

# Working together to get the Right Help at the Right Time for the Right Duration



## Bristol Multi Agency Threshold Guidance

A Framework for all who work with children and families to provide early help and targeted and specialist support for children, young people, their families and carers



## What is our Vision?

### **Our Vision in Bristol is that we will effectively work together to prevent and protect all children from harm.**

This document describes levels of concern for children, young people and their families and sets out an approach to keep children in Bristol safe and protected from harm. The draft Working Together to Safeguard Children (2018) emphasises the importance of having clear thresholds for taking action to safeguard children which are understood by professionals. This Threshold Guidance is designed to support consistent and effective responses to children. It sets out Bristol's use of the Signs of Safety approach when working with Children and Families. Across the Continuum of Need professionals should have early conversations and together provide the

right help which is given at the right time for the right duration tailored to the needs of the child and the family. It is the responsibility of all professionals to initiate and contribute to these discussions with openness.

The matrices that work alongside this document are provided to support people to use their judgement to make decisions about when they think a child needs additional support or protection. It is important that all agencies understand the needs of each individual child or young person within their own context and realise that each situation is unique and specific to that child.

This document should be used to assist professional judgement in determining the next actions in meeting those needs and to help everyone to:

- Q Think clearly and achieve a holistic approach;
- Q Understand the child in the context of their family and wider community;
- Q Develop ideas and solutions with children, young people and their families, so that

timely support is provided at the right level and to prevent inappropriate escalation in the provision of support.

Our system in Bristol is designed to encourage early discussion and dialogue when we have emerging worries about children. Discussions should always include children and families at the earliest opportunity. They should also recognise and respect the skills and experience of the wide range of professionals and agencies in the City.

*All professionals should ensure that they undertake training and professional development to keep their safeguarding knowledge up to date and use their own organisation's internal professional support and supervision where there may be emerging concerns.*

## What are our principles?

Our approach will be guided by the following principles;

### 1 – Child Focused Practice - The child is at the centre of all we do

Whilst we have a Think Family approach, work with the wider family should always be viewed in relation to 'how will these actions improve outcomes for the child'. This will be achieved by building on strengths as well as identifying difficulties. The Signs of Safety model should

be used by all professionals to ensure that the child's voice is central to our work. Staff delivering services at Level 1 Universal must hold the child and family close and invite others in when additional help to build resilience is required.

### 2 – The Child's Voice

In all of our work, it is vital to hear the child's voice, and to focus on their experiences and the impact these experiences have on their life. The safety

and wellbeing of the child or young person is paramount, and they must be kept at the centre of all of our work.

#### Children state they want;

1. Vigilance: adults notice when something is troubling children and young people;
2. Understanding: children are heard and understood, and that understanding is acted upon;
3. Consistency: adults provide a stable relationship of trust;
4. Respect: children are treated with respect and presumed competent rather than not;
5. Engagement: children are informed about and involved in procedures, decisions, concerns and plans;
6. Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response;

7. Support: to be provided with support in their own right as well as a member of their family;
8. Advocacy: to be provided with advocacy to assist them in putting forward their views;
9. Protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee.

### 3 – Participation of parents and carers

As with hearing the voice of the child or young person, it is equally important that parents and carers are involved in discussions and decision making which impacts on them. Participation of parents and carers ensures that they are able to contribute to assessments and plans in relation to

them and their families, and can identify and build on strengths and skills to make lasting changes. Parents have the primary responsibility to meet the needs of their children, it is important to remember that parenting can be challenging and asking for help should be seen as a sign of strength.

### 4 – Early Intervention and Prevention

Staff must focus on the now as well as the long term to avoid escalation. Preventative and early help responses are critical to prevent issues from escalating and children experiencing further harm. Interventions need to be of a kind and duration that improves and sustains the safety of children and young people into the future. Early help seeks to meet the need, support the family in resolving the problem and prevent it becoming entrenched. Universal services must remain involved even if a child and family is receiving targeted or specialist support at Level 1 plus and/or Level 2 so there is a joint, whole-system response to meeting outcomes and needs. Universal services will provide the consistency needed by the child and family.

The principle of prevention means it is vital that plans include actions and interventions that disrupt or remove the risk of abuse occurring in families and communities. Approaches could be considered, such as focusing on the perpetrator using disruption techniques (Child Abduction Warning Notices, Anti-Social Behaviour Legislation powers or coordinated community response plans). The use of domestic abuse programmes could be considered as they have had significant success rates with domestic abuse offenders by eradicating or managing learnt or entrenched behaviour that has a harmful effect on everyone around them. These initiatives ensure that vulnerable children are not 'blamed' for disruptive techniques, whilst helping to keep them safe.

### 5 – Think Family

Our approach must recognise and respond to the needs of all family members holistically; we cannot lose sight of the child in addressing the needs of their parents and carers, or provide children and young people with short-term

responses without addressing the root causes with their parents. Addressing the needs of the Parent/Carers can improve the outcomes for the child. Professionals must consider strengths and sources of support within family networks.

### 6 – Culture of Responsibility, Challenge and Escalation

Each individual is accountable and responsible for the Child – if a need is identified that can be met then the requirement to take action with the confidence to intervene and challenge positively

when appropriate must be taken. Embedding appropriate challenge within an organisation is vital to ensuring good working practice and positive outcomes for children and their families.

# What are your responsibilities?

## Safeguarding the welfare of children

All children have the right to a safe, loving, and stable childhood. Whilst it is parents and carers who have primary care for their children, local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which make this clear, and this guidance sets these out in detail. Local authorities have specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found, under sections 17 and 47 of the Children Act 1989.

Whilst local authorities play a lead role, safeguarding children, promoting their welfare and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play. Local agencies, including the police and health services, also have a duty under [section 11](#) of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children

when carrying out their functions. Under the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area.

Safeguarding is everyone's responsibility. Safeguarding is defined in the draft 'Working Together 2018' as:

- Q Protecting children from maltreatment;
- Q Preventing impairment of children's health or development;
- Q Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Q Taking action to enable all children to have the best life chances.

Multi Agency Guidance about all forms of Abuse and Neglect can be found at;

[Keeping Bristol Safe Partnership](#) and [South West Child Protection Procedures](#).



# What do we mean by a Signs of Safety Approach?

## Signs of Safety - Strengths based approach

This is an innovative strengths-based, safety-organised approach to child protection casework to ensure the child's voice is central to our work. Signs of Safety is embedded into all of our Children and Families work in Bristol, including

KBSP Training, and is the foundation for all safeguarding referrals and assessment processes for the Single Assessment framework and Child Protection.

## The Signs of Safety methodology is:

- Q Concerned with exploring the potential harm to children, whilst at the same time inquiring into the strengths and safety in the family;
- Q Reliant on high quality professional knowledge and opinion, whilst equally eliciting and valuing the family's knowledge of their own situation;
- Q Designed to always undertake the risk assessment process with the involvement of anyone who has a stake in the child's welfare, whether a professional, a family member, or a significant person in the family's life.

