COVENTRY SAFEGUARDING CHILDREN PARTNERSHIP

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Right help, right time

Contents

Introduction from the Lead Safeguarding Partners

The Lead Safeguarding Partners, Coventry Local Authority Chief Executive, Coventry & Warwickshire and Herefordshire and Worcester Integrated Care Board Chief Executive and West Midlands Police Chief Constable, are delighted to introduce this new threshold document. In March 2025 the Government issued the Families First Partnership Programme, introducing new requirements for Lead Safeguarding Partners, Local Authority Chief Executives, Integrated Care Board Chief Executives and Police Chief Constables. All families need support, whether from family or volunteers, private funded services (such as in-home childcare support or paid for therapeutic support) or publicly funded family support or social work. The Families First Partnership Programme introduces:

- **Family help:** aims to improve children's outcomes by understanding and responding to the needs and circumstances of the family as early as possible to enable children to thrive and families to remain together.
- **Multi agency child protection teams:** Establishing multi-agency child protection teams will bring a clear, fresh focus where there are child protection concerns, bringing experts together across agencies to identify actual or likely significant harm and take decisive action to protect children.
- **Family-led decision making:** Families should be supported to enable their children to remain living at home with their birth parents, where it is safe to do so. Children who stay with their families have considerably better outcomes than children who enter local authority care. Empowering families and wider family networks, supported by practitioners in both Family Help and multi-agency child protection, to make plans to support children and help families to stay together safely, is central to the whole family approach in this end-to-end system reform.

In Coventry we are steadfast in our ambition to make services work better for children, young people and their families and we recognise, that to do this we need to make these changes at an appropriate speed, learning as we go about what works and doesn't work for children, young people and families; amending the arrangements as we learn. The Lead Safeguarding Partners recognise that this is a period of change for practitioners, and we thank you for your support, integrity and patience as we work through these changes to strengthen our child-focused system based on the strengths of families across the city.

Families First Partnership programme offers an exciting opportunity for us to achieve our vision that, 'working together with children, families and communities at the heart we are building a fairer, healthier, Child Friendly Cov where every child feels loved, supported and able to thrive.

Across the whole system we commit to the following ways of working:

- Decisions are made together- with children, families, communities and professionals working in partnership.
- We listen, learn and adapt-using lived experience and evidence to meet the evolving needs of children and families.
- We use data to understand need and drive change to reduce health inequalities and improve wellbeing.
- We invest in confident, compassionate teams who work collaboratively to make a difference in children's lives.
- We recognise and build on strengths of families and communities - not assuming that professionals have all the answers.
- If you wish to feedback on any of the changes please contact the **Families First Partnership Programme** project **FamiliesFirstPartnershipProgram@coventry.gov.uk**

Safeguarding and promoting the welfare of children is defined in Working Together 2026 as:

- Providing help and support to meet the needs of children as soon as problems emerge.
- Protecting children from maltreatment, whether that is within or outside the home, including online.
- Preventing impairment of children's mental and physical health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the interests of the children.
- Taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.
  - Outcome 1: Children, young people and families stay together and get the help they need.
  - Outcome 2: Children and young people are safe in and outside their homes.
  - Outcome 3: Children and young people are supported by their family network.
  - Outcome 4: Children in care and care leavers have stable loving homes.

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 child protection intervention is required.

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

Universal	Early Support	Family help	Family help - Child Protection
All children will access a range of Universal Services; these could be GPs, Health visitor or Schools etc	Early support means providing support to a child and their family as soon as an issue emerges. Early support is a collaborative approach which relies on local agencies from statutory, voluntary and community sectors working with the family to meet emerging needs..	Family help is for children, young people and families whose needs are multiple and/ or complex. This brings together what is was previously targeted early help and Section 17 Child in need. This may involve multiple agencies but children, young people and their families are supported by a consistent Family Help Lead Practitioner (more information on FHLP can be found on page 16).	Under Section 47 of the Children's Act 1989, where a local authority has reasonable cause to suspect that a child is suffering or likely to suffer significant harm, the local authority has a duty to make enquiries to decide whether to take any action to safeguard or promote the child's welfare. Children, young people and families will be supported by expert practitioners who understand significant harm and the most proportionate, effective interventions.

Coventry Family valued is our practice approach across the partnership, underpinned by the belief that outcomes are better for children, if they are living at home, with their family and within the community, wherever safe to do so.

Coventry Family Valued is about working 'with' children, their families and their networks.

