The Right Help at the Right Time Threshold Guidance & 'Front Door' Services.

Course Aims and Objectives

- To explore the Swindon Safeguarding Partnership Right Help at the Right Time Threshold Guidance and provide reference to other multi-agency guidance for working with children, young people and their families.
- To explain the role of The Multi-Agency Safeguarding Hub in understanding and applying thresholds of need and risk.
- To demonstrate an understanding of information sharing and consent and what makes a good referral when safeguarding concerns are identified.
- To explain the role of the Assessment and Child Protection Team
- To have explored S47 Investigations, Child Protection Conference, Core Groups and Care Proceedings.
- To explain the role of the Early Help Hub in understanding and applying thresholds of need and risk.
- To explain the local Swindon Safeguarding Partnership procedure for resolving professional disagreements (Escalation Policy).

Safeguarding is everyone's responsibility

We have a responsibility to promote the welfare of children and young people to protect them from harm and help them reach their full potential.

Safeguarding means:

- Protecting children and young people from abuse, being hurt, physically and emotionally

- Preventing harm to children's and young people's health or development

- Protecting children from neglect, ensuring children and young people grow up in safe households with love and with good care

The Right Help at the Right Time Threshold Guidance & Document

The Swindon Safeguarding Partnership threshold guidance was updated in September 2022 and is underpinned by Working Together to Safeguarding Children 2018 and the Children Act 2004. The guidance can be found on the Swindon Safeguarding Partnership website

https://safeguardingpartnership.swindon.gov.uk/downloads/download/37/the_right_help_at_right_time_threshold_guidance

What has changed?

The thresholds are now in four levels of need. Early Help Support has been divided into two levels, **Early Help Additional Support** and **Early Help Intensive Support**.

This is to encourage early identification of unmet/unclear need and the offer of early support to children, young people and their families, as part of a graduated response.

We know that Early Help is the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. When offering early support we can help children and young people to develop the skills they need to live happy, healthy and successful lives. It can improve the quality of children's home lives and family relationships, increase educational attainment and support good mental health.

The Right Help at the Right Time Threshold Guidance & Document

- The levels of need help to determine whether a child and family can be appropriately and safely helped by services providing **additional** or **intensive** support, or whether the level of need and risk is such that **specialist, statutory social care** involvement is required. It describes how to access services for children with different levels of need, and what kind of response can be expected.

- At each level, professionals can consider whether there is the need to step up to **specialist, statutory social care** or step down to early help **additional** or **intensive** support or **universal** services.

- **Threshold criteria should not be seen as rigid and fixed, but should be seen as an aide to decision making and professional conversations about the needs of the child and their family.**

The Right Help at the Right Time Threshold Guidance & Document

The guidance encourages practitioners to consider how aspects of the child's life interact and impact on the child. It focuses on three specific domains that form an assessment framework

1. The child's developmental needs, including whether they are suffering or likely to suffer significant harm.

2. The capacity of parents or carers (resident and non-resident) and any other adults living in the household to respond to those needs.

3. The impact and influence of wider family and any other adults living on the household as well as community and environmental circumstances.

(Working Together, 2018)

It also encourages practitioners to **always** consider the changing nature and level of need and/or risk faced by the child from within and outside their family.

Threshold Levels of Need:

Level 1 – Universal

Children are making good overall progress and are thriving. Universal services are available to all children living in Swindon. No additional, unmet needs are identified or there is a single need identified, which can be met by a universal service e.g. schools, nurseries, childminders, youth projects, police, midwives, health visitors, GP's, libraries, housing, voluntary and community groups and organisations.

Level 2 - Early Help Additional Support

These are children whose needs cannot be met through universal services working independently and may require **additional** support. This includes children who have unclear needs. Professionals from universal services should work together in a coordinated way to provide **additional** support. An Early Help Assessment is essential and a Lead Professional should be identified, who will be responsible for coordinating a Family Plan of support.

Threshold Levels of Need:

Level 3 - Early Help Intensive Support

These are children where there is an increasing level of complexity/and or multiple unmet/unclear needs where more **intensive** co-ordinated support is required to prevent concerns escalating.

An Early Assessment and Family Plan must be completed with a lead professional identified, a Multi-Agency Team Around the Family (TAF) should be in place to develop a robust Multi-Agency Family Plan to help prevent further escalation of concerns.

Lack of progress on the plan can be used to evidence escalation of need and where more **specialist/statutory** support may be required to prevent further risk/harm to the child.

The Early Help Hub is the pathway to more **intensive** support, which includes The Family Service, Parenting Hub/Parenting Programmes, Therapeutic Social Workers, SMASH Wellbeing Intervention, Safe Families, and SWIFT.

Threshold Levels of Need:

Level 4 - Statutory Social Care, Specialist Support:

These are children where there is reasonable cause to suspect the child is suffering or likely to suffer significant harm (Section 47, Child Protection)

This will also include children where there are significant welfare concerns (Section 17, Child in Need).