## The Signs of Safety Framework uses four simple questions to ask when thinking about and working with a child and family;

There are four simple questions to ask when thinking about a family:

1. What are we worried about? (Past harm, future danger and complicating factors)
2. What's working well? (Existing strengths and safety)
3. What needs to happen? (Future safety)
4. How worried are we on a scale of 0 to 10? (Judgment).

## *Questions that practitioners need to be able to consider in the course of their dialogue*

### 1. What are you worried about?

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

### 2. What is working well?

- Q Where do the family and child get their best support from?
- Q Who and what are those supports?

Q In relation to the worry, what do the family and child do already that makes things even a little better?

Q What has already been done to try and help the situation: who did what and when?

### 3. What needs to happen?

Q What do you think needs to happen to make the situation better?

Q Will a coordinated, multiagency approach help this family?

Q Are other Universal Services needed for this family?

Q Have the Family been told about the support provided by the Families in Focus team?

### 4. The Scaling Question

Scaling is critical to Multi Agency working and dialogue. Practitioners should consider how they rate the case and concern, with 0 being the child is certain to be abused or neglected again and 10 being there is sufficient safety to close the case. This allows the context of the

case to be considered in comparison to others the practitioner or agency is involved with, good practice would be to provide a rationale and commentary as to how professionals have used a particular score to help everyone understand the risks and safety to the child.

#### Questions that you may wish to ask the family

Q Is there anyone else to support them?

Q Do you mind if I speak to them?

Q Is there any other support that you feel you need at the moment?

Q Have you heard of Families in Focus (previously Early Help Team)?

Q What would you ideally like to happen next?

Q Have you told anyone about this before?

Q Has this happened before?

Q Do you feel professionals understand your concerns?

Q On a scale of 0-10 where 0 is that you struggle everyday with this issue, and 10 is that today is just a bad day, where are you?

## Why is it important to have Early Conversations?

Conversation opportunities are the phone calls and meetings that take place with children, their families and professionals across services in Bristol. Having early conversations allows professionals to build a more accurate picture that will inform the most appropriate support and intervention to offer/undertake. Different people will have different knowledge and

experiences with that family. These conversations will highlight how to coordinate the level of support and/or protection required to ensure a flexible, collaborative, Multi-Agency approach. This approach will support shared responsibility and decision making, helping to reduce bias and recognise the unique needs of the child and their family. Having a conversation doesn't always

result in escalating levels of intervention, it may be that as result of having a conversation with the family and/or other professionals, sharing information and seeking advice, that the needs of the child or young person can still be met within universal services or concerns may reduce.

Incorporating the Signs of Safety approach at this early level will provide a well-structured focus for the conversations that take place when we believe that the child needs are not being met and something else is needed to improve the outcomes for the child.

### Important factors to consider

- Q What is life like for this child or young person now?
- Q What will it be like tomorrow and in the future?
- Q What are the child's or young person's wishes and feelings?
- Q What are the parents or carer's feelings about the situation?
- Q To what extent do they understand that they need help and support and what is their capacity to change?
- Q What support or interventions can your organisation offer?
- Q Could this meet the needs of the child/young person and their family, or is help needed from another agency?
- Q What additional support or intervention is needed to help protect them?

## What do we mean by Thresholds?

For the purpose of this document early help refers to the support that children, young people and families receive when they have additional needs. This could be additional needs responded to by a single agency (Level 1 Plus) or could be focused help or support from a combination of agencies with a coordinated response (Level 2). The Bristol Families in Focus Team are a multi-disciplinary team that provide a more targeted approach at Level 2 Escalating on the Continuum of Need. This service can be accessed via an appropriate referral to First Response. A threshold is, simply, a point at which something might happen, stop happening, or change, in relation to providing services to children and families. For example, it describes the step when professionals are determining if the criteria are met for a statutory intervention in family life, or when professionals are considering if a child should be receiving a specific type of support.

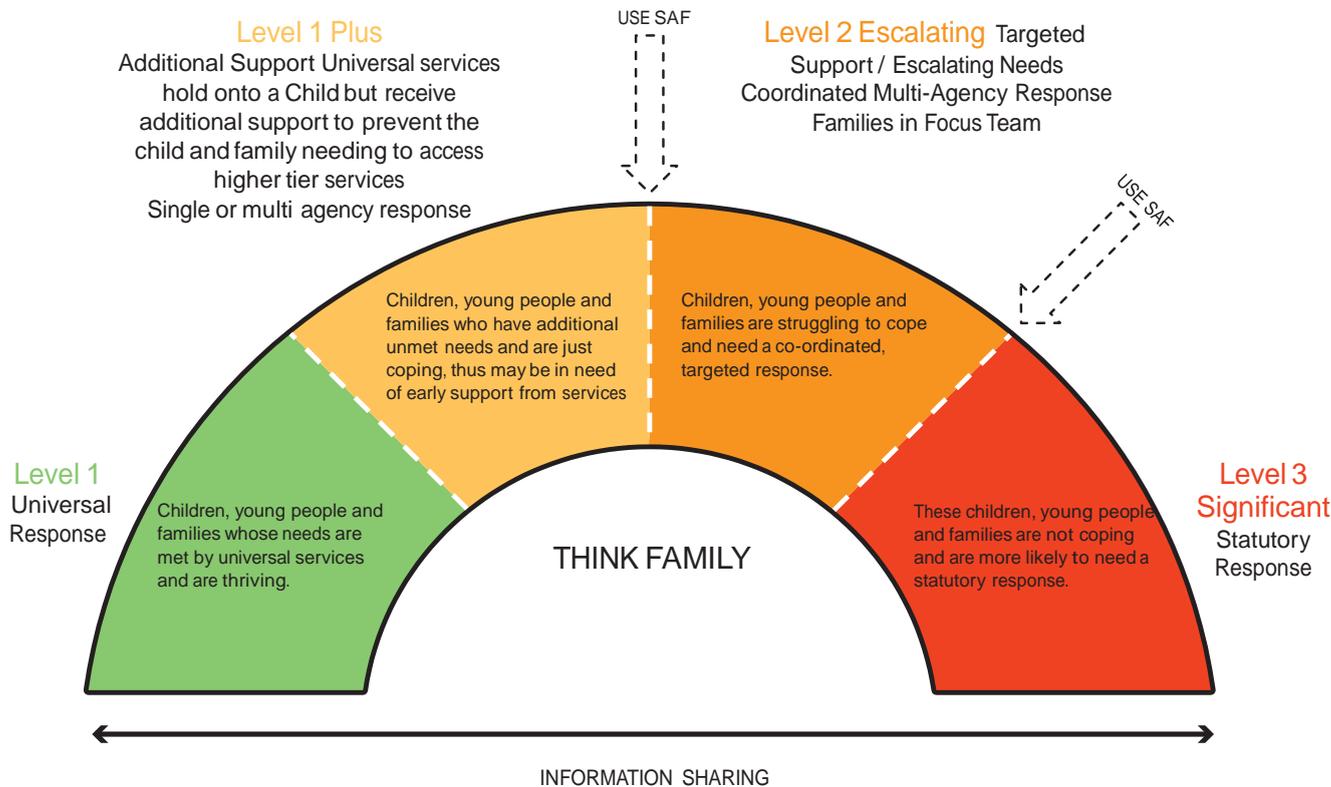
The Matrices (that accompany this document) will assist in determining what level of intervention is required and are to be used as a guide only.