Relational Practice: It's all about relationships! We invest in relationships with children and their families, their networks and other professionals. We recognise the importance of building trusting relationships, maintaining relationships, and repairing relationships to support sustainable changes with families.

Family-led decision making: We empower and enable families to build their networks of support, to find their own solutions and lead on the decisions which affect their lives and the lives of their children.

We work with whole families and their networks, and facilitate Family Network Meetings with children, young people and their families. We believe that all families have a right to a Family Group Conference if the child(ren) is deemed to be at risk of significant harm, on the edge of care or to support reunification, and remaining in the family home following reunification.

Child Friendly Cov: We keep children at the heart of everything we do in our practice and decision making with children and their families. Child Friendly Cov is our ambition as a whole city, to make Coventry the best city in the UK for children and their families to live and grow up in, a city where all children:

Rainbows are a symbol of hope, and Coventry Family Valued promotes practice which builds hope for children and their families. The relational rainbow shows the different strands of our practice approach.

The principle of Right help, right time is that of wanting more conversations to help children and families get support, from the right people, drawing on their own networks at the earliest opportunity in a way that meets their needs.

Needs of children, young people and their families change overtime, but this should not mean that they face a number of obstacles from professionals. The support that they receive should feel seamless with practitioners acting more fluidly around the child, young person and their family with a focus on practitioners building trusting, respectful and enduring relationships using tools that move with the child, young person and their family as their needs change.

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 communities. For more information on family network meetings please see page 24.

It is vital that practitioners from all agencies who come into contact with children, young people and their families consider not only the risks involved but speak to children, young people and their families to understand the context in which those risks occur and are curious about the strengths that exist in families to address the challenges they are facing.

For more information on Questions for you to consider please see pages 27-28.

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 voice 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 need to consider why families may be hesitant to access services and develop strategies to overcome these barriers. Practitioners need to use relational and family valued language that is free of jargon, 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.

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 circumstances, practitioners need to work openly and respectfully with children, young people and their families.

Support and pathway	Needs	Services (examples)
Universal Children, young people and families access directly.	The majority of children, young people and families living in Coventry require support from universal services alone. Children, young people and their family's needs are met through mainstream universal services.	Early years, education, primary health care, maternity services, housing, youth organisations, faith organisations and community groups, faith groups and voluntary sector organisations.
Early support Early support is everyone's responsibility. Delivering support to families at the earliest opportunity before needs escalate can be hugely beneficial. The first person to support a child, young person and their family should be the person identifying the issue. Early support involves one or more services provide voluntary additional support to meet the child and family's needs. Early support is a voluntary process and parents/carers should always agree to any referral and to their information being shared with other agencies. Families can access support directly through the Best Start in Life Family Hubs - Family hubs for families and carers – Coventry City Council or drop into one of Coventry's Best Start in Life Family Hubs during operating hours from 8.30am - 5pm. A Family Network Meeting should be offered to families receiving Early Support to enable their wider network to make decisions and provide additional help early, preventing needs from escalating. Best Start in Life Family Hubs offer a range of services designed to meet the needs of the entire family.	Children and families with additional needs who would benefit from or who require extra help to, for example: • Improve education engagement • Improve parenting and/or challenging behaviour • Meet specific health need or emotional needs of the child and/or parent • Improve their financial situation • Respond to a short-term crisis such as bereavement, parental separation.	Support with employment, training or education. Parenting support, housing support, extra health support for family members. Support provided through school speech and language therapy, mental health support or behavioural support. Support with finances, debt or access to grants/ foodbanks. Bereavement support or parental conflict support. Targeted youth work.

