

# SPECTRUM OF SUPPORT

## CHILD FRIENDLY WARWICKSHIRE

**Guidance for all practitioners in working together with children and families to provide early help and specialist support.**



Warwickshire  
Safeguarding

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# WELCOME

We are very pleased to be introducing this updated guidance for supporting children and families in Warwickshire.

**Working Together to Safeguard Children 2018 - 'A guide to inter-agency working to safeguard and promote the welfare of children'** - states that the safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood.

When level of supports are understood by all professionals and applied consistently this will ensure that the right help is given to children and families at the right time. Taking a partnership approach from the start should mean that fewer children in Warwickshire are at risk of serious harm from abuse or neglect and in need of protection. By adopting the practices within this guidance, you will be promoting early intervention and prevention and helping avoid escalation of needs.

Most children and families welcome help and support from professionals involved in their lives but we need to recognise that for some children and families they will find this challenging. Skilled practitioners will be able to overcome those challenges by using the principles of restorative practice including empowerment, honesty and respect, encouraging family members and children to shape the decisions required to support them.

We hope that this revised guidance strikes the right balance between supporting practitioners from all settings to identify situations where children and young people might require support, recognising the vital role of professional judgement in assessing the impact of risk and protective factors on positive outcomes for children and young people.

**Warwickshire Safeguarding Executive Board**

# INTRODUCTION

**This guidance provides a framework for professionals who are working with children, young people and families, and aims to help identify circumstances when children may need additional support to achieve their potential. The Spectrum of Support provides information on the levels of children's needs and gives examples of some of the factors that may indicate when a child or young person needs additional support or protection.**

There are four different levels of need from universal services which are available to all children and include education and health, extra and targeted support for those children who need additional support to reach their potential and specialist support where the issues are complex and may include concerns about safeguarding.

The Stepped Approach diagram on page 6 is a representation of how the extent and complexity of a child or young person's circumstances can move both up and down over time and provides a visual guide and a common language to discuss levels of need. The spectrum of support need is divided into 4 levels. The Stepped Approach is followed by some descriptors of the levels of need as a quick reference guide and is accompanied by the Triage Tool.

The principle of ensuring that children, young people and their families experience the service at the right time with minimal disruption and change is crucial to service delivery. This document provides a



more detailed explanation of when an Early Help Pathway to Change Assessment and Action Plan are appropriate and when an assessment by Children and Families Service should be considered.

The Warwickshire Safeguarding Board are required to publish a multi-agency threshold document that includes:

- The process for the Early Help Pathway to Change Plan and the type and level of early help services to be provided
- The criteria, including the level of need, for when a case should be referred to children's social care for assessment and for statutory services
- This should be read in conjunction with the Assessment Framework which are in the West Midlands Regional Child Protection procedures manual ([view here](#))

## RESTORATIVE PRACTICE

Restorative Practice is the theory of change that has been adopted by Warwickshire's Children and Families Service. The purpose is to build empathy, collaboration, authenticity and the development of meaningful relationships. Warwickshire have chosen to use this change model as it is proven to have created demonstrable and sustained change in families lives. The impact of implementing and embedding Restorative Practice means that documents, processes, meeting formats have changed, as well as the way we communicate and work with all people. For more information about Restorative Practice visit [Safeguarding Warwick](#)



# SPECTRUM OF SUPPORT

## THE STEPPED APPROACH

The Stepped Approach is a visual representation of the Spectrum of Support available to ensure children and their families access the right support at the right time. They are as follows:

A family maybe accessing one or many of these types of service at a time.



## SPECTRUM DESCRIPTIONS



### UNIVERSAL HELP

Children and young people have needs that are met within universal provision (such as through their GP or school).

All children and young people have a right to universal services, such as maternity services at birth, health visiting, schools, and health providers. In addition, information advice and guidance is available through the web pages of the Family Information Service webpages and helpline. Universal services seek, together with parents, carers and families to meet all the needs of children and young people so that they are happy healthy and able to learn and develop securely.