They will aid professionals in their decision making about whether to refer to Children's and Families Service or speak to the Families in Focus Team about early help and assessment. Responsibility as to whether to make a safeguarding referral into Children's Social Care lies with the individual agency. Individual workers should make this decision in discussion with their line manager and in line with the KBSP policies and procedures. The decision will be based on a number of factors including the age of the child, family background, other circumstances, and crucially, professional judgement.

The Continuum of Need illustrates the transition between different levels of needs and types of services. In Bristol we have divided this into 3 levels of Need with a Step in and Step Out approach.

Engagement with families is paramount to the success of any support or intervention provided. The language we use often makes little sense to those on the receiving end. It is therefore

important that this can be translated to families. It is vital that all professionals are able to confidently and clearly describe the Bristol System to children and families so that they have clear expectations.



## Continuum of Need

### Step In and Step Out

Regardless of which level children, young people and family's needs are on, they will be supported at the earliest opportunity and continue to be supported by the relevant services as they move in and out of services. Our aim is to ensure that once the correct level of support is received for the right duration that the child and family move out into a level that will best support them achieve the desired outcomes. The term 'step in' and 'step out' can be used to describe children moving between levels of need and are used within the guidance to describe the process by which children's needs can change. This requires

all professionals working with children, young people and their families to be familiar with the approach so that if and when a child's needs change due to a reduced or increased level of concern then their needs will not fall between the services. Instead, children are held safely in the transition from one service/step to another. This process is based on agencies (which may use their own internal processes/procedures) assessing and describing the needs of the child or young person with the ultimate aim of achieving positive outcomes for all with a permanent step out of support services.



	What is the level of Need?	What does this mean for the Family?	What should professionals do?	Who should I expect to be involved?
Level 1 Universal	These are children with no additional needs; all their health and developmental needs will be met by universal services. This describes the majority of children living in each area.	This could be access to services such as hospitals, doctors and midwifery services prior to the birth of a child. Then after the birth continued support via the doctor, health visitor, local baby groups, child minder and nursery. As the child gets older they will access education, and additional activities such as sports groups or clubs. They may access/use services such as housing services, Police, Fire and Rescue and Accident and Emergency.	No multi-agency assessment is required. Children will access services in the usual way	Education Children's Centres and Early Years settings Health Visiting School Nursing GP Midwifery Youth Services Housing Community sector Acute Trusts/ Hospitals/Emergency Departments
Level 1 Plus	<p>These are children and young people identified as having an additional need which may affect their health, educational or social development and they would be at risk of not reaching their full potential.</p> <p>This may include children and families who experience of unexpected adverse experiences such as: bereavement; short term low mood; social isolation; or have a particular vulnerability to future risk because of their family's circumstances such as young carers; child affected by parental imprisonment; refugee and asylum seeking children.</p>	<p>For some children and families there may be a need for some additional help or support through early help services, offered to them in a targeted and focused way for a limited period. Such services are designed to support the family to work through the difficulty in an empowering way. These services are often offered by Universal Services such as breastfeeding support, counselling, school parenting advisor.</p> <p>Families are best supported by those who already work with them organising additional support with local partners as needed.</p>	<p>Additional needs will be met by universal and targeted services working together.</p> <p>To ensure the child/ren and family receive the right service, in the right place, at the right time, a meeting must take place to agree a single agency or coordinated response which will be detailed in an action plan.</p> <p>For disabled children, services will be provided by Support workers, Community Care workers, Bridging workers and /or agencies completing an assessment who may offer advice and support.</p> <p>Access to the Families in Focus Team should be sought if concerns escalate or risk cannot be managed through this additional provision.</p> <p>You will need parental consent to share relevant information with other involved professionals. Parental Consent is not required for a PREVENT referral</p>	<p>This will include the services from Level 1</p> <p>Additional input from services such as:</p> <ul style="list-style-type: none"> <li>• Health, education and children's centres</li> <li>• Educational Psychology</li> <li>• Educational welfare</li> <li>• Specialist play services</li> <li>• Integrated youth support services</li> <li>• Voluntary and community services</li> <li>• Family support services</li> <li>• Parenting programmes</li> <li>• Youth crime prevention services</li> <li>• Police;</li> <li>• Services for adults e.g. drug and alcohol services, mental health services, social care and probation</li> <li>• SEN services</li> <li>• Acute Trusts/ Hospitals/Emergency Departments</li> </ul>

<p><b>Level 2 Escalating</b></p>	<p>These are children and families whose needs are not being met due to the range, depth and significance of their needs which makes them very vulnerable and at risk of poor outcomes. A multi-agency response is required using the Single Assessment Framework tool (SAF). In some instances there will be issues for parents which are impacting on the children achieving positive outcomes. These families need a holistic and coordinated approach and more intensive intervention. The multi-agency response will be coordinated through the Families in Focus teams. Lead Professionals could come from a range of agencies as the key issue will be the quality of the relationship that exists between practitioner and family to assist them to make change and reduce the likelihood of moving into the next level. This will be determined following a referral to the Families in Focus Team via First Response.</p> <p>These are disabled children and young people who require intensive help and support to meet their needs. They will have a permanent and substantial disability and /or complex health needs that have a substantial and long term adverse effect on their ability to engage in normal day-to-day activities and affect the families functioning.</p>	<p>Families that may have previously accessed Universal/Plus services that were available and have reached a stage where they feel these services cannot fully meet the child or young person's needs.</p>	<p>The SAF should be used at this point. The purpose of the assessment is to identify the areas where support is needed, so that targeted, multi-agency support can be provided in response.</p> <p>At the start of the assessment a lead professional will be identified. They will be responsible for co-ordinating the assessment, and liaising with the family.</p> <p>SAF's require the consent of families. If parents or the child do not consent to a SAF the lead professional should make a judgment as to whether, without help, the needs of the child will escalate to a Child Protection threshold. If so, a referral into Children's Social Care may be necessary.</p> <p>For Disabled children an assessment of those needs (Single Assessment) will be undertaken and the Specialist Services Disabled Children Team will be involved. This team works closely and in collaboration with other specialist services.</p>	<p>This level may include the services in Universal/Plus</p> <p>Additional input from services such as:</p> <ul style="list-style-type: none"> <li>• SEN services and specialist health or disability services</li> <li>• CAMHS</li> <li>• Youth Offending Team</li> <li>• Police</li> <li>• Targeted drug and alcohol services;</li> <li>• Family support services</li> <li>• Voluntary and community services</li> <li>• Services for adults e.g. drug and alcohol</li> <li>• Services, mental health, social care and Probation</li> <li>• Specialist Service Disabled Children</li> <li>• Acute Trusts/ Hospitals/Emergency Departments</li> </ul>
----------------------------------	---	--	--	--

