

Effective Support for Children and Families in Coventry





SAFEGUARDING IS EVERYONE'S RESPONSIBILITY	3
PRINCIPLES OF SUPPORT TO CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES IN COVENTRY	5
LEVELS OF NEED	7
HAVING CONVERSATIONS WITH FAMILIES/CONSENT	10
PROFESSIONAL CURIOSITY	12
EARLY HELP	14
STATUTORY INTERVENTION	17
REFERRALS TO THE MULTI AGENCY SAFEGUARDING HUB (MASH)	20
THRESHOLD OF NEEDS TABLE	22
QUESTIONS FOR YOU TO CONSIDER	25

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

This guidance is for practitioners in all agencies working with children, young people and their families in Coventry. Practitioners is a generic term used to describe anyone who works with children, young people and their families whether it is in a statutory, voluntary or community role. It is about the way we can provide information and put the child and their family at the centre, providing effective support to help them solve problems at an early stage to prevent problems escalating.

This guidance will assist practitioners to identify the support that a child, young person or family might need and how best this can be provided.

There may be times when the impact of the families' circumstances or external factors on the child is such that specialist statutory intervention is required.

In Coventry, the windscreen of support available to children, young people and their families can be seen below

Universal	Early Help	Targeted Early Help Services	Statutory Intervention
No additional support received above what most children and families receive from Universal Services	Additional needs met by one or more Universal Service. An Early Help Assessment should be considered.	Children, young people and families need a co-ordinated multi-agency response.	Child in Need and Child Protection. Children or young people require specialist support to meet their needs due to increasing evidence of impairment to health or development / are at risk of or have suffered immediate harm as a result of abuse or neglect.





Universal	These are services that all children and young people will receive to support their development. Such services include health visiting, school, General Practitioner's (GP's), faith organisations and sports clubs. Sometimes these universal services may offer support to meet emerging additional needs for instance a teacher in school might offer nutritional advice in relation to a child's lunch, or a health visitor might signpost to a housing agency.
Early Help	Some children, young people and families will need extra support services to be healthy, safe and to develop to their full potential. Access to these services is voluntary and these services are delivered by one or more Universal Service. The focus of Early Help is on working collaboratively and identifying the support needed at the earliest opportunity to help them achieve the best possible outcomes. (More detail can be found on pages 14-16)
Targeted Early Help Services	Targeted Early Help is available for children, young people and families who require additional and more intensive support. This might be in relation to parenting capacity, financial circumstances or emerging behaviour of the child. This support is usually best offered by those who already know and work with the child, young person or family. The needs of the child, young person and family will be established through the completion of an Early Help Assessment followed by the creation of an Early Help plan. (More detail can be found on page 15 of this document)
Statutory Intervention	There are some children, young people and families with complex needs who require specialist support to meet their needs. This will be where there is a concern about increasing evidence of impairment to health and development and/or reasonable cause to suspect significant harm as a result of abuse or neglect. Examples might include a child not being taken to medical appointments, a child suffering suspected non-accidental injuries or a young person where there are indications that they may have been trafficked. These children and young people should be referred to the Multi-Agency Safeguarding Hub (MASH). (More detail can be found about referrals to the MASH on page 17)



We are ambitious for Coventry to be the best city in the UK for children to grow up in. **Child Friendly Cov** aims to deliver a child and young person friendly city ensuring that Coventry is a place where children and young people are valued, supported and enjoy themselves.



The principle is that we want more conversations to help families get the right help at the right time, with the right people, to meet their needs. Promoting children's welfare is most effective when children receive help early and at a level according to their needs. The aim is to provide early help for children, young people and their families as early and effectively as possible to prevent their needs increasing, and to reduce the levels of needs once they have been identified.

We believe that families are the experts in their own lives, and we want to embrace this and create change by empowering families to take the lead in their plans; in the support they receive and in decision making. To do

this, practitioners must build positive and trusting relationships with children, young people and their families to enable meaningful and transparent conversations to take place. These are an essential part of identifying and developing an understanding of children and young people's needs, and provide the insight needed for there to be an appropriate and well-informed response to children's needs at an early stage. The focus should be on preventing problems before they occur and offering flexible support when and where it is required. We need to work to families' strengths as parents tell us that it is more effective to have goals that reflect their priorities.



Conversations with children and families can be challenging, and the complexity of the needs of each individual child and their family are unique. Clear communication methods are essential to gain an understanding and insight around children's needs including their need for protection. Those who work with children, young people and families, need to invest in relationships and earning trust to increase the safety and well-being of children and young people and to also build capacity and resilience within families. Practitioners need to use emotionally intelligent language that is free of jargon and does not blame or shame and that everyone understands. For those who do not have English as a first language the use of an interpreter should always be considered.

Practitioners must ensure that children are at the heart of what they do. It is important that a whole family approach is taken but that meeting the needs of the parents does not eclipse the needs of the child. Children's voices should be listened to, and plans should be developed that respond

to the voice of the child and clearly demonstrate the expected impact of actions on the child. To support this, practitioners should 'think child, think family and think child again'. Practitioners should also consider the Voice of the Child Practice Standards to assist them in having crucial conversations with children and young people.