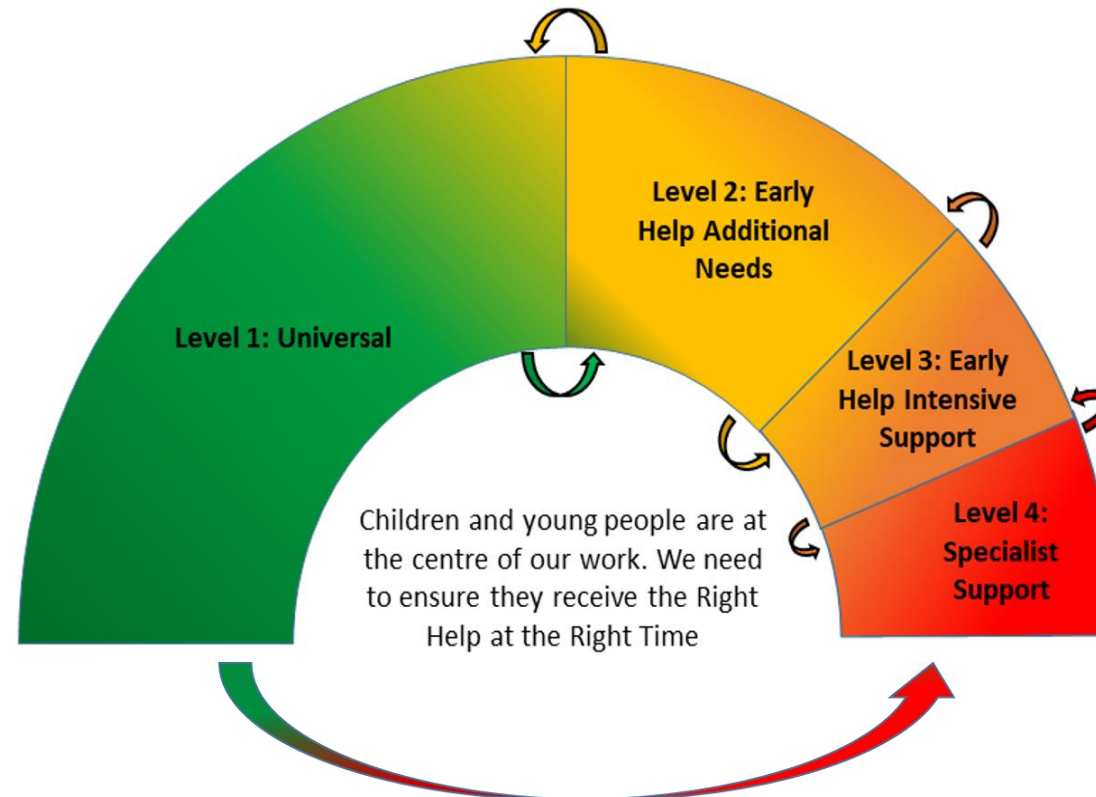A Statutory Assessment will be completed to determine the level of support/intervention that is required.

These are also children where there may be a need for **specialist** support due to the impact of disability. Parents/Carers of a child with a disability or a young carer can request a section 17 assessment. This will be triaged by MASH and allocated to the appropriate team using the threshold guidance.

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

Continuum of Need

The level of support can change with the level of need

Level 1: Universal

Level 2: Early Help Additional Needs

Level 3: Early Help Intensive Support

Level 4: Specialist Support

Children and young people are at the centre of our work. We need to ensure they receive the Right Help at the Right Time

Threshold Document

- The threshold document is a separate document that can be used as a quick reference guide for levels 2, 3 and 4.

- Level 1 has been removed from the document as level 1 represents children who are making good overall progress and are thriving.

- The document can help to inform decision making and evidence levels of need when a referral is being considered for **Intensive** or **Statutory Social Care, Specialist Support.**

Threshold Document

Right Help at The Right Time Threshold Document

Level 2: Children and Young People who require Early Help Additional Support
These are children whose needs cannot be met through universal services working independently and may require additional support. This includes children who have unclear needs. Professionals from universal services should work in a coordinated way to provide additional support. An Early Help assessment is essential and a lead professional should be identified, who will be responsible for coordinating a family plan of support.

Child's Developmental Needs:

Health
-Slow to reach developmental milestones
-Additional health needs
-Missing health checks/routine appointments/ immunisations
-Persistent minor health problems
-Babies with low birth weight due to prematurity/ medical causes/ faltering growth/ poor feeding
-Ante-natal health needs
-Issues of poor bonding/attachment
-Minor concerns re healthy weight /diet/ dental health /hygiene/or clothing
-Disability
-Concerns about developmental status i.e. speech and language problems
-Signs of deteriorating mental health of child including self-harm
-Starting to have sex (under 16 years)
-Not registered with a GP/dentist
-Some signs of dental decay

Education and Learning
-Is regularly late for school/occasional truanting or significant non-attendance/parents condone absences. Attendance below 95%
-Escalating behaviour leading to a risk of suspension and/or exclusion
-Experiences frequent moves between schools
-Not reaching educational potential or reaching expected levels of attainment
-Special Educational Needs that require some additional interventions
-Identified language and communication difficulties
-Few opportunities for play/socialisation