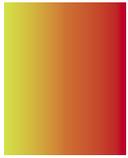
### EXTRA HELP

Children and young people with extra needs that can be met through a single agency response and/or partnership working.

Many children and young people require some additional support. Parents and carers usually access these services for their children by applying directly to them or by asking the relevant universal service to help them. Some services can be accessed directly by young people. Children with 'extra' needs are best supported by those who already work with them, such as children and family centres, Early Help family support workers or schools, organising additional support with local partners as needed.

Where the needs are such that there are a number of services involved it will be advisable to assess the child or young person's needs under Early Pathway to Change Plan with an appointed lead professional.

This extra help should be recorded on a plan and its effectiveness be reviewed on a regular basis to ensure that outcomes are achieved.



## TARGETED HELP

**Children and young people with complex needs may require a targeted, coordinated response with a lead professional.**

Some children and young people and their families have more complex needs requiring the provision of coordinated, targeted and enhanced services following an Early Help Pathway to Change. Where targeted help is required, a lead professional will coordinate the child's plan, to support the child, young person and parent(s). This also includes step downs from children's social care to ensure the continuation of support once the identified level of risk has reduced.



## SPECIALIST HELP

**Children and young people with acute or severe needs or is a child in need of protection.**

Specialist services are where the needs of the child are so great that statutory and/or specialist help is required to keep them safe or to ensure their continued development. This will usually include Children and Families Service, Child and Adolescent Mental Health Service (RISE) Tier 3 & 4 or Youth Justice Service.

There are some children whose needs are so complex that they will not reach their potential without specialist/statutory provision, or where they would be at risk from harm if such services were not available to them. These children need to be referred to the appropriate specialist/statutory service so that they can be appropriately assessed and provided with intervention to improve their life chances and to ensure they are safe. Where there is an allocated social worker, they will assume the role of lead professional ensuring that there is a multi-agency plan of intervention. This can be through a child in need plan, a child protection plan, through a all about me review or pathway plan.

The intervention of specialist/statutory provision is in addition to universal services and often in collaboration with those services already working with the family such as early help/targeted support.

It is important that children and young people have access to the right services at the right time and can move through the spectrum of support, stepping down when the levels of need or risk diminish and stepping up if levels of risk or need increase. Equally important in the safeguarding of children and young people are practitioners who work collaboratively, reflectively and with professional curiosity keeping the child at the centre of their practice.

## UNDERSTANDING LEVELS OF SUPPORT - TRIAGE TOOL

It is important when deciding about level of support to; gather as much information as possible, to use professional judgement, to keep the child at the centre, to listen to the child/family and work collaboratively with partner agencies.

The triage tool has been developed to be transparent and clear about the Spectrum of Support and the document seeks to support professional discussion to ensure the child and family receive the right support at the right time. If there is disagreement between services, the resolution should be through the restorative practice approach of open and honest professional challenge. There is a Professional Escalation Protocol for addressing contested decisions within the West Midlands Child Protection procedures manual. [\(view here\)](#).

The tables which follow are intended to provide a quick reference, by giving examples of the types of need experienced by children and young people at each level of need.

# CHILDREN & FAMILIES

# TRIAGE TOOL

## Children and Families Triage Tool

**KEY:**  
**GREEN** issues only = information, advice and guidance / signposting  
 1 **YELLOW** or **ORANGE** issue = single-agency response  
 2 or more **YELLOW** and/or **ORANGE** issues = multi-agency response  
 Any **PURPLE** issues = specialist support (non - Early Help)