Support and pathway	Needs	Services (examples)
Family Help One or more services provide co-ordinated support to meet the needs of the child and family. This brings together what was previously Targeted Early help with Section 17 Child in need however, whatever the level of need, the service should feel seamless to the child, young person or family. A Child and Family assessment should be completed if the child/ family are already in receipt of early support this information should be added to the Child and Family assessment. Families can access support directly through the Best Start in Life Family Hubs. Families can also access support by making a Request for Support online. **Practitioners may wish to contact the Children and Families Initial Response and Safeguarding Team for advice on 024 7678 8555 or make a Request for Support** The Familiy Help Lead Practitioner will convene a Family conversation and then complete a Child and Family Assessment. Family Network Meeting should be offered to families to enable their network to step in early, offer additional support, and make decisions about how they can address the emerging needs of children and families. Where relational histories or complex dynamics exist within family networks, or when a Family Network Meeting has not been able to address all concerns; families should be offered a Family Group Conference.	Vulnerable children, young people and their families with multiple needs or whose needs are complex and, who are unlikely to maintain a standard of health or development without services. The aim of Family Help is to • Support children and young people to thrive in education • Support good early years 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 • Support children who have additional health needs • Support children who are young carers • Support families with no recourse to public funds	Family help is an integrated system, where support wraps around the family ensuring that the family gets the right support from the right practitioners at the right time to support families to stay together and to thrive .It is delivered through multi-disciplinary services that work collaboratively with partners to provide welcoming, seamless and effective support that is tailored to the needs of children and families. The child, young person and family will be supported by a Family Help Lead Practitioner who will undertake a Child and Family Assessment drawing on the views of the child, young person, family and wider practitioners. The Child and Family Assessment will help to identify any worries that the child, young person or family may have whilst drawing on sources of support available in the family network and any protective factors. 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. However these should not be referred to the Children and Families Initial Response and Safeguarding Team unless there is evidence that threshold for Child Protection is met. For support with encouraging families to engage please see our one-minute guide here:- encouraging-families

Support and pathway	Needs	Services (examples)
Family Help - Child Protection If you have a concern that a child may have suffered or be at risk of significant harm a referral to the Children and Families Initial Response and Safeguarding Team should be made using the online Request for Support Form. You may wish contact the Children and Families Initial Response and Safeguarding Team for advice on **024 7678 8555**. If the child is at immediate risk of significant harm call the police on **999**. Families should be offered a Family Network Meeting or a Family Group Conference to bring together the people who know and care about them, so the network can offer practical support, think together about emerging worries, and agree contingency plans if concerns are not resolved. In Child Protection processes, and particularly when the Public Law Outline is being considered or initiated, a Family Group Conference becomes a mandatory offer to ensure families have the opportunity to shape their own safe and sustainable plan before court action progresses.	There are some children, young people and families who require specialist help and support to meet their needs where there is cause to suspect significant harm. Examples of the needs of children at this level are: • Children who have suffered or are likely to suffer significant harm as a result of abuse or neglect • 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	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 the online Request for Support Form. The practitioner may wish to contact the Children and Families Initial Response and Safeguarding Team by telephone to discuss their concerns and obtain advice and guidance. Unless it puts 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 Request for Support Form, 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 the request for support 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.

It is important to note that this is a fluid, flexible continuum, and practitioners need to constantly use new information to re-assess the risk. Some children's needs may escalate very quickly from Universal services to child protection, whereas some children can very quickly move from child protection to Universal once intervention is put in place. Practitioners must also consider that in some instances previous referrals to Family help child protection have not been progressed that if new information comes to light which changes the level of risk then the child or young person should be re-referred. More information on the indicators of need at each level can be found on pages 24-26.

Having conversations with families / consent

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. If the Local Authority feels that the circumstances of the family means that the child should be placed on a Child Protection plan the family will still be required to work with the professionals and the plan and it is therefore vital that children, young people and their families experience a relational, transparent and trustworthy approach which builds a partnership approach right from the point of request for support.

A discussion should always take place with families when there are emerging early support needs or needs that may require Family help as support at these levels is voluntary.

Whilst it is often believed that consent is not needed when making a request for support in relation to child protection concerns you will still be asked whether a discussion has taken place. If practitioners have not spoken to the family prior to the request to make them aware 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 request for support is accepted.

When requests are made without the appropriate family conversations, this can result in families not trusting services, creating barriers for services to engage with the families.

It is important that all practitioners working with children and families exercise professional curiosity. Professional Curiosity is where a practitioner explores and pro-actively 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**
- **Consider any cultural biases**

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, biases 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

Family help is about offering a seamless offer of support to children, young people and their families whose needs are multiple and complex or for children whose health and development is likely to be impaired without intervention.

Family help is the bringing together of what was previously Targeted Early help and Child in Need. Family help is about enabling earlier, wraparound support for families and preventing escalation into crisis.

Family help aims to improve children's outcomes by understanding and responding to the needs of families as early as possible. Family help brings together local services under a combined multi-disciplinary practice approach and service offer which is underpinned by:

- wrapping intensive, skilled and well evidenced support around the family at the earliest opportunity -using the best matched lead practitioner from a range of disciplines;
- ensuring consistency of relationships between children, families and their Family Help Lead Practitioner.
- A Child and Family Assessment and Plan that will stay with families but adapt as their needs change.