Parents and carers do not always need a professional or service response to difficulties being experienced. Instead, they might need help to identify and harness support from within their own networks of family, friends and communities. This can often provide important and long-lasting sources of support.

Parenting is challenging and asking for help should be encouraged and responded to positively. Sometimes however, practitioners need to intervene to safeguard and prevent significant harm. Regardless of the circumstances practitioners need to work openly and respectfully with children, young people and their families.

Level and pathway	Needs	Services (examples)
Level 1 Universal Children, young people and families access directly.	<p>The majority of children, young people and families living in Coventry require support from universal services alone.</p> <p>Children, young people and their family's needs are met through mainstream universal services. This includes early support from agencies, where a child or young person begins to show signs of additional needs which can be met through a single universal service.</p>	<p>Early years, education, primary health care, maternity services, housing, youth organisations, faith organisations and community groups, faith groups and voluntary sector organisations.</p>
Level 2 Early Help One or more services provide voluntary additional support to meet the child and family's needs. This is co-ordinated by the service that knows the child/ family best. An Early Help Assessment should be considered but not required. If an Early Help Assessment is not considered necessary, record action taken on single agency record and Early Help Module (EHM). Families can access support directly through the Family Hubs - Family hubs for families and carers – Coventry City Council Families can access support directly by making a request online Early Help - Request for support - Introduction - Coventry City Council	<p>Children and families with additional needs who would benefit from or who require extra help to:</p> <ul style="list-style-type: none"> • Improve education engagement • Improve parenting and/or behaviour • Meet specific health need or emotional needs of the child and/or parent • Improve their material situation • Respond to a short-term crisis such as bereavement, parental separation 	<p>Support with employment, training or education.</p> <p>Parenting support, housing support, extra health support for family members.</p> <p>Support provided through school speech and language therapy, mental health support or behavioural support.</p> <p>Support with finances, debt or access to grants/ foodbanks.</p> <p>Bereavement support or parental conflict support.</p> <p>Targeted youth work.</p>

Level and pathway	Needs	Services (examples)
<p>Level 3</p> <p>Targeted Early help</p> <p>One or more services provide intensive co-ordinated support to meet the needs of the child and family.</p> <p>Families access support on a voluntary basis.</p> <p>An Early Help Assessment is required. If the child/family are already in receipt of Early Help new information should be sent to the services already involved, to update the Early Help Assessment Plan.</p> <p>Families can access support directly through the Family Hubs - Family hubs for families and carers – Coventry City Council</p> <p>Families can access support directly by making a request online Early Help - Request for support - Introduction - Coventry City Council</p> <p>Practitioners should complete an Early Help Assessment to establish the children, young people and family's needs - Early Help Module (EHM) – Coventry City Council</p> <p>Practitioners may also make a request for support online Early Help - Request for support - Introduction - Coventry City Council</p>	<p>Vulnerable children, young people and their families with multiple needs or whose needs are complex. The aim of targeted early help is to:</p> <ul style="list-style-type: none"> • Support children and young people to thrive in education • Support good early year development • Improve mental and physical health • Promote recovery and reduced harm from substance misuse • Improve family relationships • Keep children safe from abuse and exploitation • Prevent crime and tackle the impact of crime • Keep children, young people and families safe from domestic abuse • Support secure and safe housing • Support financial stability 	<p>An Early Help Assessment should be completed with the child, young person or family to identify their strengths and needs to gain targeted support from multi – agency early help services.</p> <p>Early Help should be co-ordinated by a Lead Practitioner. When determining a Lead Practitioner consideration should be given to who has an existing relationship with the child/ young person or family.</p> <p>Support at this level is voluntary and families must consent to receive support. If practitioners are unable to gain parental consent but believe that the family requires further support, a discussion should be held with their agency's Safeguarding Lead. For support with encouraging families to engage please see our one-minute guide here:- encouraging-families.</p>