	Green = Universal Help	Yellow = Extra Help	Orange = Targeted Help	Purple = Specialist Help
<b>Family members have their developmental, physical and mental health needs met</b>	<b>Green</b> Minor concerns regarding child's development Child occasionally misses health checks Adult / child has minor physical health issues Adult / child has low level mental health issues and dips in emotional well-being Adult / child at risk of / occasional incident of substance/ alcohol misuse Adult / child has poor presentation / is socially isolated	<b>Yellow</b> Child has poor attachments Child has SEND or speech and language difficulties Child has delay in meeting developmental milestones Family members are missing health appointments Adult / child has some physical or mental health needs Adult / child is impacted by historical substance / alcohol misuse Child is at early risk stage in substance use Teenage pregnancy in household Adult / child has poor presentation / personal hygiene	<b>Orange</b> Child is not meeting some developmental milestones Child is displaying some signs of emotional behavioural disorder Adult / child has chronic or recurring health problems Family is not engaging with health professionals Adult / child has disabilities which impact access to services Adult / child is at harmful substance use / misuse stage Adult / child's mental health needs are not being met	<b>Purple</b> Child is not meeting developmental milestones or there is evidence of non-organic failure to thrive Child is displaying significant signs of emotional behavioural disorder Adult / child has significant unmet mental health needs incl. self-harm or suicide attempts Child has a life threatening eating disorder Child is pregnant / teenage parent under the age of 13 Substance dependency is severely impairing development
<b>Children and young people are accessing their full entitlement to education</b>	<b>Green</b> Child has episodes of lateness / incidents of absence from school Child is at risk of fixed term exclusion Child's behaviour in school is leading to risk of exclusion	<b>Yellow</b> Child has over 10% average absence from school Child has episodes of truancy Child has 1-2 fixed term exclusions from school during the last three terms Child is in alternative provision for behaviour problems Child is persistently late Pre-school child is not accessing early years provision	<b>Orange</b> Child has 3+ exclusions, is at risk of permanent exclusion, or has been permanently excluded in last 3 terms Child is not registered with school or is missing from education Child is persistently absent from school Concerns around child's home education Educational setting cannot meet child's needs Family not engaging with education professionals	<b>Purple</b> Child is continuously receiving fixed-term exclusions Child has been permanently excluded and has no school place Child / young person is on a part-time timetable for 3 months, with no clear reintegration plan Significant concerns regarding a home educated child that has not been seen within 12 months
<b>Children and young people are safe from crime, exploitation and ASB</b>	<b>Green</b> Child displaying early signs of low level anti-social or offending behaviour Family is exposed to low levels of community criminal activity or anti-social behaviour Concerns around a child / young person's safety online Child is displaying signs of developmentally inappropriate sexual behaviour	<b>Yellow</b> Child / young person has had a missing episode Child is displaying potential offending behaviour Child of prisoner / parent with community orders Family is experiencing harassment or discrimination Evidence child is being groomed / targeted for purposes of exploitation Child is displaying potentially unhealthy / unsafe sexual behaviour Household member is being discussed in ASB forums or has an active ABC	<b>Orange</b> Child / young person has had multiple missing episodes Child is at risk of arrest Family impacted by prison sentence / release of significant person Adult / child is displaying extremist views Family at risk of harm due to harassment or discrimination Indicators present that child is being exploited Child's sexual behaviour is unsafe and/or unhealthy Household member is being considered for injunction / CBO Persistent police call-outs to family address	<b>Purple</b> Child has offended Child has repeated missing episodes of longer duration Child is displaying harmful behaviour towards other children Adult / child is engaging others in extremist views Family is repeated victim of harassment or discrimination Child is victim of exploitation and/or at risk of trafficking Child's sexual behaviour has led to police enquiry / strategy meeting Family member is at risk / victim of faith-based abuse, forced marriage, honour-based violence or FGM