Child in need/ Section 17

Section 17 of 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 the 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 services; and/ or
- S/he is disabled and Children's and Education Services will undertake a Child and Family 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.

Family Help Child in Need/ Section 17 will be overseen by Social Work qualified Team Managers.

Family Help Lead Practitioner(FHLP)

The FHLP is the key worker and consistent point of contact for a child and their family across the whole Family Help journey. The role exists to ensure families experience relationship based co-ordinated support rather than fragmented services, with multiple handover points and repeatedly changing practitioners.

Who can be a FHLP?

- FHLP can come from different professional disciplines not only social work.
- Some FHLPs will be social work qualified, others will be alternatively qualified practitioners with relevant skills and experience.
- FHLPs
  - work within multi-disciplinary teams.
  - may or may not be employed by the Local Authority.
  - are allocated based on skills, experience, capacity and the family's needs.

The Family Help Practitioner actively draws on multidisciplinary support including from Family Help team specialists and partner agencies eg CAMHS, Domestic abuse services and adult mental health services.

The FHLP also plays an active role in supporting the family to present their own needs, strengths views and preferences.

Where it is thought that the child, young person or family require support in the form of Family Help a request for support should be made to the Children and Families Initial Response and Safeguarding Team.. Following this request this will be review by a manager at the Children and Families Initial Response and Safeguarding Team who will determine if Family help is needed. If there is agreement that the child, young person and family require Family Help then there will be a discussion about who would be the most appropriate person to act as the Family Help Lead Practitioner (FHLP).

Family Meeting and Child and Family Assessment

Once the FHLP is identified a family meeting will take place to identify, from the family's perspective, any concerns, any protective factors, any sources of support within their network and any additional support that may be required. 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 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 experts on their own lives, and we want to embrace this and create change; by supporting families to take the lead on their plan, in their support packages and in decision making. We want to build relationships using approaches in practice that are respectful, non-discriminatory, unbiased and non-judgemental.

Following the family meeting Family Help Lead Practitioner will then undertake a Child and Family assessment drawing in the views of the child, young person, family and appropriate professionals. The Child and Family Assessment should:

- be undertaken with the agreement of the child and their parents or carers
- take account of the child's wishes and feelings wherever possible
- take account of the needs of all members of the family as individuals and consider how their needs impact on one another
- cover both presenting needs and any underlying causes
- be based on facts, and explore and build on strengths
- be clear about the action to be taken and services to be provided
- identify what help the child and family require to prevent needs escalating

The FHLP will then monitor the Family Plan offering acting as a point of contact and consistent relationship for the family whilst providing a co-ordination role for other agencies who are part of the Child and Family assessment and plan.

Child Protection - Section 47 Children's 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 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,

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 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.

Where there is a concern for the welfare of the 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 are unclear on the right course of action then a call should be made to the **Children and Families Initial Response and Safeguarding Team** on **024 7678 8555** to seek advice and guidance.

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
- is likely to suffer significant harm - child protection

Requests for support should be made on the same day by competing a Request for Support Form.

If a practitioner believes that a child is experiencing or at risk of harm please contact:

- Coventry Children and Families Initial Response and Safeguarding Team on **024 7678 8555** during office hours **Monday - Thursday 8.30am - 5.00pm Fridays 8.30am - 4.30pm**
- The **Emergency Duty Team** outside of office hours on **024 7683 2222**
- If you believe there is an immediate risk of harm to a child or young person contact the Police on **999**.

Children and Families Initial Response and Safeguarding Team

Families should receive the right support, at the right time. The Children and Families Initial Response and Safeguarding Team is the point for practitioners, members of the public and families to access advice and also to make a request for support in relation to both Family Help and Child Protection needs.

The Children and Families Initial Response and Safeguarding Team can be contacted on **024 7678 8555** or by completing an online Request for Support.

Many families need help at some point, and the emphasis should be on encouraging families to engage at the earliest opportunity in a non stigmatising, accessible and relational way to meet their needs before they escalate. It is important from the point of request for support that practitioners start to build positive, transparent and strengths based relationships with the family and therefore unless it puts the child at increased risk of harm the family should be made aware of the request and the referrer should start to gather information about protective factors and areas of strength and include these on the request. The initial contact with a professional may be vital in shaping a parent/carers view of services and may impact whether they want to work with agencies.