Level and pathway	Needs	Services (examples)
<p>Level 4</p> <p>Statutory Intervention</p> <p>Child in Need and Child protection</p> <p>If you have a concern that a child may have suffered or be at risk of significant harm a referral to MASH should be made using a MARF Multi-agency referral and initial information - Introduction and Consent - Coventry City Council</p> <p>You may wish contact Coventry's Multi-Agency Safeguarding Hub for advice on 024 7678 8555.</p> <p>If the child is at immediate risk of significant harm call the police on 999.</p>	<p>There are some children, young people and families who require specialist help and support to meet their needs where there is increasing evidence of impairment to health and development or reasonable cause to suspect significant harm.</p> <p>Examples of the needs of children at this level are:</p> <ul style="list-style-type: none"> • Children who have suffered or are likely to suffer significant harm as a result of abuse or neglect • Children with significant impairment • Children whose parents are unable to care for them • Families involved, at a significant level, in crime/ substance misuse or domestic abuse • Children at risk of Female Genital Mutilation (FGM) or Honour Based Violence (HBV) • Children involved in exploitation at a medium or high level of risk • Children that are victims of Serious Youth Violence 	<p>If an agency or practitioner identifies a child thought to have suffered, or be at risk of immediate significant harm, a referral should be made using a Multi-agency referral Multi-agency referral and initial information - Introduction and Consent - Coventry City Council</p> <p>The practitioner may wish to contact the MASH by telephone to discuss their concerns and obtain advice and guidance from a qualified social worker.</p> <p>Unless it would put the child at increased risk of harm the family/ carers should be made aware of the referral prior to it being submitted. When submitting a MARF, you will be asked to confirm that a discussion has taken place with the family or why doing so would increase the risk to the child. If practitioners have not spoken to the family prior to referral and to do so will not put the child at additional risk of harm you will be asked to make the family aware before the referral is processed.</p>

It is important to note that this is a flexible continuum, and practitioners need to constantly use new information to re-assess the risk. Some children may escalate very quickly from requiring support at Level 1 to requiring support at Level 4. Whereas some children can very quickly move from Level 4 to Level 1 once intervention is put in place.



An important step in helping children and families involves having crucial, and sometimes difficult conversations. There are several ways practitioners can communicate positively with families and children, even if the topic doesn't always feel like an easy conversation. Before approaching a potentially difficult yet necessary conversation with families, practitioners should consider the following to avoid causing unnecessary upset or distress to children, young people and families.

Useful points to consider when having necessary conversations with families:

- Consider any power dynamics - does the conversation require a senior member of staff such as a Head Teacher? or could this intimidate the individual and prevent a transparent conversation?
- Whether the conversation takes place over the phone or face to face, think about the timing and seek to protect the individual's privacy
- Be strengths-based by identifying what is going well as well as the concerns
- Communicate concerns in relation to the impact on the child rather than in relation to the parents' actions
- Listen to what they say in response and consider the context - be prepared to change your point of view
- Be sensitive to the emotional impact of the discussion on the child, young person or family
- Consider whether you have a trusted relationship with the child, young person or family and whether you could be the one to signpost them to sources of support
- Be clear about what happens next, avoiding terminology and jargon. Check back that what has been communicated has been understood



It is fundamental that our approach is working with families, which should include removing myths and stereotypes around processes and referrals; this can help with family engagement around support that is being offered.

There may be scenarios where you will need to highlight and discuss concerns with families and other practitioners. This might involve submitting a Multi-Agency Referral Form (MARF) based on Level 4 safeguarding concerns. Whilst it is often believed that consent is not needed when statutory intervention is required, when submitting a MARF, you will be asked to confirm that a discussion has taken place with the family or why to do so would increase the risk to the child. **If practitioners have not spoken to the family prior to referral to seek consent and to do so will not put the child at additional risk of harm, you will be asked to discuss with the family before a referral is accepted.** When referrals are made without the

appropriate family conversations, this can result in families not trusting services, creating barriers for services to engage with the families. If a referral is being progressed by MASH, unless it places the children at further risk, families will always be spoken to regarding referral concerns in order to gain the family perspective on the worries raised and to explore their strengths and consider what support they already have in place.



It is important that all practitioners working with children and families exercise professional curiosity. Professional Curiosity is where a practitioner explores and proactively tries to understand what is happening within a family or for an individual, rather than making assumptions or taking a single source of information and accepting it at face value. It means:

- Seeing past the obvious
- Questioning what is observed or reported
- Triangulating what is reported by the family with other agencies
- Looking, listening and asking direct questions
- Checking out and reflecting on all the information received

Being professionally curious does not mean that a practitioner is not working in a relational way; it is about getting a better understanding of what is happening for a child and their family, which enables practitioners to work more effectively

with parents and carers, being able to offer high support and high challenge to understand a child's vulnerability or risk while maintaining an objective, practical and supportive approach.



Top tips for being professionally curious:

- Do not presume to know what is happening in the family home - ask questions and seek clarity if you are not certain
- Clarify who lives in the family home and seek to understand what their role is in the household. Is the individual a source of risk or support?
- Don't be afraid to ask questions of families
- where English is not the first language consideration should always be given to an interpreter even when they appear to have a good level of English.
- Ask questions in an open, non-judgemental, and non-accusatory way so you do not shut down the ability to form a positive relationship
- Think about using child friendly tools to understand the daily lived experience of the child
- Be open to the unexpected and incorporate information that does not support your initial assumptions into your assessment of what life is like for an individual
- Seek clarity, either from the family or other practitioners
- Be open to having your own assumptions, views and interpretations challenged and be open to challenging others
- Consider what you see as well as what you're told. Are there any visual clues as to what life is like, or which don't correlate with the information you already hold?
- Think about the child's behaviour, what are they trying to convey with their behaviour? Has the child had a sudden change in behaviour?
- Use supervision as an opportunity to explore examples of practice and exercise practitioner curiosity, for example by, presenting alternative hypotheses and presenting it from the child, young person, adult or another family member's perspectives



Evidence indicates that solution focused approaches to working with families can be hugely beneficial, particularly if they are delivered at the earliest opportunity to prevent difficulties from escalating. It is vital that practitioners start with an open and honest conversation with the child, young person and their family to fully understand what their needs are, and understand how, from their point of view, these can best be met. Practitioners should be strengths based and should consider sources of support within their own networks and communities. Plans based on developing the strengths of the family and their wider network are more likely to have a positive impact in the long term.