Parents and Carers:

Basic Care, Safety and Protection
-Basic care not consistently provided e.g. non-treatment of minor health problems
-Parents struggle without support or adequate resources e.g. as a result of mental health/ learning disabilities.
-Professionals beginning to have some concerns about substance misuse (alcohol and drugs) by adults within the home
-Parent or carer may be experiencing parenting difficulties due to mental or physical health difficulties/post-natal depression
-Some exposure to dangerous situations in home/community
-Young, inexperienced parents
-Inappropriate expectations of child/young person for age/ability
-ED attendance giving cause for concern including unexplained injury or delay in seeking medical attention

Emotional Warmth
-Inconsistent parenting but development not significantly impaired
-Post-natal depression affecting parenting ability
-Child / young person perceived to be a problem by parents or carers/experiencing criticism and a lack of warmth

Emotional and Behaviour Development
-Low level mental health or emotional issues regarding intervention
-Is withdrawn/unwilling to engage
-Development is compromised by parenting
-Some low level substance misuse
-Involved in behaviour which is seen as anti-social

Identity
-Some insecurities around identity/Poor self-esteem
-lack of positive role models
-May experience bullying perceived difference/bully others
-Disability limits self-care
-A victim of crime

Family and Social Relationships
-Some support from family and friends
-Some difficulties sustaining relationships
-Undertaking some caring responsibilities
-Low parental aspirations.

Social Presentation and Self Care Skills
-Can be overly friendly or withdrawn with strangers
-Personal hygiene is starting to be a problem
-Slow to develop age appropriate self-care skills
-Over protected/unable to develop independence

Guidance, Boundaries and Stimulation
-May have a number of different carers
-Parents/carers offer inconsistent boundaries e.g. not providing good guidance about inappropriate relationships formed, such as via the internet.
-Can behave in an anti-social way
-Child spends a lot of time on their own
-Inconsistent responses to child by parent
-Parents struggle to have their own emotional needs met
-Lack of stimulation impacting on development

Family and Environmental Factors:

Family History and Functioning
-Child's relations with family members/carers not always stable
-Parents have relationship difficulties/acrimonious separation or divorce, which affects the child
-Experience loss of a significant adult/child

Housing, Employment and Finance
-Families affected by low income or unemployment
-Adequate/poor housing
-Family seeking asylum or refugees

Level 3: Children and Young People who require intensive Early Help Support
These are children where there is an increasing level of complex/and or multiple unmet/unclear needs where more intensive co-ordinated support is required to prevent concerns escalating. An Early Assessment and family plan must be completed with a lead professional identified, and a multi-agency Team Around the Family (TAF) should be in place to develop a robust multi-agency family plan to prevent further escalation of concerns.

Child's Developmental Needs:

Health
-Significant/recurring health problems with missed appointments, routine and non-routine
-Delay in achieving physical and other developmental milestones
-Concerns around mental health, including self-harm and suicidal thoughts
-Poor or restricted diet despite intervention/ dental decay/poor hygiene
-Child has significant health problems or disability, which requires extra support to access services
-Learning significantly affected by health problems
-Overweight/underweight/faltering growth
-Enuresis (involuntary urination)/Encopresis (soiling),
-Frequent/multiple GP, out of hours, ED attendance causing concern including accidental injury, unexplained injury or delay in seeking medical attention

Education and Learning
-Child not in education, in conjunction with concerns for child's safety
-Attendance below 80%/truanting/unauthorised absences/fixed term exclusions/regularly late
-Family failing to engage with support services
-Identified learning needs and may require the support of outside agencies as part of their SEND support package such as Ed Psych/Specialist advisory teachers
-Frequent changes of school
-Child is electively home educated and is not in receipt of an effective and suitable education
-Patterns of unauthorised absence, which raises concerns that a child is being exploited
-Not achieving key stage benchmarks despite additional support

Self-Care Skills
-Poor self-care/hygiene for age
-Overly self-reliant for their age

Parents and Carers:

Basic Care, Safety and Protection
-Parent is struggling to provide adequate care
-Parental learning disability, parental substance misuse (including alcohol) or mental health impacting on parent's ability to meet the needs of the child
-Young parent (s) either or both previously looked after and there are concerns about parenting capacity.
-Inconsistent parenting impairing emotional or behavioural development.