<p>Level 3 Significant</p>	<p>These children will require intensive support and protection under s.17 and s.47 Children Act 1989. This is the threshold for child in need, child protection, and looked after children. For children/young people with a disability this level of support is required to prevent immediate risk of significant impairment which might directly affect a child's growth, development, physical or mental wellbeing, or to prevent family breakdown and prevent the need for the child to be accommodated and to enable the child to remain with their family.</p>	<p>When children are thought to be at risk of significant harm, a multi-agency enquiry led by a social worker is required to assess risk and ensure that children are protected.</p>	<p>This is the threshold for Child in Need under s.17 Children Act 1989.</p> <p>An assessment will be undertaken by a social worker to determine whether or not they are 'children in need'. This is defined under section 17 of the Children Act 1989; and includes those who have already been assessed as children in need; and those who have suffered or who are at risk of suffering significant harm as defined under section 47 of the Children Act 1989.</p> <p>All children will still be accessing Universal and some targeted services.</p> <p>Where services are provided through the Disabled Children's Social Work Team, a plan will be provided which details the assessed needs and intended outcomes from the service provided. This plan will be reviewed on a regular basis to ensure the team are aware of the current need.</p> <p>If enquiries confirm that the child is suffering or likely to suffer significant harm, a child protection conference will be convened by a social worker. Representatives of all agencies working with the family will be invited to the child protection conference, along with parents, carers and the child (or their advocate).</p> <p>The child protection conference will decide whether to make the child the subject of a child protection plan.</p> <p>A child protection plan sets out clearly the action that must be taken to ensure that the child is safe from harm. Failure to progress the actions in the child protection plan may result in legal proceedings being commenced.</p>	<p>This may include the Services in Universal/ Plus and Targeted/ Additional/ Escalating Need</p> <ul style="list-style-type: none"> <li>• Children's social care</li> <li>• Specialist health or disability services;</li> <li>• Youth Justice Service;</li> <li>• Police;</li> <li>• CAMHS;</li> <li>• Family support services;</li> <li>• Voluntary and community services;</li> <li>• Drug and alcohol services;</li> <li>• Sexual exploitation service / team;</li> <li>• Domestic abuse services;</li> <li>• In-patient and continuing health care;</li> <li>• Health care for children with life limiting illness;</li> <li>• Acute Trusts/ Hospitals/Emergency Departments;</li> <li>• Services for children with profound and enduring disability - Specialist Service;</li> <li>• Disabled Children</li> <li>• Youth Offending Team;</li> <li>• Channel Panel/ Regional Police Prevent Team.</li> </ul>
--------------------------------	---	--	--	---



## How are services organised in Bristol Children's and Families Services?

**Services and interventions for families in Bristol will be provided proportionately in order to meet need.**

### First Response

First Response is the front door to children's services in Bristol. All referrals should go through First Response if there is a safeguarding or child protection concern about a child or young person, or coordination of Level 2 Escalating response where a referral to the Families in Focus Team is required.

The team deals with concerns from all professionals in Bristol, regardless of who they work for, and any concerns from families themselves and members of the public. First Response receive a high volume of referrals so it is essential that referrals are of good quality and contain as much information as possible to help them build an accurate picture. Inadequate information could result in the referral being returned and therefore delay the process. For detailed advice on submitting a referral please [click here](#).

Consider the following:

- Q Past, current and future risks;
- Q Risks to unborn baby, other children, parents/ carers, other adults;
- Q Pregnancy related issues e.g. risk of untreated illness resulting in poor antenatal care; implications of impulsive behaviour on unborn baby /children;
- Q Risk related to lack of insight and compliance;
- Q Child protection concerns;
- Q Mental Capacity for Adults.

Referrers will be provided with feedback about the decision and any required further action for the referrer and others.

## Pathway Decision Team

The Pathways Decision Team (PDT) sits between First Response, the Children Service Units and Families in Focus Team. This is a team of social workers and family support workers that carry

out assessments and enquiries to determine the most suitable referral pathway where there is a degree of uncertainty following a referral to First Response.

## MASH – Multi Agency Safeguarding Hub

The MASH is a meeting of multi-agency professionals which takes place when referrals made to First Response require additional information. At the MASH, decision makers from the key agencies bring together relevant, shared information and agree the right approach for the child and their family.

First Response make the decision as to whether a MASH referral is necessary. There is an information sharing agreement in place to ensure

that information is shared, held, and disseminated securely and in line with legislation.

The MASH may be in contact, asking professionals to provide information about children or family members. Where possible, professionals will be expected to provide this on the same day to ensure that decisions about children are made in a timely way. If actions are assigned to professionals by the MASH, professionals will be expected to complete them.

## Bristol Families in Focus Team

For some children and families there may be a need for some additional help or support through using a more targeted approach to service provision. These can be coordinated by the Bristol Families in Focus Team. There are three teams across Bristol (North, South, East/Central) who are inter-disciplinary teams that include Social Workers, Family Support Workers, CAMHS, Family Intervention Keyworkers, Adult Mental Health, Domestic Abuse Advocates, DWP advisors, Youth Workers, Parenting Specialists and other commissioned services that will offer support. There are parenting specialists who offer evidence based interventions who also offer support at a statutory intervention level.

A referral to the Families in Focus (previously Early Help) team can be sent via First Response or the Pathway Decision Team. When this team do a Signs of Safety Assessment they select agency goals from the Family Outcome Plan.

[www.bristol.gov.uk/documents/20182/34776/Bristol+Family+Outcome+Plan/536c8171-b8e3-47ad-9cf6-aff6a1913d85](http://www.bristol.gov.uk/documents/20182/34776/Bristol+Family+Outcome+Plan/536c8171-b8e3-47ad-9cf6-aff6a1913d85)

The desire is to keep children, families/carers in Universal and/or Level 1 Plus Services therefore additional consultation and advice may be offered to these services. For example, a Family Support Worker may carry out some short term work to support a school, if this support is needed.

## Social Work Units

Each locality across Bristol (North, South, East/Central) has several units. Each unit contains a Coordinator, Consultant Social Worker, Social Worker (sometimes more than one) and Family Support Worker. Families are supported (Level 3) by the unit, so if a worker is not available

someone else in the unit can receive information, make assessments and decisions regarding a family. Other teams include the Through Care and Placement Service and Asylum Team.

For Social Work contact details: children and young people [click here](#).



## Specialist Services Disabled Children

The Disabled Children Service provides a range of assessments and services for children with disabilities including;

- Q an assessment and plan for a child's particular needs;
- Q support for a child with disabilities and their family/carers;
- Q occupational therapy assessment services;
- Q short breaks for a child with disabilities and /or their family

Q advice and information on services in the community via Bristol City Council's Local Offer [www.findabilitybristol.org.uk/](http://www.findabilitybristol.org.uk/) so that services can be accessed by families directly, although some specialist services or support may require a social work or other professional assessment and referral.

For further information on the range of services available at each level of need please refer to the Continuum of Need and accompanying matrices .

## What do I do if there is a difference in professional opinion?

There will be times when there are differences of views about how best to support a child and family and the levels of intervention required by different agencies. In the first instance, this should

be resolved between the professionals working with the family through respectful conversations and discussions. If agreement is not reached and cases become 'stuck' the professional who

disagreed with a decision should notify their manager, who in turn should consult and use the [Escalation Procedure](#).