<b>Families are financially stable, appropriately housed, and work ready</b>	<b>Green</b> Family has debts that are not well managed Credits and support allowances are not being claimed Adult is claiming out of work benefits or Universal Credit and is subject to work-related conditions Change in family finances due to divorce, new baby, separation, sickness, reduction in working hours, etc Family at risk of social exclusion due to finances Family has 1-2 months rent arrears (no repossession action)	<b>Yellow</b> Young person is at risk of becoming NEET, or is NEET Poor home environment impacting on family's health Family is overcrowded or in temporary accommodation Family is benefit dependent or has unmanageable debt Family has poor access to core services Major change in family's finances due to divorce, death, separation, disability, loss of employment Family has 2-3 months rent arrears / repossession action has started	<b>Orange</b> Family is at risk of becoming homeless Family is significantly impacted by poverty or worklessness Family has no recourse to public funds / dependent on charity Transient family is not accessing services Family is reliant on emergency service such as food banks Family has 4+ months rent arrears / served eviction notice Home conditions are poor, overcrowded and/or putting child at increased risk of harm	<b>Purple</b> Family have been evicted Young person over 16 is presenting as homeless Family is intentionally homeless Family is in extreme poverty which is significantly affecting child well-being Home conditions are putting child at significant risk of harm
<b>Parents and carers feel well-supported, skilled and confident in their parenting</b>	<b>Green</b> Parent / carer experiences occasional behavioural challenges Occasional incidents of inconsistent care arrangements or poor supervision by parent or carer Occasional incidents of poor parent-child relationship Unclear boundaries and routines in place, including around bedtimes, mealtimes etc Parent / carer is isolated and / or lacks support networks Child lives in household where other household members have care needs	<b>Yellow</b> Parent / carer experiences regular behavioural challenges Inconsistent care arrangements, supervision and lack of routines and boundaries Parent-child relationship is impacting child well-being Parent / carer has poor response to emerging needs Parent / carer is not maintaining home conditions Parental isolation is impacting family well-being Child is a young carer	<b>Orange</b> Parent / carer experiences persistent behavioural challenges Evidence of persistently poor parent-child relationship / inconsistent parenting and/or care arrangements Parent / carer has barriers to parenting due health and/or development needs, or own lived experiences Parent / carer presents as non-compliant with professionals Parent / carer has been prosecuted under the Education Act Child is undertaking a regular caring role of parent / carer	<b>Purple</b> Child's behaviour is beyond parental control Child is suspected / actual victim of abuse or neglect Parent / carer encourages abusive or offending behaviour Parenting / care arrangements put child at risk of harm Professional judgement that parents / carers are persistently non-compliant or are disguising compliance Child is not protected from adults who poses risk of harm Parental control is undermined by exploitation or other factors Child is continuously undertaking role of parent / carer
<b>Family members are free from parental conflict, domestic abuse and violence</b>	<b>Green</b> Parent relationships are mostly equal and co-operative but there are some unresolved or recurring difficulties One or both parents report lack of open and honest communication, with difficulties minimised, not recognised or addressed Conflict between adults beginning to adversely impact on children	<b>Yellow</b> Parent relationship is at risk of breakdown Inter-parental conflict is persistent and unresolved Concerns raised about previous domestic abuse Adult / child in the household is suffering from the impact of previous domestic abuse or violence Child is impacted by persistent unresolved conflict between adults	<b>Orange</b> Inter-parental conflict at risk of becoming violent Parent reports experiencing controlling or abusive behaviour Mental health of family members is impacted due to domestic abuse or violence Parents are not engaging with professionals around healthy relationships Children are showing significant signs of distress due to parental conflict	<b>Purple</b> Child is at risk of significant harm from domestic abuse Family experiences a combination of domestic abuse with substance misuse and/or mental health issues Adult is victim of coercive control and physical harm, or fear of violence / death Adult relationship has a clear abuser and victim Child is significantly adversely affected or traumatised by abusive adult relationships