Whilst there is a single Request for Support Form, practitioners will be asked to identify whether they feel that the child, young person or family needs family help or family help- child protection. Once the Request for Support Form is received by the Children and Families Initial Response and Safeguarding Team, the referrer will be allocated a reference number and a Manager will consider the request. The following requests may not be considered:

- When the Request for Support has been completed to share information rather than to raise a need.
- If the Children and Families Initial Response and Safeguarding Team is not able to identify the child - unless there is evidence that the child is an unaccompanied asylum seeker.
- Consent and/ or where a discussion has not taken place with the parent/carer and to do so would not put the child at increased risk of harm from the parent/carer, unless there is sufficient detail on the referral to suggest that consent needs to be overridden.
- If a Request for Support is received in relation to a child who is currently being supported by a Social Worker. Actions taken 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 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.
- Information in relation to early support
- Appointment of a Family Help Lead Practitioner to commence Family Help.
- To hold a Strategy meeting – this may be used when it appears that threshold may be met for Children's and Education Services Family Help Child Protection intervention but full information sharing by all Children and Families Initial Response and Safeguarding Team partners is required to determine the final threshold.

Strategy Discussions

The Children and Families Initial Response and Safeguarding Team will instigate all Section 47 enquiries on any Request for Support 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 representatives.

The purpose of a Strategy Discussion is to determine the child's welfare, if there is reasonable cause to suspect the child is suffering or likely to suffer significant harm, whether there is a need to plan swift future action or further assessment is required.

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 their 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.

Top tips for making a good Request for Support Form

A Request for Support Form 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. It is not just general worries but 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 on how this mitigates the risk.

You should also include information about any previous work that has been undertaken; if Early support/ Family help 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 principles of Right help, right time been applied?** - what is your evidence that this meets the threshold of Family help/Child Protection?
- **Consent and/or a discussion with the parent/carer - have you made the family aware of the Request for Support?** 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 Children and Families Initial Response and Safeguarding Team. We want families to work with us, and this works best when practitioners build open and trusting relationships. The Children and Families Initial Response and Safeguarding Team will speak to families about the content of referrals so families should be aware of them.

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 Request for support:

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 contact:

- **Coventry Children and Families Initial Response and Safeguarding Team** on **024 7678 8555** during office hours **Monday - Thursday 8.30am - 5.00pm Fridays 8.30am - 4.30pm**
- The **Emergency Duty Team** outside of office hours on **024 7683 2222**
- If you believe there is an immediate risk of harm to a child or young person contact the Police on **999**.

Family networks are a vital source of love and protection and help to provide children with a sense of identity and belonging. Unlike Children's Services, who come in and out of a child's life, a family network is permanent, and practitioners should regularly identify ways to involve and strengthen the family network. Children who are well supported to stay within their family networks have better outcomes than children who enter local authority care. Empowering family networks, with support from practitioners in both Family Help and multi-agency child protection, to make plans to support children and help families to stay together safely, is central to an effective family help approach.

Family-led decision making is a key component of the Coventry Family Valued practice approach and refers to practice which empowers families to lead on the decisions which affect them and their children. Family led decision making takes place within both Family Group Conferences and Family Network meetings, but it is not only about what happens within these forums, and should be evident throughout all agencies practice with children, young people, families and carers, keeping families and their networks central to decision making throughout their involvement with services, whenever it is safe to do so.

Family Network Meetings are voluntary meetings which bring together all or some of the family and friends' network to address the presenting issue(s), to problem solve as a network, and to develop a family led plan. Family network meetings are part of the 'day to day' work that practitioners complete with children, young people, families and carers, and are facilitated by the practitioner(s) already working with the child and their family. As a minimum all children and their families open to Children's Services should be offered a Family Network meeting.

Family Group conference is a voluntary decision-making process, where a child's family network come together to plan the future care for the child, to ensure the child is safe, and their well-being is promoted. Unlike Family network meetings, Family Group Conference are a specialist service, with preparation and the meetings, facilitated by an independent Family Group Conference Co-Ordinator, rather than the practitioners already working with the child/ family. The Family Group Conferencing Service has a priority criteria for referrals, so that Family Group Conference is targeted where the process will have the most impact. The priority criteria for Family Group Conference is:

- Exploring family support as an alternative to an Initial Child Protection Conference.
- Preventing a child on the edge of care becoming looked after.
- Exploring the possibility of a child returning from home.
- Supporting a child who has returned home from care.
- De-escalation within Children's Services.