We expect managers and Designated Safeguarding Leads to support practitioners in their discussions where there is disagreement in

order to find a speedy resolution. Professional challenge is good and should be encouraged and embedded within agencies. Serious Case Review learning consistently highlights that good professional challenge could have led to better outcomes for children and their families in the cases reviewed.

## When do I need to get Parental Consent to refer to children's services?

Level 1 Plus and Level 2 services will require consent. These services are a voluntary process and, as such, a young person and/or their parent/carer must give consent for the assessment in the full knowledge of what will happen to this information. Where a referral (Level 3) is being considered professionals do not need to get consent, but parents must be informed of the referral unless to do so would place the child at increased risk of harm. Practitioners should

be tenacious in their attempts to persuade parents/carers to give consent as it is essential to enable early intervention, preventative work and safeguarding. Information sharing is a vital element in improving outcomes for all. The benefits and advantages should be explained clearly.

This guidance sets out the need to gain consent from parents or those who have parental responsibility, when professionals wish to:

### 1. Seek information from professionals in other services and share information with them

All professionals must obtain parental consent when they wish to seek information or share information with other agencies. This consent must be re-sought for each episode of work that a professional undertakes with a family (for example: if a case is closed and re-opened, consent must be re-sought when the case is reopened). Professionals must make clear to parents which organisations they wish to seek information from and who they wish to share information about the family with. If anyone in the family home is aged 16 or over, their individual consent must be sought to seek or share information about

them with other agencies. It is good practice to record in writing which the agencies parents (or other people in the household aged 16 or over) have consented to share information with, and provide a copy of this to the parents (or other people aged 16 or over) and place a copy on the child's record in your respective agency. If an adult does not consent to information sharing with a particular organisation or any organisations at all and the concern does not reach a child protection level you cannot seek information from, or share information with, that organisation until such time as the adult consents.

### 2. Refer to another agency for assessment and provision of services

Where a parent has agreed to a referral, this must be recorded and confirmed. Where the parent refuses to give permission for the referral, further advice should be sought from a manager or your Safeguarding Lead and the outcome fully recorded, unless to do so would cause undue delay.

If, having taken full account of the parents' wishes it is still considered that there is a need for referral:

- Q The reason for proceeding without parental agreement must be recorded;
- Q The parent's withholding of permission must form part of the verbal and written referral to

Children's Social Care;

- Q The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

NOTE: You do not need consent to make a referral to 'Prevent'.

For further guidance refer to Gillick Competency and Fraser guidelines for more information;

[www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/](http://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/)

A child protection referral from a professional cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer.

## When don't I need to get Parental Consent?

In most cases it is appropriate to seek consent. However, there are some cases where it is not.

Consent should not be sought if doing so would:

- Q Place a person (the individual, family member, worker or a third party) at increased risk of significant harm Level 3 (if a child) or serious harm (if an adult);
- Q Prejudice the prevention, detection or prosecution of a serious crime - this is likely to cover most criminal offences relating to children;
- Q Lead to an unjustified delay in making enquiries about allegations of significant harm (to a child) or serious harm (to an adult).

## When can I share information?

Sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding children and adults.

When working with children and young people, it's important to keep in mind two essential factors:

- Q Timely information sharing is key to safeguarding and promoting the welfare of children. It enables intervention that crucially tackles problems at an early stage;
- Q If a child is at risk or suffering significant harm, the law supports you to share information without consent.

This must be balanced with ensuring that personal information will be treated respectfully and confidentially. Sharing information appropriately is key to putting in place the right support. When making these decisions, the safety and welfare of the child must be the key consideration. Sharing information too slowly or not at all has been a finding from many Serious Case Reviews. In a bid to reverse this trend the government has published [guidance on information sharing for safeguarding practitioners](#) which encourages appropriate sharing of information within the following golden rules:

1. Remember that the Data Protection Act 1998 and human rights law are not barriers;
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared;
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned;
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information;
5. Consider safety and wellbeing of the individual and others that might be affected by their actions;
6. Necessary, proportionate, relevant, adequate, 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 individuals 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.

For local guidance follow [Information Sharing, request for help and disputes](#). If there is continued reluctance from one partner to share information when there is a safeguarding concern or in instances where an alerting organisation thinks that the local authority

response is not sufficient, then the matter should be escalated using the [Escalation Procedure](#).

NB. There are some specific circumstances where data and personal information can be shared without consent. This can be found [here](#).

## Record Keeping

All records must be written clearly, and in a manner that can be easily understood by others. They must be accessible to everyone who needs to see them. Any records that contain personal information should be kept in secure storage that is only accessible to those who have authorisation to access these records. Case notes should always be written in a way that respects the person's dignity. Records that are no longer needed should be disposed of confidentially, in line with your organisation's policy on this matter.

Good record-keeping is central to effective

safeguarding, even if 'safeguarding' is not required. People benefit from records that promote good communication and high-quality care.

Failing to keep accurate records of decisions you have made and actions you have taken can put people at risk.

The rationale behind decisions and actions should be recorded in each case, including actions that are not taken as well as ones that are. It must also be made very clear what is factual information and what is opinion.

## Supervision

Good quality [supervision](#) of staff is fundamental to safe and effective practice when working with children, young people, families and Adults at Risk. It is essential to professional development and supports practitioners to make sound and effective judgements in relation to outcomes for

children, families and adults with care and support needs. This in turn enhances decision making.

Supervision provides a supportive learning environment, an opportunity to reflect on practice, assess risks and make decisions. It will

support members of staff to be confident in providing services for children and young people,

develop integrated working, improve their own performance and learn from practice.

## Key Pathways

There are many multi-agency pathways that support the Safeguarding process. These key pathways are the processes that professionals wanted us to include to support them

1. **Specialist Services Disabled Children;**
2. **MARAC;**
3. **Preventing Radicalisation and Extremism;**
4. **MAPPA;**
5. **Operation Topaz.**

in identifying a clear route into the most appropriate support service(s) and identify vulnerability early.

### 1. Specialist Services Disabled Children

Children and young people with impairment, additional needs or a disability, and their families/carers need to have the same range of

opportunities, services and activities, available to them.

### Level 1 - Universal Services

Universal Services are the services that are available to all children and young people with or without impairment/additional needs or disability. Bristol promotes and encourages the full inclusion of children and young people with an impairment or disability in our universal

services. A child or young person doesn't need an assessment to access universal services. These are available to all children and young people. The Specialist Services Disabled Children's Team would not usually be involved with a child at this level.

### Level 1 Plus

A child requiring services in this level may require an assessment of need, be that an Education Health and Care Plan, or an assessment, completed by a professional who is working with the child. The outcome of the assessment might be to signpost to an appropriate service to meet the child's needs, support education outcomes,

access to community resources, or to access a Personal Budget. The Disabled Children's Social Work Team would not usually be involved with support at this level however support workers, Community Care workers, Bridging workers and / or agencies completing an assessment may offer advice and support.