# Children and Families Triage Tool

This tool is designed to be used by professionals and families, to map out issues or concerns for **all family members** and identify the **right level of support** for the family. Taking a **whole-family approach** is important because evidence shows this improves the likelihood of **positive outcomes** and reduces re-referral rates. Please use the examples provided on the guidance page to help you talk to the family and other professionals about the **types of issues** the family is facing, **how serious** the issue is, and how the family should be **supported to make progress**.

	Green = Universal Help	Yellow = Extra Help	Orange = Targeted Help	Purple = Specialist Help
Family members have their developmental, physical and mental health needs met	Green	Yellow	Orange	Purple
Children and young people are accessing their full entitlement to education	Green	Yellow	Orange	Purple
Children and young people are safe from crime, exploitation and ASB	Green	Yellow	Orange	Purple
Families are financially stable, appropriately housed, and work ready	Green	Yellow	Orange	Purple
Parents and carers feel well-supported, skilled and confident in their parenting	Green	Yellow	Orange	Purple
Family members are free from parental conflict, domestic abuse and violence	Green	Yellow	Orange	Purple

# EARLY HELP

Early Help is the term used in Warwickshire to describe all support offered to potentially vulnerable children, young people and their families. The purpose of Early Help is to put in the right support at the right time so that problems are less likely to escalate to a point where the child becomes vulnerable or in need of specialist support. Early Help is sustainable so that problems are less likely to reoccur.

An Early Help Pathway to Change Plan can be initiated by any professional who has attended the Warwickshire 2-hour training. This will enable the needs of the child, young person and their family to be identified and the best services to be co-ordinated to meet their needs. The lead professional will organise a family support meeting with the parent(s) young people and relevant services to co-ordinate the Family Support Plan.

Effective Early Help relies upon local agencies working together to identify children and young people and their families who would benefit from Early Help; Any child may benefit from early help, but all school and college staff should be particularly alert to the potential need for early help for a child who:

- Is disabled and has specific additional need

‘Early Help’ refers to all the support available to children, young people and families before formal intervention (such as when children are placed on a child in need or child protection plans or taken into the care of the council).

This includes universal services that are designed to improve outcomes for all, such as Children and Family Centres, open access youth services and health visiting. While early help is led by local authorities, the local offer usually includes the work of a range of agencies, including: the health system, schools, police and the voluntary community sector. (Early Intervention Foundation 2018)

- Has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
  - Is a young carer
  - Is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
  - Is frequently missing from home
  - Is at risk of modern slavery, trafficking or exploitation
  - Is at risk of being radicalised or exploited
  - Is misusing drugs or alcohol themselves
  - Has returned home to their family from care
  - Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
  - Is a privately fostered child
  - Is exhibiting any other signs of vulnerability
- (Keeping Children Safe in Education Sept 2020)

Providing early, extra or targeted help services to address the assessed needs of a child and their family which focus on activity will significantly improve the outcomes for the child. Before determining what services are to be provided for a particular child or young person, so far as is reasonably practicable and consistent with the child’s welfare, professionals will consider the child or young person’s perception of their circumstances and what they want to change and any ideas they have about what will help.



## CONSENT

Early Help is a voluntary and consensual. Where parents or a young person do not consent to Early Help, or do not use the services offered, then the lead professional should make a

judgement as to whether, without significant help, the needs of the child will escalate.

The Early Help Directory can be used to determine what agencies can support the family without formal Early Help as well as the use of the Family Support Line or Family Information Service.

## STEP UP

An early discussion with the targeted support officer or the early help social workers can support decision making.

Ultimately, if it is determined the lived experience of the child is unlikely to change and outcomes may be compromised, a referral to the integrated front door/MASH may be necessary and **an assessment by Children and Family Service may be appropriate and can be referred under the 'step-up procedures'**.

## STEP DOWN

A new Early Help Pathway to Change is not required to be initiated, if there is a recent assessment completed by children's social care or a current multi-agency plan (such as a mental health plan) which can then be used to 'step-down services' to be delivered by Early Help. The social worker who conducted the assessment will determine what family needs are still to be supported and will seek consent from the family to step the case down to Early Help.

The recently completed Statutory Child and Family Assessment will determine what support will be continued by Targeted Early Help.

# CHILDREN'S SOCIAL CARE

Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the well-being of all children in the authority's area, which includes protection from harm and neglect.