Voluntary

Early Help is a voluntary process, and parents should always agree to any referral and to their information being shared with other agencies. If families are engaged in a supportive/non-judgemental way with a commitment to meet their needs collaboratively they are far more likely to identify solutions before presenting issues escalate.

Family hub offer

A family hub is a place in Coventry where children, young people and their families can seek support and advice. Family hubs offer a range of services designed to meet the needs of the entire family

and broader community, from universal offerings such as baby clinics to personalised support addressing the specific needs of your child and family. Individuals can drop into any of Coventry's 8 Family Hubs during operating hours from 8.30am-5pm. To find the nearest family hub please access this link: **Family hubs – Coventry City Council**. Families can also access family hubs by calling 0800 8870545. There is also an online portal where children, young people, their families or professionals can make a request for help: **Early Help - Request for support - Introduction - Coventry City Council**.



Virtual family hub offer

It is vital that families know where to go to get help and support but at times this can be challenging. To support this the Early Help Partnership have developed the virtual family hub which offers a range of resources available online, by phone or face to face that families can access directly. To access the virtual family hub please click here: - **Virtual Family Hub – Coventry City Council**.

Targeted Early Help

When a child, young person or family's needs are multiple or more complex they will require a more co-ordinated multi- agency plan of support. Coventry Family Valued is our way of working with children and families. Empowering families to find their own solutions and make changes in their lives. At the heart of Coventry Family Valued is how we work with families through relationship-based practice, doing with, not to. There is a desire to empower and enable families to find solutions, to build their own networks and for families to make changes, build resilience and most of all to remain together. In Coventry we believe that families are the experts into their own lives, and we want to embrace this and create change; by supporting families to take the lead in their plans, in their support package and in decision making. We want to build relationships with families and partners whilst using approaches in practice that are respectful, non-discriminatory, unbiased and non-judgmental.

Range of identified needs include:

- Families with children who have poor school attendance, attainment or attainment is affected by behaviour difficulties
- Families with members involved in crime or anti-social behaviour
- Families affected by domestic abuse
- Families living with drug and alcohol misuse
- Families where children are unsafe or at risk of exploitation
- Families where children exhibit significant behavioural difficulties
- Families who are in insecure housing
- Families who are at risk of financial instability, this could be due to loss of employment, hours worked or significant debts
- Families who are suffering from poor family relationships which is having an impact on children's emotional wellbeing
- Families who are living with physical or mental health difficulties which is having a significant impact on the family's emotional well-being
- Parents who are struggling to provide their children with good early years developmental milestones



When a practitioner identifies that support at Level 2 is not working and the child, young person or family's needs are escalating or identifies that a child, young person has needs at Level 3 then an Early Help Assessment should be completed. Support at Level 3 is voluntary however and if the family declines support practitioners must not make a referral to the MASH unless there is evidence that the child is now at risk of significant harm.

A request can be made using an online form **Early Help - Request for support - Introduction - Coventry City Council** or calling **0800 8870 545**.

Early Help Assessment and Plan

Following a conversation with the child, young person and family practitioners should complete an Early Help Assessment. This will enable the practitioner to identify help that is needed and who might need to support them. The Early Help Plan should then be devised by the whole team around the family. It is vital that the Early Help

Plan is shared with practitioners and families to seek agreement from all parties about the actions that are needed. Blank templates of Early Help Assessments and Early Help Plans can be found here: **Early Help Module (EHM) – Coventry City Council**

Lead Practitioner

The Lead Practitioner plays a vital role in understanding the child, young persons' and family's needs in co-ordinating the support that is needed. Relationships are key and consideration should be given to who has a positive, existing relationship with the child, young person or family when determining the Lead Practitioner. The Lead Practitioner does not need the expertise to deliver all of the support the family needs as other agencies can be part of the plan.



Child in Need/ Section 17

Section 17 of the Children's Act 1989 places a general duty on every Local Authority to safeguard and promote the welfare of children who are in need within their area. The Children's Act 1989 states that a child shall be considered 'in need' if:

- S/he is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority.
- Their health or development is likely to be significantly impaired, without the provision of such services; and/or
- S/he is disabled and Children's and Education Services will undertake a Single Assessment to determine whether the child is in need of support and/or services and a multi-agency plan should be developed.
- The family consent to support.