Emotional Warmth
-Child is rarely comforted when distressed
-Has no other positive relationships

Guidance, Boundaries and Stimulation
-Few age appropriate toys in the house
-Parent rarely referees disputes between siblings

Emotional & Behavioural Development
-Difficulty coping with anger, frustration and upset
-Physical and emotional development raising significant concerns
-Significant attachment difficulties
-Substance misuse (including alcohol)
-Persistent bullying behaviour
-Harmful sexual behaviour – *behaviours have the potential to be outside safe and healthy behaviour*
-Offending or regular anti-social behaviour
-Missing episodes for short periods of time
-Concerns about what is being accessed online
-Concerns that suggest child is being groomed online

Identity
-Subject to discrimination
-Significantly low self-esteem
-Extremist views

Family and Social Relationships
-Peers involved in anti-social behaviour
-Concerns peers are being exploited
-Regularly needed to care for another family member
-Involved in conflicts with peers/siblings
-Adoptive family under stress

Social Presentation
-Clothing regularly unwashed
-Hygiene problems
-Some negative changes in behaviour/appearance

Family and Environmental Factors:

Family History and Functioning
-Evidence of domestic abuse
-Parents have significant relationship difficulties/acrimonious separation or divorce, which affects the child
-Family members have physical and mental health difficulties
-Parental involvement in crime
-Evidence of problematic substance misuse (including alcohol)

Housing, Employment and Finance
-Overcrowding, temporary accommodation, homelessness, including sofa surfing, unemployment
-Poorly maintained bed/bedding
-Neglected home environment
-Serious debts/poverty affecting ability to care for child

Family's Social Integration
-Family socially excluded
-Escalating victimisation

Community Resources
-Family is socially excluded with access problems to local facilities and targeted services

Threshold Document

Right Help at The Right Time Threshold Document
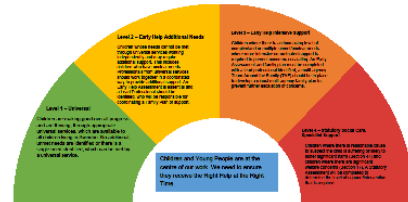
Multi-Agency Safeguarding Hub (MASH)

Service Manager
Sunny Chhetri

Team Manager
Nicki Mark

Assistant Team Manager
Nadia Clarke
Jessica Hill
Becky Gregory
Kyla Gilbert

Early Help Assistant Team Manager
Fortunate Bosu

Social workers
Paula Hodgson
Tari Mashiri
Miranda Alawum
Helen Wilks
Claire Brown
Vacancy

Wiltshire Police
Decision Makers
Researchers

Safeguarding Nurses
Stephanie Coleman
Vacancy

Education Safeguarding Lead
Louise Forrester

Domestic Abuse Worker
Layla Martin

Advice & Information Officers

Housing

Change Grow Live

CCS/Missing Lead

Disabled Children's Team

Multi-Agency Safeguarding Hub (MASH)

- Receives all safeguarding & welfare contacts for children via a Referral Form (RF1) if not already open to Children's Social Care.

- Consults with partner agencies to inform decision making

- Provides a secure and confidential environment for MASH partner agencies to be consulted and share information.

- Prioritises referrals and will make a decision of support and intervention for a child using the Threshold Guidance

- Any safeguarding concerns in respect to adults in a position of trust should be referred to LADO who have their own referral form

What does a 'good' referral to MASH look like?

- **Discuss** – Referrals must be discussed with parents/carers before being made and consent gained **except in child protection situations.**

- **NO DELAY -** please ensure if there are immediate safeguarding concerns for a child, contact with MASH duty social worker is not delayed.

- **Support** – What help/support/services have the family been offered? Is there anything the family can do for themselves? Is there anything that your agency or an Early Help Assessment & Family Plan can provide before referring the family into Children's Social Care?

- **Threshold** - before making a referral refer to the Threshold Guidance. It is an expectation that partner agencies explicitly consider it when making their referrals.

- **Evidence** – What is the exact evidence that supports your concerns? What risks do you think are present and why? Be as explicit and detailed as you can.

- **Child's voice –** What is the child saying/use their exact words.

- **Outcome** – Include your realistic desired outcome to give an idea of what you feel the family need.

Myth-busting guide to information sharing, yes or no?

Sharing information enables practitioners and agencies to identify and provide appropriate services that safeguard and promote the welfare of children. Below are common myths that may hinder effective information sharing:

- **Is Data protection legislation is a barrier to sharing information?**

No – the Data Protection Act 2018 and GDPR do not prohibit the collection and sharing of personal information, but rather provide a framework to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances the rights of the information subject (the individual whom the information is about) and the possible need to share information about them.

- **Consent is needed to share personal information?**

No – you **do not** need consent to share personal information. It is one way to comply with the data protection legislation but not the only way. The GDPR provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be 'legal obligation', or 'public task' which includes the performance of a task in the public interest or the exercise of official authority. Each of the lawful bases under GDPR has different requirements.15 It continues to be good practice to ensure transparency and to inform parent/ carers that you are sharing information for these purposes and seek to work cooperatively with them.

Myth-busting guide to information sharing, yes or no?

- **Personal information collected by one organisation/agency cannot be disclosed to another**

No – this is not the case, unless the information is to be used for a purpose incompatible with the purpose for which it was originally collected. In the case of children in need, or children at risk of significant harm, it is difficult to foresee circumstances where information law would be a barrier to sharing personal information with other practitioners.

- **Does the common law Duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information?**

No – this is not the case. In addition to the Data Protection Act 2018 and GDPR, practitioners need to balance the common law duty of confidence and the Human Rights Act 1998 against the effect on individuals or others of not sharing the information.