Children's social care become involved when children require more specialist intervention in accordance with the Children Act 1989, such as:

- S17 (child in need) or
- Children with a long-lasting and substantial disability which limits their ability to carry out the daily tasks of living,
- Children and young people with severe and complex special educational needs and disability (SEND) requiring an education health and care plan (EHCP) and potentially a specialist educational placement
- S47 (child protection)

Children's social care has a responsibility to respond under section 17 of the Children Act 1989. That is, children whose development would be significantly impaired if services are not provided. This includes children who have a long lasting and substantial disability, which limits their ability to carry out the tasks of daily living. The local authority has a general duty to provide services to children who are children in need by providing a range and level of services appropriate to those children's needs <http://www.legislation.gov.uk/ukpga/1989/41/section/17> although those services may be provided by a range of agencies .

A multi-agency contact (referral form) to children's social care is appropriate when more substantial interventions are needed because the child is 'in need' or where a child's development is being

significantly impaired because of the impact of complex parental mental ill health, significant learning disability, alcohol or substance misuse, or very challenging behaviour in the home.

A multi-agency contact is also appropriate where parents need practical support and respite at home because of a disabled child's complex care needs. In these situations, children's social care will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent problems escalating.

The second area of children's social care responsibility is child protection; that is where children's social care, with the help of other organisations, must make enquiries under section 47 of the Children Act 1989, to determine whether a child is suffering or is likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria upon which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable – and parental factors such as history of significant domestic abuse, substance misuse or mental ill-health.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been several events which have compromised the child's physical and psychological well-being; for example, a child whose health and development is severely impaired through neglect.

There may be a need for immediate protection whilst enquiries are carried out. This can be achieved; using police powers; an application to the family court for an emergency protection order; by consent of the parents pursuant to section 20 of the Children Act.

Professionals in all agencies have a responsibility to complete a multi-agency contact to children's social care when it is believed or suspected that the child:

- Has suffered significant harm – child protection
- Is likely to suffer significant harm – child protection
- Has significant developmental or disability needs, which are likely only to be met through provision of children's social care family support services (with agreement of the child's parent) – children in need

Some children in need may require accommodation under Section 20 of the Children Act 1989. This is where there is no one who has parental responsibility for them, because they are lost or abandoned or because the person who has been caring for them is prevented from providing them with suitable accommodation or care. The decision to seek a legal order or offer accommodation under Section 20 will be done in accordance with the department's procedures with the development of a child's plan designed to meet the specific level of need and risk.

Under Section 31 of the Children Act 1989 the local authority can apply to the court for a child or young person to become the subject of a care order, where there is concern that the child concerned is suffering or is likely to suffer significant harm attributable to the care being given to the child, or likely to be given if an order were not made, not being what it would be reasonable to expect a parent to give, or the child is beyond parental control. The court will only make a care order if it believes that it is better for the child than not making an order. Once a care order is made the local authority, as a corporate parent, sharing parental responsibility with the parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs including how their parents will be supported to make the changes necessary for the child to return safely to their care.

At every level of need, the aim of the multi-agency plan for the child is to improve the life experiences and outcomes for the children and young people, by providing them and their families with the services they need in order to reduce their need for additional services. Following successful work with a family at the specialist help level, it is likely that a lead professional and Early Help Pathway to Change Plan will continue to be necessary for a period of time to help the family sustain the changes made and can be met following the 'step-down' procedures.

## MASH

Each agency will have its own safeguarding procedures which will detail how to identify and assess safeguarding concerns. However, further advice about support needs and when to make a referral can be obtained from professionals own agency safeguarding leads or by calling the **MASH education lead** on **01926 418608** or emailing **[masheducationlead@warwickshire.gov.uk](mailto:masheducationlead@warwickshire.gov.uk)** Professionals contacting the front door cannot remain anonymous when seeking advice and children discussed should be identified to ensure effective advice is provided.

A referral to the front door needs to be made on the Multi Agency Contact Form (MAC) which can be accessed [here](#). The MAC form is the initial contact into the front door and work undertaken within the MASH will determine whether the contact progresses to a referral and into children's social care. Other support from Early Help or signposting to other services may instead be recommended by the front door. All professionals must get parental consent before completing the Form and be clear with parents and carers or those with parental responsibility about the nature of the referral. Their consent must be sought verbally or in writing and recorded.

