encouraging others • I am at risk due to online contacts/conduct and content 	<p>Harm outside the home</p> <ul style="list-style-type: none"> • I am being pressured and encouraged to become involved in gangs • I am being pressured and encouraged to carry weapons and/or drugs • I regularly go missing and this is not always routinely reported • I am in a peer group that regularly goes missing • I have accessed or accessing inappropriate online contacts and content • I am at risk of child exploitation/ extra familial abuse /slavery/extremism and radicalisation 	<p>Harm outside the home</p> <ul style="list-style-type: none"> • I am being groomed online and meeting strangers • I am being trafficked • I am in a gang and carry weapons • I am a victim of a serious gun/knife crime which may result in a threat to my life or injury • I am committing criminal offences, or I have been exploited for criminal purposes • I am initiating or experiencing intimate partner abuse or violence • I frequently go missing and at high risk of significant harm • I am being sexually/criminally exploited/extra-familial abuse/slavery/ extremism and radicalisation

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

11. Professional challenge and resolution

Escalation is a process of challenging a decision made by another professional or organisation. The escalation policy ensures that all professionals have a quick and straightforward means of resolving professional differences in order to safeguard the welfare of children and young people. When working with children and their families' professional disagreement can be a positive, as challenge allows for review and can foster creative ways of working. However, disagreements can negatively impact on positive working relationships and consequently on the ability to safeguard and promote the welfare of children. Professional disagreements always require resolution. Differences of professional opinion arise on a safeguarding case when professionals deem decisions not to be in the best interests of the child.

“The Swindon Safeguarding [Multi-Agency Process for the Resolution of Professional Disagreements Relating to Safeguarding Protection of Children - Swindon Safeguarding Partnership](#) should be used if there is a disagreement about the provision of an assessment or service, if this will adversely impact on a child. Professionals should use the policy jointly if they share a disagreement about another agency's response to concerns”

Where the safety of individual children is the paramount consideration in any professional difference/disagreement it is vital 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 professional right and responsibility in order to safeguard the child and to promote effective multi-agency safeguarding practice.

This policy provides professionals with a framework within which they can raise concerns they may have about decisions made by other professionals or agencies in a way that:

- Avoids professional anxiety or disagreement that puts children at risk or potentially obscure the focus on the child
- Resolves the difficulties within and between agencies quickly and openly
- Identifies any areas of practice where there is a need to clarify or review multi-agency policies or procedures.



12. Key legislation and guidance

Data Protection Act (2018)

Data Protection Act 2018

General Data Protection Regulation (2018)

GDPR information

HMSO. Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers. (July 2018).

Information sharing: advice for practitioners

The Children Act (1989), (2004), (2014) and (2017)

Children Act 1989

Children Act 2004

Children and Families Act 2014

Children and Social Work Act 2017

Adoption and Children Act 2002 and amendments to the Act Adoption and Children Act 2002

Working Together to Safeguard Children 2023

[Working together to safeguard children - GOV. UK \(www.gov.uk\)](https://www.gov.uk/government/publications/working-together-to-safeguard-children-2023)

Keeping Children Safe in Education 2023

https://assets.publishing.service.gov.uk/media/64f0a68ea78c5f000dc6f3b2/Keeping_children_safe_in_education_2023.pdf

Working Together to Improve School Attendance 2022

<https://www.gov.uk/government/publications/working-together-to-improve-school-attendance>

Swindon Safeguarding Partnership Website - For local guidance and policies

<https://safeguardingpartnership.swindon.gov.uk/site/index.php>



13. What to include in a referral to Contact Swindon?

Include as much of the below list as possible when submitting a Request For Help and Support Form:

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • The referrer's name and designation/ relationship to the child • The full name, date of birth and gender of child/children • The full family address and any known previous addresses • The identity of those with parental responsibility • The names, date of birth and information about all household members, including any other children in the family and significant people who live outside the child's household • The ethnicity, first language and religion of children and parents/ carers • Any need for an interpreter, signer, or other communication aid • Any special needs of the children • Gain parental/carer consent | <ul style="list-style-type: none"> • What support services you have already offered to the child or family to address the needs you have identified • Why you think the time is right to refer the matter to Children's Social Care • What information you can give about: the child's development needs; parenting capacity; social and environmental factors • How you will remain involved with the family and if appropriate how you can help to introduce a social worker to the family, e.g. by a joint visit • Whether the parents know that you are making the referral and whether they agreed to you making the referral • Whether you have any information about difficulties being experienced by the family/household due to domestic abuse, mental illness; substance misuse, and/or learning difficulties • Confirm any significant/important recent or historical events/ incidents in the child or family's life • Clarify what information that the referrer is reporting directly and what information has been obtained from a third party • Discuss any known or suggested information relating to the child or family being in contact with a person posing a risk to children • Confirm what you think Children's Social Care Services might do as a response to your referral • When you last saw the child/young person • Significant harm maybe as a result as a consequence of cumulative issues/events | <ul style="list-style-type: none"> • The cause for concern including details of any allegations, sources, timing, and location • The child's account and the parents' response to the concerns if known • The identity and current whereabouts of any suspected/ alleged perpetrator and or degree of contact with the child • The child's current location and emotional and physical condition • Whether the child is currently safe or is in need of immediate protection because of any approaching deadlines (e.g., child about to be collected by alleged abuser) • The parent's current location • The referrer's relationship and knowledge of the child and parents/ carers • Known current or previous involvement of other agencies/ professionals • When you last saw the child/young person • Note any unusual or significant marks or injuries • Significant harm maybe as a result as a consequence of cumulative issues/events • Contexts and locations in which there are other risk factors, e.g., adults and peer groups of concern/ at high- risk times of day |
|--|--|--|