### Level 2 Escalating Need

This is for children and young people who require intensive help and support to meet their needs. These children and young people will have a permanent and substantial disability and /or

complex health needs that have a substantial and long term adverse effect on their ability to engage in typical day-to-day activities and affect the families functioning. At this Tier an

assessment of those needs (Single Assessment) will be undertaken and the Specialist Services Disabled Children Team will be involved. This team works closely and in collaboration with other specialist services, and is part of the wider Birth to 25 Collaboration. In order to make sure

that support is offered from the most appropriate service, it may be that referral onto more specialist services is more appropriate to meet the assessed needs, for example a child or young person with a mental health condition.

## Level 3 Significant Need

Services may be required to prevent immediate risk of significant impairment/harm which might directly affect a child's growth, development, physical or mental wellbeing, or to prevent family breakdown and prevent the need for the child to be accommodated and to enable the child to remain with their family. Where services are provided through the Disabled Children's Social

Work Team, a plan will be provided which details the assessed needs and intended outcomes from the service provided. This plan will be reviewed on a regular basis to ensure the team are aware of the current needs. Services may be increased or decreased through continual assessment and review process.

## 2. MARAC

Multi-Agency Risk Assessment Conferences (MARAC's) are meetings where information is shared on the highest risk domestic abuse cases (those at risk of murder or serious harm) between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), schools and other specialists from the statutory and voluntary sectors. **Serious harm** is defined as 'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible' (Home Office 2002). A referral can also be made based on the number of reported serious incidents to the victim of domestic violence/abuse in the past 12 months and if there are repeat Domestic Violence and Abuse incidents within 12 months of the first MARAC meeting being held.

The primary focus of the MARAC is to safeguard the adult victim, to safeguard children and manage the behaviour of the perpetrator. By bringing all agencies together at a MARAC to share information, a risk focused, coordinated safety plan can be drawn up to support the victim. Twice monthly MARAC meetings are held in Bristol and include representatives from most statutory and some voluntary agencies. The victim does not attend the meeting but is

represented by an IDVA (Independent Domestic Abuse Advisor) who speaks on their behalf.

Any agency can make a referral to MARAC. The practitioner must complete a **risk assessment form**, preferably with the survivor/victim, and send it with a **referral form** to the MARAC Coordinator by secure email only. Professional(s) are asked to use their professional judgement regardless of the Risk assessment score if they still have concerns that a victim will be seriously harmed by the perpetrator. In this case a referral should be made.

Some referrals are discussed at a Pre MARAC Meeting which are attended by the MARAC Chair, Coordinator and a specialist DVA worker (IDVA) where the safety plan in place is looked at and a decision is made around whether a full MARAC discussion is necessary, to further ensure the victim's safety. If further actions are deemed necessary, but it is not felt the case needs to be discussed further, there may be actions allocated to agencies from the Pre MARAC Meeting. All relevant agencies in Bristol receive a MARAC and a Pre MARAC case list and are asked to flag Pre MARAC cases on their systems if the victim is still deemed to be at high risk from the perpetrator.

Perpetrators must not be informed of MARAC

and professionals need to be careful not to warn them of involvement as this will put the victim at even greater risk.

Further Information on MARAC with guidance on completing referrals can be found at the links provided on the [KBSP Website](#).

### 3. Preventing Radicalisation and Extremism

Prevent is the name of the strategy to prevent people from being drawn into terrorism. Children or adults can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include family members or friends, direct contact with members, groups and organisations or through the internet and social media. This may lead them towards the risk of being radicalised and being drawn into criminal activity, which has the potential to cause significant harm.

The use of social media has prompted discussion in relation to the radicalisation and grooming of young people. This has highlighted a need for an open and ongoing dialogue in our communities – among children, young people, parents, carers, schools and wider – to ensure that young people have the skills to be critical thinkers online and are resilient to online extremists. The main aim of the Prevent strategy is to support and divert people from becoming terrorists or being drawn into violent or non-violent extremism; including lone-actor terrorism (where an individual or small cell's decision to act is not directed by any group although possibly inspired by others).

At the heart of Prevent is safeguarding for children and adults to provide early intervention to protect and divert people away from being drawn into terrorist activity.

### 4. MAPPA

MAPPA stands for Multi-Agency Public Protection Arrangements. It is the process through which the Police, Probation and Prison Services work together with other agencies to manage the risks posed by violent and sexual offenders living in the community in order to protect the public. Its purpose is to help prevent re-offending behaviour of sexual and violent offenders in order to protect the public, including previous victims, from serious harm. In order to achieve a comprehensive risk assessment and protection

Bristol's partnership approach to Prevent is co-ordinated by Building the Bridge, a multi-agency partnership. For further information please refer to the information leaflets available:

- Q Prevent and Channel information for professionals;
- Q Keeping Bristol communities safe against radicalisation and extremism.

For any concerns regarding Radicalisation or Extremism, contact the Police Prevent Team who are a team of specially trained staff who can offer advice and direct people to other support. If there are child protection concerns that meet the threshold for a referral to First Response make a referral as well as making contact with the Police Prevent Team. Similarly for Adults at Risk a referral should be made to Care Direct as well as making contact with the Police Prevent Team.

The Police Prevent Team can be contacted on Telephone 01278 647466, or dial 101 and ask for the Police Prevent Team and explain you are calling about extremism/radicalisation. Similarly you can email [channelsw@avonandsomerset.pnn.police.uk](mailto:channelsw@avonandsomerset.pnn.police.uk)

Always dial 999 in an emergency.

of the public and previous victims from serious harm, it requires a multiagency approach and information sharing across all agencies.

Each offender who is managed under MAPPA is considered at one of 3 levels:

**Level 1** - Ordinary Agency Management is managed by the supervising agency with the support of other agencies;

**Level 2** - Managed through MAPPA and

includes, for example, sexual offenders who are resistant to addressing their offending behaviour; violent offenders with additional risks of mental health problems and substance misuse, offenders who are likely to re-offend and cause high level serious harm to others;

**Level 3** - Managed though MAPPA and includes, for example, imminence of re-offending with

## 5. Operation Topaz

A pilot operation (Topaz) has been established in Bristol in which specialist leadership and direction is provided to CSE investigations to maximise the potential for positive outcomes and provide a problem solving and proactive approach. This effectively allows Avon and Somerset Police and Partner Agencies to get ahead of CSE risks and be proactive rather than reactive. The two-weekly Operation Topaz meetings include Operation Topaz police representatives, the Safeguarding Education Team, Children Social Care, YOT, Catch 22, Barnardo's and Health representatives.

The activity that is undertaken focuses on the three core principles of:

- Q Intelligence processing, assessment and prioritisation;
- Q Victim Identification and Engagement;
- Q Disruption of CSE offenders until such time as a disclosure is secured and a CSE investigation initiated.

The role of a Victim Contact Officer (VCO) who co-locates and engages victims within Barnardo's Against Sexual Exploitation (BASE) now facilitates effective engagement with victims which has led/will lead to improved information flow from victims. This role is separate from the disruptive investigative function within the team to ensure victim engagement is prioritised without the need for this officer to take direct action against perpetrators of CSE. This preserves the relationship with the victim when some young people are still collusive in their relationship with subjects and disruptive action needs to be taken against the subject.