Consent should not be sought if doing so places a person at risk of significant harm or serious harm or would cause unjustified delay in making enquiries into significant harm or would prejudice the prevention, detection or prosecution of a serious crime.

## CHILDREN IN URGENT NEED OF PROTECTION OR THOSE SUFFERING SIGNIFICANT HARM

If you have concern that a child or young person may be in need of urgent protection or in significant harm, then the designated/named child protection service should be consulted and contact made with

MASH on **01926 414144** and/or the **Police** (in an emergency on **999** or on 101) and/or **Emergency Out of Hours Social Work Service** on **01926 886922**. Please see Warwickshire Safeguarding Procedures online for more information [www.safeguardingwarwickshire.co.uk](http://www.safeguardingwarwickshire.co.uk).

## CONSULTATION

There are many professionals in the locality networks that can help give the **right advice and support at the right time**.

The pyramid of support helps practitioners know who they can talk to in the locality networks for help, advice and guidance. In addition to the MASH education lead, Practitioners can seek a professional consultation with social worker in the MASH to gain advice on Children's Safeguarding and Social Care support.

Consultation are available in the MASH for all professionals seeking advice about children who they are concerned about. To undertake a consultation, a professional should telephone **01926 414144**.

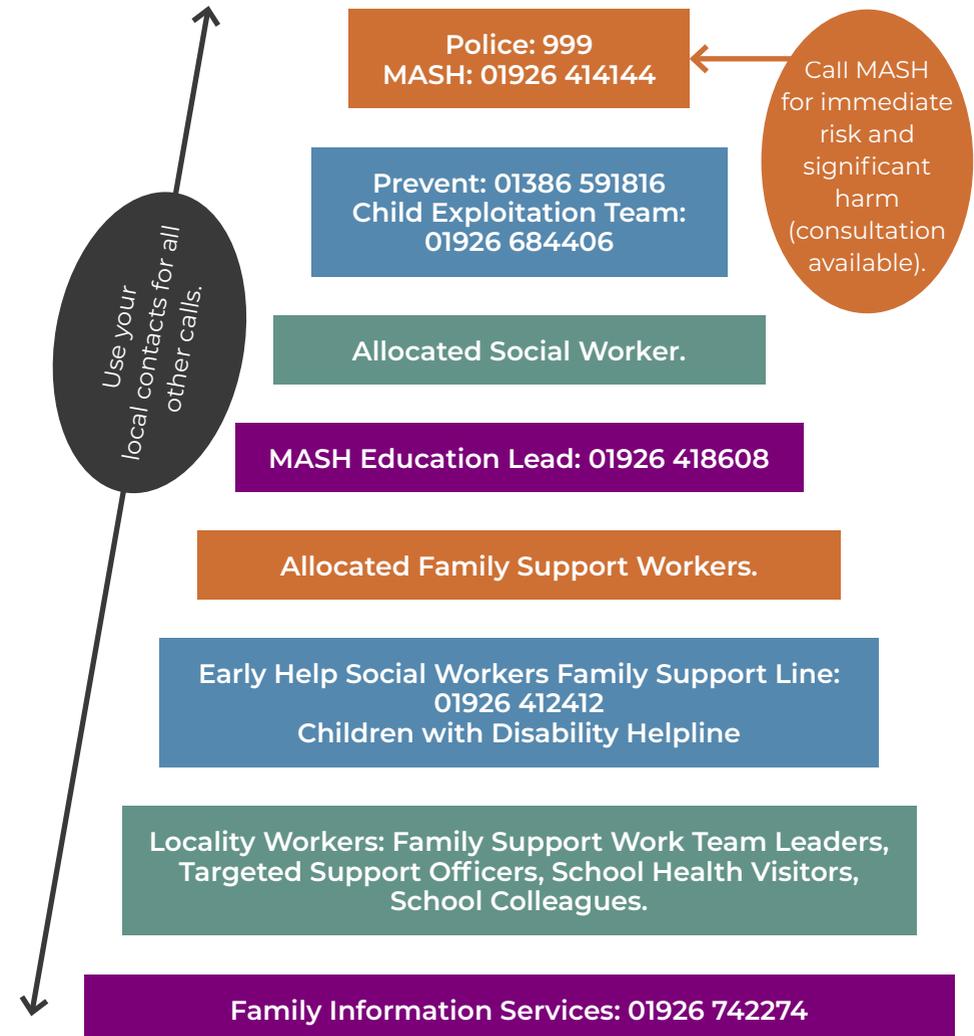
The MASH will record the consultation against the child's details. The contacting professional is expected to follow the record keeping and information guidelines for their own agency, to record they have held a consultation.