Section 47 Children Act 1989 investigations

Section 47 of the Children's Act 1989 places a duty for the local authority when they have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm shall make, or cause to be

made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Referral to the Multi-Agency Safeguarding Hub (MASH)

Where there is a concern for the welfare of a child, and a practitioner is unsure on the most appropriate course of action, they must consult with the Safeguarding Lead from their own agency in the first instance. If following this discussion, the practitioner and Safeguarding Lead remain unclear whether a MARF is the right action, then a call should be made to the MASH on 024 7678 8555 to seek support and guidance from a qualified social worker.

Professionals in all agencies have a responsibility to submit a request for support to Children's and Education Services when it is believed or suspected that the child:

- Has suffered significant harm - **child protection**
- Is likely to suffer significant harm - **child protection**
- Has significant developmental or disability needs - **child in need**



Engagement with Child in Need under Section 17 of the Children's Act 1989 is on a voluntary basis and the parents/ carers must consent.

If a practitioner has concerns relating to a child that the Level 4 threshold has been met, following a conversation with MASH, a referral to MASH should be made on the same day using the online Multi-Agency Referral Form (MARF): **Multi-agency referral and initial information - Introduction and Consent - Coventry City Council.**

Engagement at Level 2 and 3 is voluntary and if a family chooses not to engage then the practitioner should have a conversation with their Safeguarding Lead in relation to next steps. A lack of engagement at Level 2 or 3 does not mean that a referral to MASH should be submitted unless the practitioner believes that the threshold for Level 4 is now met.

Top tips for making a good referral

A MASH referral should include the following:

- What is the **family composition?**- full names, dates of birth, addresses, contact details, relationship with the child and who has Parental Responsibility
- What are we worried about? **(the risks)** - explicit context to the situation what are the concerns - not just 'Mum is suicidal' explain what this

actually means and what is indicative of this. Include the impact of these risks and any evidence you have gathered

- What is going well? **(the protective factors)** - include context to the situation, what is the impact of these protective factors and any evidence. You should also include information about any previous work that has been undertaken; if an Early help Assessment has been undertaken this should be included. You should include what support you have offered to the family as an agency, and any support networks you have identified
- How have the **thresholds** been applied? - what is your evidence that this meets the threshold of Level 4?
- **Consent** - have you made the family aware of the referral? **Unless it will put the child at increased risk of harm you will be asked to speak to the family before the referral is processed by MASH.** We want families to work with us, and this works best when practitioners build open and trusting relationships. MASH will speak to families about the content of referrals **once consent has been sought** so families should be aware of them



Significant harm

Child Protection is where Children's and Education Services must make enquiries under Section 47 of the Children's Act 1989, to determine whether a child is suffering or likely to suffer significant harm. There is no definitive definition of what constitutes significant harm, but practitioners should give consideration to the degree and extent of physical harm, the duration, frequency and cumulative impact of the abuse, and the severity of the emotional impact on the child.

Sometimes a single traumatic event may constitute significant harm such as a violent assault, suffocation or sexual abuse. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of medium or long term emotional, physical or sexual abuse that causes impairment to the extent of significant harm.

Specialist practitioner tools

If a practitioner has concerns that a child or young person is affected by any of the following the relevant tool should also be completed alongside the Multi Agency Referral Form (MARF):

Exploitation: Child Exploitation Indicator Tool – Coventry City Council.

Child Sexual Abuse: Signs and indicators of child sexual abuse | CSA Centre

Modern Day Slavery: Report modern slavery – GOV.UK

Radicalisation: Prevent referral form – Coventry City Council

Local Authority Designated Officer

When a practitioner has concerns about the way that someone has acted when working with children, such as where they have:

- behaved in a way that has harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates that he/ she or they will pose a risk of harm if they work regularly or closely with children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

They should make a referral to the Local Authority Designated Officer (LADO) by completing this online reporting form **Allegations against people who work in positions of trust with children referral - Privacy notice - Coventry City Council**

If the practitioner suspects that a child is either experiencing or at risk of harm in the first instance:

- Please contact Coventry MASH on **024 7678 8555** during office hours Monday – Friday (8:30am – 5pm Mon-Thurs and 8:30am – 4:30pm Fridays).
- Please contact the Emergency Duty Team on **024 7683 2222** outside of these hours
- If you believe that there is an immediate risk of harm to a child or young person, contact the **Police on 999**.



What is the MASH?

The MASH is the front-door for all Level 4 concerns for children and young people in Coventry. Within the MASH there are staff from Coventry Children's and Education Services, West Midlands Police, Health agencies, including South Warwickshire Foundation Trust and Coventry and Warwickshire Partnership Trust, and the National Probation Service.

The MASH also operates an advice line for professionals to discuss potential referrals and to guide professionals around next steps including whether Early Help should be pursued.

Advice line: **024 7678 8555**

What happens when a referral is made to the MASH?

On receipt of the Multi-Agency Referral Form (MARF) the referrer will receive a reference number and a copy of the submission.