- **Do IT systems act as a barrier to effective information sharing?**

No – IT systems, such as the Child Protection Information Sharing project (CP-IS), can be useful for information sharing. IT systems are most valuable when practitioners use the shared data to make more informed decisions about how to support and safeguard a child

How do we make decisions?

- For every contact that comes into MASH, a Manager considers the information against the Threshold Guidance.

- An initial decision is applied to indicate the level of need.

- Where appropriate MASH enquiries are undertaken with MASH partner agencies to inform decision making. This process always involves talking to parents/carers and children and seek consent when appropriate to do so.

- If consent is not gained but information is still required to make safe, robust decisions about a child's welfare a MASH manager can decide that we gather information without consent.

- MASH enquiries involve partner agencies sharing relevant information about children and families for safeguarding purposes.

- MASH have a responsibility to inform referring partner agencies the outcome of their referral. If you do not receive a response from MASH within 3 working days, it is the responsibility of the referrer to follow this up.

Threshold Decisions

Evidence tells us that decisions on referrals are of a high quality following good information sharing from agencies.

When thresholds for services are consistently applied across agencies, families are referred on to the most appropriate service at the first point of contact ensuring they receive the right help at the right time.

Thresholds and Escalation

What do I do if I disagree with a MASH decision?

Remember MASH can only make a decision based on the information you give them and research obtained through triage work evidencing a level of need has been met.

• Call MASH and speak to the Social Worker who managed that contact, let them explain why the decision was made.

• If you are still not happy, speak to the Manager who signed off the contact/decision.

• If you are still not happy then you can escalate using the Swindon Safeguarding Partnership Escalation Policy, which can be found on the Swindon Safeguarding Partnership website

https://safeguardingpartnership.swindon.gov.uk/downloads/download/38/escalation_policy

MASH Process Map

Referral/Query Received

MASH Manager's RAG rate from the first point of contact (initial review). All MASH enquires have manager oversight.

MASH Triage

**Level 1
Universal Services**

**Level 2 & 3
early divert back to existing professionals/Early Help Hub to coordinate support**

**Level 4
Threshold met for Statutory Intervention**

Assessment & Child Protection Team (ACP) Section 47/Section 17 assessment

MASH Enquiry Timescales
Red – 4 hours
Amber – 24 Hours
Green – 72 Hours
Blue – 5 days

No further action

**Level 2 & 3
existing professional/Early Help Hub to coordinate support**

**Level 4
Statutory Intervention**

MASH contact details

MASH Telephone Number:
01793 466903

Consultation line:
01793 466903
(Option 1, then Option 2)

Out of Hours Number:
01793 466900

Email:
swindonmash@swindon.gov.uk

Assessment & Child Protection Team (ACP)

ACP undertake assessments and investigations of any issues relating to child protection. The service is provided by experienced social workers who undertake assessments involving:

- home visits

- consulting with other professionals, practitioners and agencies

- the gathering of information for the assessment

- analysing the potential risk to any child or young person

The service focuses on the needs of individual children and young people who are:

- under the age of 18

- in need of support or in need of protection (as defined in the Children Act 1989)

- This service only accepts referrals that are made via MASH and does not accept referrals directly from any other source.

Assessment & Child Protection Team (ACP)

Assessments that are carried out by the service can vary from 10 days to 35 days in duration. The length of time involved depends on a number of factors, including the:

- complexity of the situation being assessed

- availability of family members, other childcare professionals and practitioners

- specific needs of the individual child or young person

- If longer term work (beyond 3 months) is needed, the child will be transferred to the long term social work teams. These teams can also initiate Child in Need meetings and a Child Protection Conference to provide a child with a Protection Plan.

- This is where care proceedings can also be initiated to secure a child's safety (within a legal framework provided by the Children Act, 1989).

Section 47 Enquires/Child Protection

An ACP social worker will undertake Section 47 Enquiries when:

- There is information to indicate that a child has suffered or is likely to suffer significant harm following a Strategy Discussion

- Where a child has been made subject to Police Protection

- Where an Emergency Protection Order (EPO) application has been made

The allocated social worker will conduct Section 47 Enquiries within 5 working days of the strategy discussion.

- Section 47 Enquiries will reach clear conclusions as to whether a child is suffering, or likely to suffer, significant harm and whether the threshold of significant harm is met.

- Where concerns are substantiated and the threshold of significant harm is met an Initial Child Protection Conference should be convened. Initial Child Protection Conferences (ICPC) will be held whenever a child is judged to suffer, or be likely to suffer, significant harm

- Conferences are convened within 15 days of the Strategy Discussion. Membership of the Child Protection Conference is appropriate to the child. Parents or carers will attend or be involved in Conferences. The voice, wishes and feelings of children and young people will be an integral part of the Conference process.

- Conferences will make a decision as to whether the threshold for a Child Protection Plan (CPP) is met and under what category of abuse. Conference attendees will agree the required plan when the threshold is met.