The MASH will not contact the family discussed but do expect professionals to discuss any concerns they have with the people who have parental responsibility for the child.



# PYRAMID OF SUPPORT

## WHO DO I CALL FOR HELP?



# INFORMATION SHARING

Knowing when and how to share information isn't always easy. Usually parents say they are happy for you to talk to other professionals who can help them and their children.

'Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision' (Working Together 2015).

The Warwickshire Safeguarding Information Sharing Protocol can be found in the West Midlands Regional Child Protection Procedures ([view here](#)).



# INFORMATION SHARING

## SEVEN GOLDEN RULES

1. The Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement.
3. Seek advice from your manager if you are not sure.
4. If someone requests that some information is kept confidential then their wishes should be respected unless the sharing of the information is overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

# NEW PRACTITIONER ESCALATION PROTOCOL

**WHAT IS AN ESCALATION?**  
 All practitioners working with children, young people, adults with care, support needs and carers have a responsibility towards their clients to ensure that the child's or adult's welfare is seen as a priority at all levels of professional activity. When working with practitioners from other agencies there may at times be differences of opinion or concerns about practice that arises. The New Practitioner Escalation Protocol provides three key stages and should be used in all situations where there are concerns about practice, decision making or resource allocation.

**MONITORING**  
 At each stage an Escalating Monitoring form is completed. Warwickshire Safeguarding will review all forms in order to determine whether there are any key trends being identified and whether any learning or policy amendments are required. The escalation process is outlined in the new WSP Procedure.

**USE OF THE PROTOCOL**  
 It is recognised that this process might not be appropriate in all settings, especially where the escalating practitioner is the designated safeguarding lead, senior manager or does not have a line manager. Where this is the case the case escalating practitioner should follow the process at each stage and record accordingly on the monitoring form.

**STAGE THREE**  
 In the unlikely event that the issue is not resolved by the step described and slash or the discussions raised significant policy issues, the matter should be referred to Warwickshire Safeguarding. The referral should include the monitoring form which evidences the attempts made to resolve the issue. If necessary, a meeting should be convened to seek resolution.

**PREVENTING CONCERNS ESCALATING**  
 A timely discussion can often resolve poor communication, misunderstandings and/or differences of opinion. Ensure agreements are recorded by each agency in the relevant place. If an agreement can't be reached, move to Stage One. From this stage onwards the Escalation Monitoring form should be completed.

**STAGE TWO**  
 A senior manager to senior manager discussion should take place to discuss the concerns, and if necessary, call a joint meeting with the involved practitioners and first line managers. Advice and support should also be sort from the designated safeguarding leads within the agencies. If agreement is not met, moved to Stage Three.

**STAGE ONE**  
 If the discussion between practitioners fails to resolve the issue, the escalating practitioner should raise the matter with their line manager or safeguarding lead. The line managers should then liaise with their counterpart in an attempt to reach a resolution. If agreement is not reached, move to Stage Two.





Warwickshire  
Safeguarding

[www.safeguardingwarwickshire.co.uk](http://www.safeguardingwarwickshire.co.uk)