Disruption is a proactive strategy and is critical to

very serious consequences for others; threats to kill, kidnap and harm to known child or adult; distorted beliefs and thought patterns towards particular groups and / or individuals.

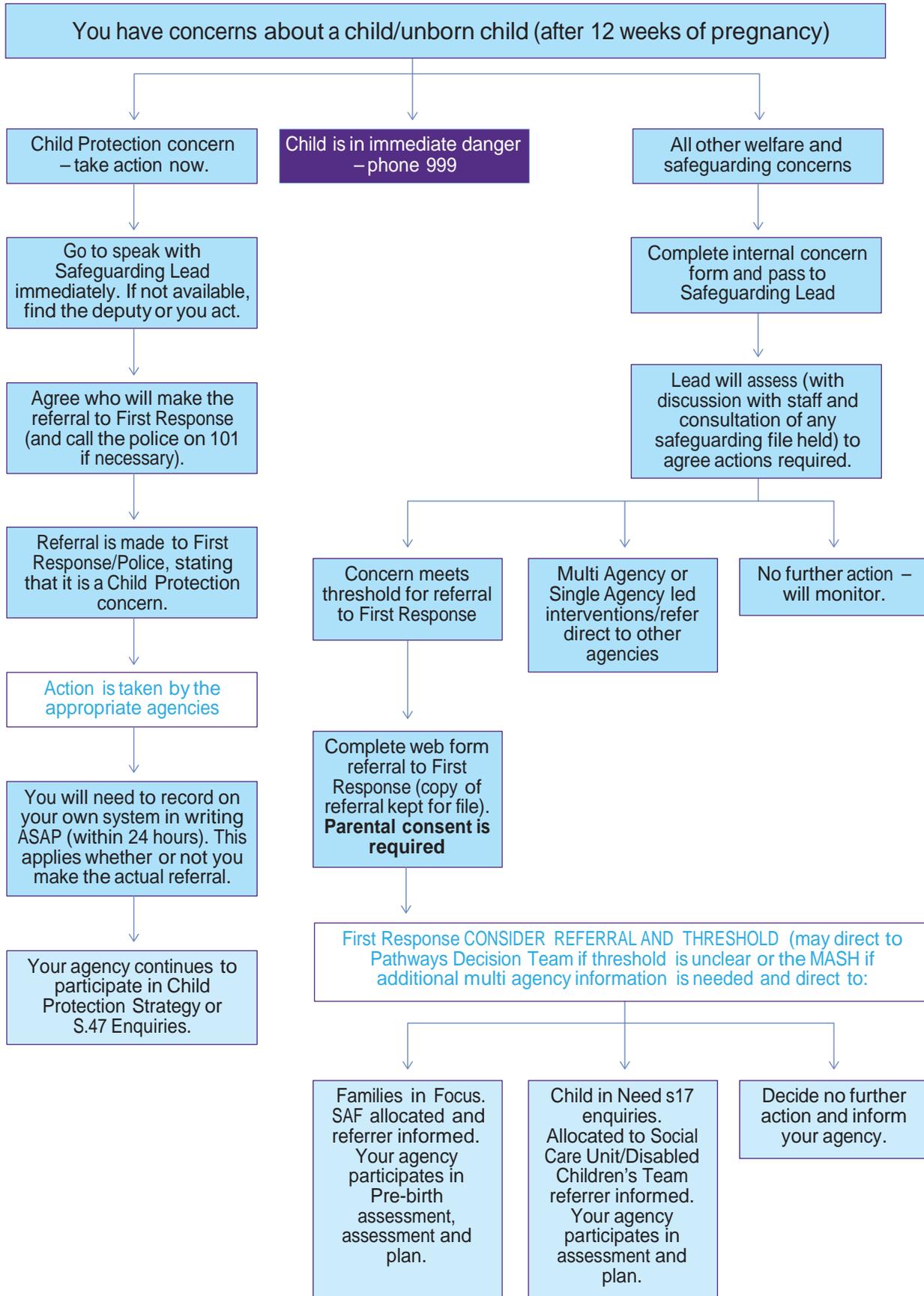
Further Information on MAPPA can be found at the links provided on the KBSP Website.

safeguarding victims and potential victims, and is an approach which uses creative ways to use powers or gather evidence. It has also involved reclassifying the prioritisation of low level offences committed by Topaz Subjects when it has presented an opportunity to disrupt their CSE offending. The Topaz team will identify high risk CSE suspects and will put a disruption plan in place. This is a unique proactive approach where (via the TRAP scores) the team are able to target high risk suspects based on risk indicators.

The Police require close communication and co-operation from agencies to help protect individual young people and end the activities of perpetrators. The police in general rely heavily on partner organisations in the sharing of background information on victims, suspects and vulnerable young people so that informed decisions on joint action can be made.

Any agency is encouraged to share information as intelligence with the police especially where there are concerns in relation to CSE by calling 101 (for non urgent calls, 999 if an emergency). It should be made clear that the information being shared is for intelligence purposes.

## Appendix 1 Referral to Children's Social Care



## Appendix 2 - Glossary to help professionals understand the system

Duty	Definition
Referral	Providing information for help, action, for targeted or specialist support when you have a concern about a child and/or family.
Single Assessment Framework	It replaces the Common Assessment Framework (CAF) in Bristol as well as the early help assessment. It also replaces the Initial and Core Assessments within Social Care.
Team around the Child/ Family (TAC/TAF) meeting	A meeting which brings together a range of different practitioners from across the children and young people's workforce to support an individual child or young person and their family. This typically happens at the early intervention threshold.
Strategy Discussions	Where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care, the police, health and other bodies such as the referring agency. This might take the form of a Multi-Agency meeting, either face-to-face or a number of phone calls co-ordinated by the Local Authority Consultant Social Worker/Practice Leader/Team Manager.
S.17 assessment	An assessment to determine whether the child is in need, the nature of any services required and whether any specialist assessments should be undertaken
Child in Need Plan (CIN)	Refers to the services that can be provided to the child and family to safeguard and promote the child's welfare. Support can include providing cash assistance or accommodation to a family.
Child in Need Meeting	A regular multiagency meeting to develop and then review a CIN Plan.
S.47 Assessment	A safeguarding assessment to decide whether a child who is suspected of, or likely to be, suffering significant harm. The assessment will enable a decision to be made as to whether action should be taken to safeguard or promote the child's welfare. This is done after a multiagency statutory strategy. This must be done within 15 working days.
Initial/ Review Child Protection Conference	It brings together family members (and the child where appropriate), with the supporters, advocates and professionals most involved with the child and family, to make decisions about the child's future safety, health and development
Child Protection Plan	A plan to ensure the child is safe from harm and prevents them from suffering further harm. This involves supporting the family and wider family members to safeguard and promote the welfare of the child.
Core Group	A working group to decide what steps need to be taken, and by whom, to complete the in-depth assessment to inform decisions about the child's safety and welfare; and implement the CP plan.
Child in care	A child who is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.
S.20 Children Act 1989	The Local Authority duty to provide accommodation for any child in need in their area who appears to require accommodation as a result of (a) there being no person who has parental responsibility for him; (b) his being lost or having been abandoned; or (c) the person who has been caring for him being prevented from providing him with suitable accommodation or care.
Personal Education Plan	A school based meeting to plan for the education of a child in care. A statutory requirement for children in care to help track and promote their achievements.
Private Fostering assessment	To assess the needs of when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'.