All referrals are made via an online Multi-Agency Referral Form (MARF) and are reviewed and triaged via Children and Families Workers and Social Workers. The following may not be triaged however the referrer will be advised of this:

- When the referral has been completed to share information rather than to raise a need

- If the MASH is not able to identify the child-unless there is evidence that the child is an unaccompanied asylum seeker
- Consent for the referral has not been sought from the parent/ carer and to do so would not put the child at increased risk of harm from the parent/carers
- If a referral is received in relation to a child who is currently supported by a Social Worker, this will not be triaged but will be shared with the Social Worker

Actions taken during triage will be determined on a case-by-case basis but should include:

- A review of the child and family history and preparation of a short chronology
- A discussion with the referrer
- A discussion with the parents/carers and with the young person if appropriate
- A discussion with any relevant professionals/ partner agencies involved with the child/ young person and their family
- An analysis of the current needs/risks and lived experience of the child/ young person and decision on next steps



**A decision should be made within 24 hours.
These outcomes may include:**

- No further action
- Provision of information and advice to the referring agency or family
- Referral to Early help – this may be when triage indicates that support is best offered at Level 2 or 3 and relevant consent has been sought by the referrer
- Start a MASH episode - this may be used when it appears that threshold may be met for Children's and Education Services intervention but full information sharing by all MASH partners is required to determine the final threshold decision

MASH Assessments

Once a MASH assessment commences, MASH partners will begin to gather relevant and proportionate information from their systems. Feedback will also be gained from all other relevant sources. Once all MASH partners have completed their information gathering a final recommendation will then be made.

- No further action - if it was established during the assessment that the child or young person reside in another area.
- Diversion to Early Help - if the MASH assessment indicates that the needs of the family are best met by Level 2.
- Referral to Children's and Education Services- used for all cases where the threshold for

Children's Services intervention is met. The MASH team manager will specify whether a Strategy meeting should be convened.

Strategy Discussions

The MASH will instigate all Section 47 enquiries on any referral to the MASH where there is reasonable cause to suspect that a child is at risk of significant harm. This would be determined within a multi-agency Strategy Discussion, which would have minimum participation of Children's and Education Services, Police and Health representative.

In these scenarios, the referring practitioner and wider partners may be invited to a Strategy Discussion. The purpose of a Strategy Discussion is to determine the child's welfare and plan rapid future action, and if there is reasonable cause to suspect the child is suffering or likely to suffer significant harm. All attendees should be able to make decisions on behalf of their agency. Practitioners should be sufficiently skilled and experienced to prepare for and engage with the strategy discussion and be able to critically assess and challenge your own and others input, as well as making an informed decision about whether there are grounds to initiate an enquiry under Section 47 of the Children's Act 1989.

Where the attendees of the Strategy Discussion have taken a judgment that there is reasonable cause to suspect that a child is at risk of significant harm, Section 47 of the Children Act 1989 requires the Local Authority to make enquiries to enable it to decide whether action is required to safeguard and promote the well-being of the child.

THRESHOLD OF NEEDS TABLE

The table below represents indicators that are an indication of a possible level of need. These are not intended to replace professional judgement based on a conversation with the child, young person and their family in more detail to explore the context and the factors behind the need. They should be used as a guide and not to support fixed, inflexible positions.

Child developmental needs	Universal	Additional	Multi-Agency Early Help Services	Statutory Intervention
	<ul style="list-style-type: none"> • Achieving milestones • Any developmental delay is responded to appropriately • Good School attendance • Age appropriate, positive and healthy relationships with peers • Ability to cope with everyday emotional and relationship difficulties • All identified need is met through the provision of age-appropriate services • Age-appropriate understanding of online safety • Age-appropriate relationships with peers • Sexual activity is age appropriate • Positive and healthy relationship with parent/carer 	<ul style="list-style-type: none"> • Slow to reach developmental milestones, needs not consistently attended to • Missed health checks / immunisations • Child has more than 10% unauthorised absence within the last 2 terms • Emerging concerns about SEN not being met within setting • The young person is not in education, employment or training (NEET) or their attendance is sporadic • Difficulties with peer relationships • Low level mental health issues, self-harm without suicidal thought or intent • Unsafe use of the internet including contact with an unknown person/s or coercive or violent behaviour online • Underage sexual activity • Signs that the child is involved in substance misuse • Poor attachment • Signs of disruptive or challenging behaviour, signs of offending or anti-social behaviour • Issues arising from parental separation, step-parenting or bereavement impacting on the child • Emerging concerns about limited or restricted diet e.g. no breakfast, no lunch money/lunch or underweight 	<ul style="list-style-type: none"> • Developmental milestones not being met due to persistent parental failure/inability • Significant changes in developmental progress including selective mute, bed wetting or soiling • Physical health needs are not being met (immunisations not up to date, concerning accidental injuries, poor dental health) • Regular missed appointments affecting developmental progress • Child only attends school 50-90% of the time within the last 2 terms • Child is not able to participate or engage well in education (motivation to learn, behaviour difficulties) • Child's SEN are not being met in their current setting • Child has some identified specific learning needs with targeted support and/or statement of SEND • Disability requiring home adaption. • Persistent mental health issues, self-harm without suicidal ideation • Persistent unsafe use of the internet including contact with an unknown person/s or coercive or violent behaviour online • Persistent substance misuse • Forming relationships with unknown adults • Young person is the main carer for a family member • Unresolved ongoing issues about limited or restricted diet e.g. no breakfast, no lunch money/ lunch or underweight 	<ul style="list-style-type: none"> • Significant unmet developmental needs likely to cause significant harm • Non-mobile child with injury • Non-organic failure to thrive • Profound permanent disabilities where needs can no longer be met by Universal or Multi-Agency Early Help • Child with disability with self-injurious behaviour or harm to others • Frequently missing from home • Significant unmet health needs likely to cause significant harm or death • Complex mental health issues affecting development • Suicidal ideation • High level of emotional health issues • Persistent or multiple relationships with unknown adults • Offending behaviour resulting in risk of significant harm • Drug/alcohol use affecting development • Teenage pregnancy under 13 years of age • Child displays sexually harmful behaviour • Child is involved in internet enabled exploitation or abuse • Challenging behaviour resulting in serious risk of harm