Child Protection/Core Groups

- A Core Group of professionals, including the Social Worker, are responsible for keeping Child Protection Plans up to date and co-ordinating inter-agency activities within it.

- The Core Group should meet within 10 days of the Initial Child Protection Conference. Thereafter they should meet regularly to achieve the objectives set out in the plan at a minimum of once every four weeks and more frequently if needed.

- An up to date version of the Child Protection Plan should be available at each Core Group meeting.

- Core Group meetings should ensure that the Child Protection Plan is delivered and achieves lasting change.

- Agencies will be accountable for the decisions, recommendations and plans agreed at Conferences, Review Conferences and all Core Groups

- Further information see Multi-agency_standards_for_safeguarding_children

Care Proceedings

- Care Proceedings are court proceedings issued by Children's Services where an application is made for a Care Order or Supervision Order in respect of a child.
  If Children's Services believe a child is at risk of significant harm, they can apply to court for permission to take action to protect the child – these are known as Care Proceedings.

- If Children's Services believe a child is suffering significant harm or at risk of suffering significant harm, they can apply to court for permission to take action to protect the child. This particular threshold is contained in Section 31 of the Children Act 1989. The child's social worker will take this step if they believe that the child can no longer remain safely at home.

Assessment & Child Protection Team (ACP) structure

Service Manager

Team Manager

Team Manager

Assistant Team Manager	Assistant Team Manager	Assistant Team Manager	Assistant Team Manager	Assistant Team Manager
Social Workers	Social Workers	Social Workers	Social Workers	Social Workers
ASYE/Student Social Worker	ASYE/Student Social Worker	Student Social Workers		

Business Support
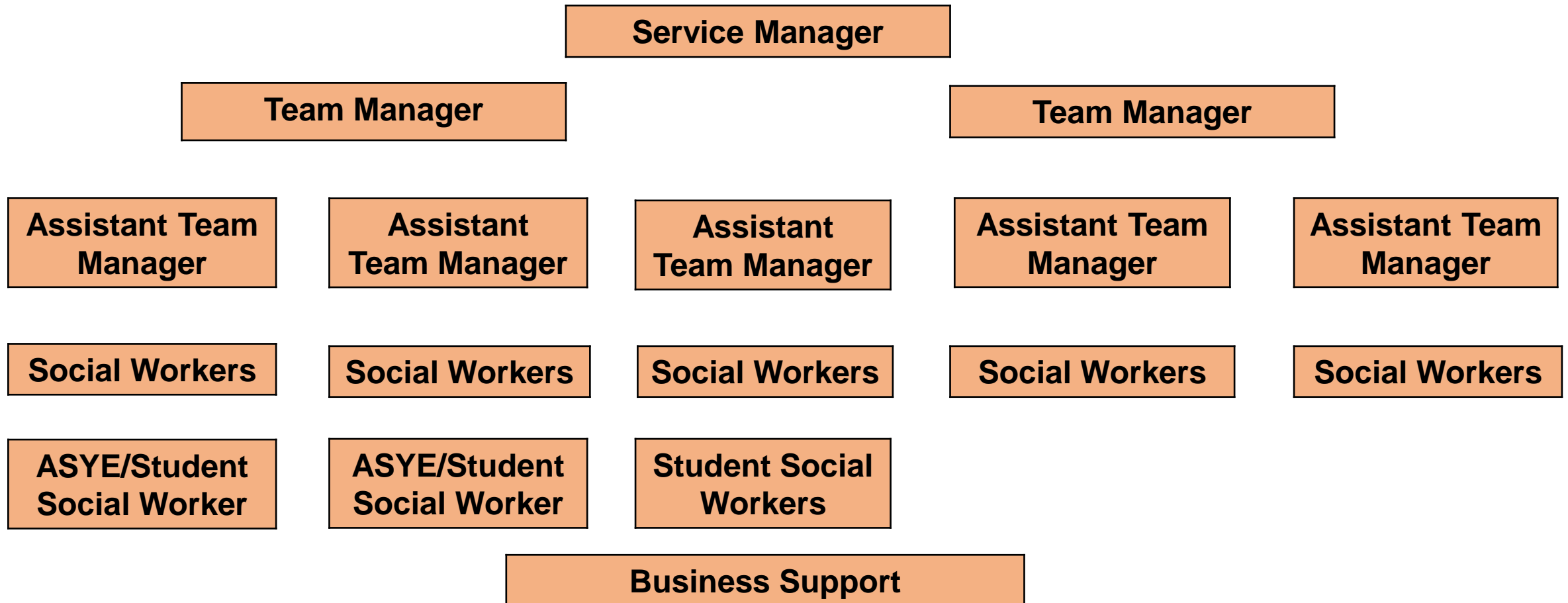
Early Help

- **What is Early Help?** It's about identifying needs within families early, and proactively offering preventative support before problems become more complex. Everyone coming into contact with families, have a responsibility towards identifying emerging needs ASAP and understanding their role within Early Help. Support can be offered at any stage in a child's life, from pre-birth to adolescence or early after the emergence of a particular need, which can arise at any point. Early help intervention is a more effective and efficient way of delivering services.