Police Protection powers Section 46 Children Act 1989	Awards the police the authority to remove children to a safe location for up to 72 hours to protect them from "significant harm".
Emergency Protection Order (EPO) Section 44 Children Act 1989	Awards limited parental responsibility for the child to whoever applied for the order. The parental responsibility is limited to whatever is needed for the child's welfare, and the right to remove the child (or prevent their removal) from where they are placed. The duration of the EPO will be stipulated by the Court but will be for a maximum of 8 days, although the applicant can apply for an extension of a further 7 days if necessary.
Child Arrangements Order	Replaces s.8 court orders. It decides who the child is to live with and/or contact arrangements.
Pre-Proceedings	This process can last for up to 6 months and its aim is to avoid care proceedings. During the pre-proceedings process, the parents will receive a letter setting out the concerns relating to their parenting. They will be legally represented during the process including at the initial and review meetings. During the process, it is expected that all relatives or connected persons who could care for the children are identified and assessments of them undertaken, parenting assessments are carried out, and any necessary expert assessments are commissioned.
Care Proceedings	Where the Local Authority make application under Section 31 Children Act 1989 for a Care or Supervision Order. The Court must decide whether the Threshold Criteria is met for such an order (child is suffering or is likely to suffer significant harm) and whether an Order is necessary. The court may make other Orders such as Special Guardianship Orders at the conclusion of the proceedings. The care proceedings must be concluded within 26 weeks of the Court issuing the application.
Care Order S.31 Children Act 1989	An Order placing a child in the care of the Local Authority. The Local Authority acquires parental responsibility which it shares with any parent (or other person) who also has PR. The Local Authority will have overriding PR in the event of disagreement.
Interim-Care Order S.38 Children Act 1989	A time limited Care Order which can be made at any stage during the care proceedings if the Court is satisfied that there are reasonable grounds for believing the Threshold Criteria are met. The Court can stipulate the duration of the interim order ie. until the next hearing, or until the conclusion of the care proceedings.
Supervision Order S.31 Children Act 1989	A Supervision Order does not confer Parental Responsibility on the Local Authority, but provides a duty on the Local Authority to advise, assist and befriend the child and to take such steps as are reasonably necessary to give effect to the Order. The LA should continue to review and consider whether it should apply to the court for variation or discharge of the Supervision Order. Supervision Plans are usually endorsed by the Court setting out the expectations of the LA and the person/s caring for the child.
Placement Order S.21 Adoption and Children Act 2002	An Order made by the Court following the making of a Care Order. The Placement Order authorises the Local Authority to place the child for adoption with prospective adopters.
Adoption Order S.50/51 Adoption and Children Act 2002	An Order made by the Court giving parental responsibility for the child to the adopter/s and extinguishing the parental responsibility which any person had for the child before the making of the Adoption Order.

## Useful information

### First Response

0117 903 6444 – if urgent referral, immediate risk of significant harm. Otherwise refer at:

[www.bristol.gov.uk/social-care-health/report-concern-about-child-for-professionals](http://www.bristol.gov.uk/social-care-health/report-concern-about-child-for-professionals)

### Outside office hours

Emergency Duty Team: 01454 615165

### Early Help Teams

North: 0117 352 1499

South: 0117 903 7770

East Central: 0117 357 6460

### Children's Social Work Units

Contact numbers for the units can be found at:

[www.bristol.gov.uk/social-care-health/social-work-contact-details-children-and-young-people](http://www.bristol.gov.uk/social-care-health/social-work-contact-details-children-and-young-people)

### Specialist Services Disabled Children

Telephone: 0117 903 8250

Minicom: 0117 903 8255

Fax: 0117 903 8254

### Through Care and Placement Service

Telephone: 0117 353 4100

Fax: 0117 353 34102 / 0117 353 4033

Care Leavers Freephone: 0800 694 0168

(may not be free from a mobile phone check with your service provider)

### BCC Asylum Team

Provides advice, assistance and housing to unaccompanied minors; to asylum seekers and to families with children in need.

Address: The Welsman Social Services Princes Street, St Pauls. Bristol BS2 9JA; 0117 903 6500

### Adult Social Care - Care Direct

Telephone: 0117 922 2700

Mon–Fri (8.30am–5pm)

Out of hours Emergency Duty Team

Telephone: 01454 615 165

[www.bristol.gov.uk/caredirect](http://www.bristol.gov.uk/caredirect)

### Police Prevent Team

Telephone: 01278 647466

or dial 101 (and ask for the 'Prevent Team' and explain you are calling about extremism or radicalisation)

Email [channelsw@avonandsomerset.pnn.police.uk](mailto:channelsw@avonandsomerset.pnn.police.uk)

Always dial 999 in an emergency

### Family Nurse Partnership

[cchp.nhs.uk/cchp/explore-cchp/family-nurse-partnership](http://cchp.nhs.uk/cchp/explore-cchp/family-nurse-partnership)

North Bristol NHS Trust, Osprey Court, Hawkfield Way, Hartcliffe, Bristol, BS14 0BB

Telephone: 0117 340 8350

For general enquiries: [fnpadmin@cchp.nhs.uk](mailto:fnpadmin@cchp.nhs.uk)

**Community perinatal mental health service** will offer advice to all professionals. To contact them email

[awp.perinatalmentalhealthservice@nhs.net](mailto:awp.perinatalmentalhealthservice@nhs.net)

Telephone: 0117 919 5826

### Children's Centres

[www.bristol.gov.uk/schools-learning-early-years/childrens-centre](http://www.bristol.gov.uk/schools-learning-early-years/childrens-centre)

### South West Child Protection Procedures

[www.swcpp.org.uk](http://www.swcpp.org.uk)

### KBSP website:

[bristolsafeguarding.org/children-home/](http://bristolsafeguarding.org/children-home/)

### Bristol Single Assessment Framework Guidance

[bristolsafeguarding.org/media/1175/saf.pdf](http://bristolsafeguarding.org/media/1175/saf.pdf)

### Escalation Policy

[bristolsafeguarding.org/media/1176/escalation-procedure.pdf](http://bristolsafeguarding.org/media/1176/escalation-procedure.pdf)

### Emotional Health Directory of Services for Children and Young People in Bristol

[www.bristolccg.nhs.uk/media/medialibrary/2017/06/Emotional\\_health\\_and\\_wellbeing\\_directory.pdf](http://www.bristolccg.nhs.uk/media/medialibrary/2017/06/Emotional_health_and_wellbeing_directory.pdf)

[cchp.nhs.uk/cchp/what-cchp](http://cchp.nhs.uk/cchp/what-cchp)

### Survivor Pathways Sexual Violence Support Services

[www.survivorpathway.org.uk/bristol/](http://www.survivorpathway.org.uk/bristol/)