The table below represents indicators of a possible level of need. These are not intended to replace professional judgement. A conversation should take place 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.

	Universal	Early Support	Family help	Family Help- Child Protection
Child developmental needs	• 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	• 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	• The child has some additional health needs which require support. • Developmental milestones not being met due to parental failure/inability • Physical health needs are not being met (immunisations not up to date, concerning accidental injuries, poor dental health) • 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. • Child has significant behavioural and neuro - developmental disorders eg conduct disorder, ADHD and Autism Spectrum Disorder and care givers are finding it difficult to manage despite early support. • Persistent mental health issues, self-harm without suicidal ideation • Young carer whose milestones are being compromised by virtue of those responsibilities. • Persistent unsafe use of the internet including contact with an unknown person/s or coercive or violent behaviour online • Persistent substance misuse • Harmful sexual behaviour • Forming relationships with unknown adults • Unresolved ongoing issues about limited or restricted diet e.g. no breakfast, no lunch money/ lunch or underweight	• Significant unmet developmental needs likely to cause significant harm • Non-mobile child with injury • Non-organic failure to thrive • Parents failing to recognise / respond to physical/ learning disability with life limiting illness. • Persistent high risk substance misuse • Significant unmet health needs likely to cause significant harm or death • Child has significant or escalating patterns of mental health difficulties eg chronic depression or self harm • Suicidal ideation • Teenage pregnancy under 13 years of age • Child displays serious sexually harmful behaviour

Parental capacity	Universal	Early Support	Family help	Family help- Child Protection
	• 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 extra-familial 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	• 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	• 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 parents resulting in unmet need • Parent struggles to set effective boundaries • Poor response to the child's need from the parent • Signs of neglect • Child living in a house where there are daily unresolved conflicts which are impacting them adversely. • Domestic abuse impacting on the child's development • Child has multiple or inconsistent carers • Parents require support around physical chastisement and its appropriateness • Lack of understanding of child's peers and/or social activities • Parents are unaware of extra-familial risks and require support either to understand the risks or to address the risks • Families housing provision puts the child at risk of harm • Parent/carer has been incarcerated, and child has no other suitable carer • Support for birth parents who may have had a child removed • Support for adopted children • Private fostering arrangements • Support for children with parents in prison	• 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 • Child experiencing domestic abuse resulting in significant harm including coercion and control • Child sustains an serious injury due to lack of supervision • Suspected non-accidental injury/ and or unexplained injury • Persistent high risk parental substance misuse • Child abandonment/rejected/persecuted • Parents/carers to be, who repeatedly fail to ensure that their baby is not exposed to unnecessary risk in utero (womb) • Unborn where there are significant concerns about future care where a young person is under the age of 18 Serious non-compliance/ disguised non-compliance • Parents mental health presents a significant risk to the child • Child/ young person is out of school due to parental neglect • Child is in unsuitable home education • Unborn where siblings are subject to a Child Protection Plan, looked after by the Local Authority or have been subject to Care Proceedings • Sexual activity under the age of 13 • Where parents have offended against 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

Family and environmental factors

Universal	Early Support	Family help	Family help- Child Protection
• 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	• 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	• 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 • Reports of abuse or neglect from a family member • Change in caring circumstances • No recourse to public funds • Homeless 16 and 17 year-olds • Online activity that puts the child at risk or threatens others. • Unaccompanied asylum seeking children.	• Allegation of abuse or neglect from the child • Child is being physically, sexually or emotionally abused. • Child is being sexually abused or at risk of sexual abuse (including abuse fabricated online) • At risk of female genital mutilation • At risk of honour-based violence • Frequently missing from home • Persistent or multiple relationships with unknown adults • Serious or persistent offending behaviour • Unaccompanied asylum-seeking children • Medium or high risk of exploitation or serious youth violence • Sexual activity where the relationship appears to be coercive or inappropriate • Significant abuse , coercion, control within child's own intimate partner relationship. • 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

Questions for you to consider

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?
- Are there any factors linked to equality, diversity and inclusion impacting on the child?

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 Children and Family Initial Response and Safeguarding Team
- 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 after a discussion with the family they do not want support / do not consent?
- Am I culturally aware/curious/confident/ competent?

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 frontline 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:- Information Sharing - May 2024

Further useful resources

West Midlands Child Protection procedures can be found here:
Welcome to the West Midlands Regional Safeguarding Children Group

Coventry Best Start in Life Family Hubs

Coventry Safeguarding Children Partnership