Parental capacity	Universal	Additional	Multi-Agency Early Help Services	Statutory Intervention
	<ul style="list-style-type: none"> • Access services appropriately e.g. health and education • Appropriate feeding, diet and nutrition resulting in age-appropriate growth • Good attachments • Parent able to implement appropriate boundaries • Parents respond appropriately to advice given • Parents are aware of extrafamilial risks in the community and are confident to raise concerns at an early stage • Parents support age appropriate, positive and healthy relationships • Parents display responsive parenting • Child has access/ limited access to books, toys and activities that are age appropriate and are supported in learning experiences • Parents have strategies for managing their mental health • Parents can resolve/sometimes resolve conflicts in a healthy way • Family has adequate housing provision 	<ul style="list-style-type: none"> • Expectant or new parent/carer who requires additional support (e.g. young parent or parent with learning needs) • Parent/ carer needs support with their physical/mental health • Poor supervision of the child • Missed health appointments • Anti -social behaviour • Some access to books/ toys/ new experiences • Inconsistent care arrangements • Poor response to emerging need • Concerns about attachment/ interaction • Inconsistent parenting • Reported domestic abuse where impact on the child is not immediately known e.g. the child is not present • Parents unable to give a picture of child or young person's peer group • Absence of appropriate concern to implement parental safeguards in relation to their child or young person's harmful digital activity 	<ul style="list-style-type: none"> • Parental learning or physical disability impacting on child's development or needs • Parental substance misuse or mental health issues impacting on child's development or needs • Poor supervision from the parent resulting in unmet need • Poor response to the child's need from the parent • Signs of neglect • Domestic abuse impacting on the child's development • Parent requires support around physical chastisement and its appropriateness • Lack of understanding of child's peers and/or social activities • Parents are unaware of extrafamilial risks and require support to either understand the risks or to address the risks 	<ul style="list-style-type: none"> • Failure to access services likely to result in significant avoidable impairment to the child • Suspected neglect, for example persistent reports of child presenting as hungry/scavenging for food, or at risk due to being overweight/underweight • Child experiencing domestic abuse resulting in significant harm • Child sustains an injury due to lack of supervision • Suspected non-accidental injury • Child abandonment/rejected/persecuted • Private fostering arrangements • Non-compliance/ disguised non-compliance • No positive stimulation • Extreme poverty impacting on parental ability to care for the child • Significant substance/ alcohol misuse • Unborn where there are significant concerns about future care where a young person is under the age of 18 • Unborn where siblings are subject to a Child Protection Plan, looked after by the Local Authority or have been subject to Care Proceedings • Where siblings have been placed with alternative family or friends either by the Local Authority or under a Family Arrangement • Sexual activity under the age of 13 • Where parents have offended against children/ been assessed as being a risk to children • Suspicions of fabricated illness or induced illness • Concealed pregnancy indicating potential risk to the baby • Concerns that the child may be subject to harmful traditional practice such as witchcraft • Parents mental health poses risk of significant harm to the child • Families housing provision puts the child at significant risk of harm