- **Global Prevention:** The Swindon Early Help Vision aims to drive partners to work together to plan, commission and deliver a range of provisions to help children, young people and families to get support as quickly as possible when the need arises. Further, Early Help aims to help children, young people and families build resilience and enable them to find their own solutions when problems develop.

- **Focused Prevention:** The aim is to ensure that Early Help Assessments & Family Plans have a positive impact on families & eventually reduce the need for statutory services. A range of services are available in Swindon for professionals, children/young people and families to access.
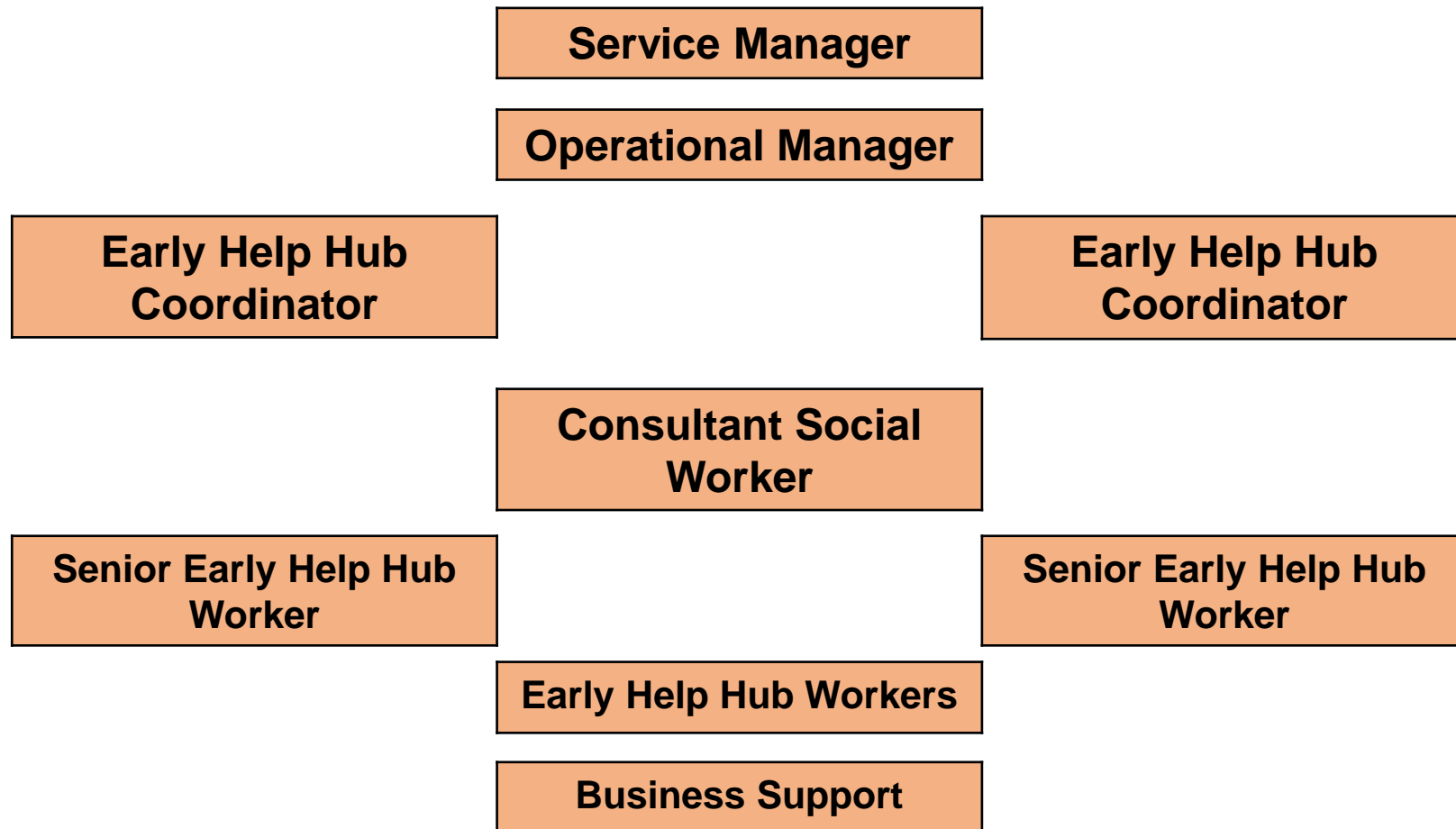
Early Help Hub

The Early Help Hub is located alongside the Multi Agency Safeguarding Team (MASH), the Assessment and Child Protection Team (ACP) and Locality Teams.

The role of the Early Help Hub is to ensure families in Swindon receive appropriate advice and support in line with the Right Help at the Right Time Threshold Guidance.