Family and environmental factors	Universal	Additional	Multi-Agency Early Help Services	Statutory Intervention
	<ul style="list-style-type: none"> • Supportive and positive relationships and networks • Good family relationships • Accommodation has all basic required amenities • Secure tenancy • Family is able to manage financially using resources to meet needs • Access to positive activities 	<ul style="list-style-type: none"> • Family affected by low income or unemployment • Poor housing/home environment impacting on child's health • Early signs of neglect • Early indicators that the young person is becoming involved in crime and/or anti-social behaviour • Low level risk of exploitation as indicated on an exploitation screening tool • Child or young person being pressured to become gang involved • Child or young person exposed to trauma within their peer associations • Child or young person exposed to the selling of substances • Child or young person aware of others carrying weapons and feel compelled to do so 	<ul style="list-style-type: none"> • Transient families: frequent moves impacting on the child's education • Housing concerns: tenancy at risk, home in poor state of repair • Relationship breakdown • Community harassment/discrimination • Concerns about affiliations with gang members • Child experiencing harm outside the home (peer to peer abuse, bullying, online harassment, sexual harassment) • Attendance at A and E for violence related injury • Unsupported young carer or change in caring circumstances 	<ul style="list-style-type: none"> • Allegation of abuse or neglect from the child • Reports of abuse or neglect from a family member • Suspicion of physical, emotional or sexual abuse, or neglect • At risk of female genital mutilation • At risk of honour-based violence • Unaccompanied asylum-seeking children • No recourse to public funds • Homeless 16- and 17-year-olds • Medium or high risk of exploitation or serious youth violence • Sexual activity where the relationship appears to be coercive or inappropriate • Child or young person appears to be trafficked • Child or young person groomed into violent extremism • Police Protection • Family in crisis/edge of care • Threat to life warning



The Child

- Is the child vulnerable to or experiencing harm online? This could include via social media, gaming or messaging apps
- What did the child say or communicate about these worries? Has their presentation changed?
- What advice and support have I offered the child and their family?
- Is the child vulnerable within the community? In what context?
- What will the impact be for the child if action is not taken? Consider developmental needs
- Are risks escalating due to not accessing support from agencies?
- Is this a child who is likely to become 'out of sight of services*', for example, permanently excluded, no school place**, electively home educated, has severe absence (50% or less) or is not known to universal services?

The Child's Family

- What are the strengths of the family and what is working well for them?
- Is there anyone outside of the immediate family that offers them support?
- What did the family say about these worries? Have they been open to discussing them?
- Has their response helped my decision making or do I need to speak to them to gain more information?
- What is the picture of the family as a whole?
- What are the needs of any siblings and parents?
- Is there evidence of parent's adverse childhood experiences (ACEs) impacting on the child?
- What help do I believe the family need? What help do the family believe they need?
- Does the family consent to sharing information with agencies?
- Does the family agree to an offer of help and support?



My approach

- What are my worries?
- What are the complicating factors which may be making this more challenging to deal with?
- What is the advice from my line manager, safeguarding advisor or Early Help Assessment Coordinator?
- Do I need to obtain more advice before making a decision?
- What is the view of other professionals involved with the child/family?
- What action will I take if consent is not given?

Remember

- The purpose of these questions is to have a better understanding of the child and family's lived experiences.
- Be curious; put yourself in the child's place, think about the impact on the child and when making decisions about them consider how this will make them feel
- Recognise that views and interests may differ between yourself and parents/other professionals. It is important to seek advice and be considered in decision making
- Treat all family members with respect and show empathy when considering the individual circumstances of a family.

* *Children are considered 'out of sight' where practitioners across various universal services are unable to offer services consistently, hindering a comprehensive understanding of their development and progress.*

** *Throughout this document 'school' refers to all education settings appropriate to the child's age.*



Escalation

Safeguarding is everyone's responsibility and effective, collaborative working is essential. Practitioners need confidence in talking with each other about decisions that have been made, discussing concerns about those decisions and, when there isn't agreement, escalating those concerns if appropriate. A lack of escalation is a common theme in Safeguarding Practice Reviews which often demonstrate that a practitioner was not assured that the child was safe. The National Child Safeguarding Practice Review Annual report 2021 identified that there was 'poor escalation of concerns for 253 notified cases (63.6%)'. The need for staff from all agencies to feel confident in their understanding of when and how to raise effective challenge about practice is necessary to achieve the best outcome for children and young people.

Equally important is the culture of how we work, and it is vital front-line staff are encouraged to be professionally curious and raise issues when they feel their concerns for children and young people are not being tackled.

For more information on Escalation please visit Coventry Safeguarding Children's Partnership Escalation Policy- Resolution of Professional Agreements, here: **Coventry Escalation policy**

Information Sharing

Information sharing is essential for identifying patterns of behaviour, or circumstances in a child's life that may evidence that they are at risk of harm or are being harmed and need some form of support or protection. Information held by agencies may be the missing piece of the jigsaw in understanding what daily life is like for the child, the risks that they face and whether there has been any meaningful impact from interventions put in place. The Department for Education have issued information sharing guidance for practitioners and the document can be found here :- **DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers.** Coventry Safeguarding Children's Partnership has also developed a poster outlining the 7 golden rules of information sharing and it can be found here: **7-golden-rules-on-information-sharing**

Further useful resources

West Midlands Child Protection procedures can be found here:
Welcome | West Midlands Safeguarding Children Group

Coventry MASH: Coventry's Multi Agency Safeguarding Hub (MASH) – Coventry City Council

Coventry Early help: Early help – Coventry City Council

Coventry Safeguarding Children Partnership: Coventry Safeguarding Children Partnership - Search