The Early Help Hub will:

- Provide advice and support to lead professionals about Early Help in Swindon via the consultation line

- Provide social care advice for new Education Health Care Assessments for all children and young people not currently open to social care

- Receive all Early Help Assessments and upload to Case management System, and when requested, we can provide consultation. Lead a multi-agency audit of a limited number of Early Help Assessments and Family Plans to ensure they are family led and reflective of the needs of the family

- Work in partnership with services to ensure families are receiving co-ordinated Early Help interventions by supporting with the Early Help Assessment and Family Plan process.

- Support partners to maintain and update their Early Help knowledge and skills by providing regular Early Help Assessment and Family Plan training through the Swindon Safeguarding Partnership – https://safeguardingpartnership.swindon.gov.uk/directory_record/26/early_help_assessment_and_plan/category/2/provided_by_swindon_safeguarding_partnership

Early Help Hub structure

Service Manager

Operational Manager

Early Help Hub Coordinator

Early Help Hub Coordinator

Consultant Social Worker

Senior Early Help Hub Worker

Senior Early Help Hub Worker

Early Help Hub Workers

Business Support

Early Help Hub

Early Help Hub Consultation Line:

This is available for lead professionals to discuss with a social worker the intensive support available for children/young people & families as part of the graduated response, where level 2 Early Help additional support is not effecting change.

This is available **provided the family are not open and allocated to a social worker.** Details of the discussions/recommendations made will be recorded on the case management system, therefore consent must be obtained from the parents/carers/young person.

**For further guidance please contact the
Early Help Hub consultation line.
Tel: 01793 466 903, option 1
Email: EHHub@swindon.gov.uk**

Early Help Hub Process

- Referrals for Early Help Intensive Support are made via the RF1 to MASH, tick the Early Help box on the RF1.
- Referral is reviewed by an Assistant Team Manager in MASH.
- MASH allocate to the Early Help Hub.
- Early Help Hub screen the referral within 2 working days.
- If threshold has been met for Level 3 Intensive Support, Early Help Hub triage commences, support is coordinated and can be offered to lead professionals where needed. The Early Help Hub contact is then closed.
- If screening identifies level 2 threshold has been met, advice only will be provided to referrer and there will be no further action taken.

How to make a 'good' Early Help referral

- Ensure the family are aware and have **consented** to a referral to the Early Help Hub and understand that the Early Help Hub will be sharing and gathering information with and from other professionals.

- Have made the family aware of the privacy notice on the RF1

- Referrer will have discussed their concerns with the family, with involved professionals and the need for intensive support is evidenced and agreed. The up to date Early Help Assessment and Family Plan and any reviews should be attached to the referral.

- Demographics - It is vital that we have the most recent up to date contact details and information about the family.

How to make a 'good' Early Help referral

Tell us about the worries and strengths:
- Be specific, give examples
- Distinguish between fact and opinion
- Impact – what is the evidence?
- Child's voice and family view
- History

Tell us what you have done to address the situation
- Does the family have a Lead Professional who is offering advice and support via the Early Help Assessment and Family Plan process?
- Has the Lead Professional utilised resources within their own agency?
- Have partner agencies been utilised? Is there multi-agency contribution to the support being offered?
- A referral may be declined where there is no evidence of a graduated response.

Tell us what you think needs to happen next:
- Evidence unmet needs
- What intervention do you think is needed to meet the identified needs?
- How will the intervention support to achieve the goal identified in the Family Plan?

Useful Guidance & Resources

- Swindon Local Offer - https://localoffer.swindon.gov.uk/home provides advice to parents/carers and professionals on services available for children and young people aged 0-25 with a support need.

- For Early Help in Swindon visit the Local Offer website early-help-and-graduated-response

- Swindon Safeguarding Partnership - https://safeguardingpartnership.swindon.gov.uk/site/index.php for guidance, protocols, themed 7 minute briefs and practice briefs.

- https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/

- Swindon Safeguarding Partnership - Neglect framework and practice guidance

- Swindon Safeguarding Partnership -Escalation Policy

- Swindon Local Offer - The Core Standards Brochure

- South West Child Protection Procedures Online - https://www.proceduresonline.com/swcpp/swindon/index.html

- Good Practice Guidance on Working with Parents with a Learning Disability

- Children of Parents with Learning Disabilities Guidance

- Information sharing advice for safeguarding practitioners

Useful Guidance & Resources

See_the_adult_see_the_child_practice_guidelines this multi-agency guidance has been written for any staff or volunteers working with people whose complex problems might impact on their ability to care for children and for those working with children whose parents or carers have those complex problems

Multi-agency_standards_for_children_in_need These standards should be read in conjunction with the SSP thresholds document, The Right Help at the Right Time Threshold Guidance. They outline the expectations of agencies and professionals who work with children who are in need. The standards reflect the requirements of Working Together 2018 and the Children Act 1989.

Multi-agency_standards_for_safeguarding_children These standards should be read in conjunction with the SSP thresholds document, , The Right Help at the Right Time Threshold Guidance. They outline the expectations of agencies and professionals who work with children who require a statutory child protection response. The standards reflect the requirements of Working Together 2018 and the South West Child Protection Procedures and Swindon Policies and Procedures for Safeguarding Children.