KEEPING BRISTOL SAFE PARTNERSHIP

Effective Support for Children and Families in Bristol



Bristol City Council

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board

Avon Fire & Rescue

Avon & Somerset Constabulary

HM Prison & Probation Service

Bristol Multi Agency Guidance

Guidance for all practitioners in working together with Children, Young People and Families to provide early help, targeted and specialist support.

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Documents available in other formats

You can request alternative formats of this document by contacting the Keeping Bristol Safe Partnership at: **kbsp@bristol.gov.uk**

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Foreword

Bristol is a city that puts our children at the heart of all that we do. We are committed to providing our children with the best possible start in life, and with the opportunity to thrive in their family, peer groups and communities, in a city where they know they belong.

All children will need extra support at some point in their childhood to achieve their potential. This may come in the form of a family member or friend who can provide guidance, care and love; a teacher or learning assistant who notices if the child is struggling and provides a nurturing space or a listening ear; a mentor who can motivate the child to achieve their aims and goals; a leader in the child's community who can set positive examples for our children to follow. Everyone in Bristol has a vital role in supporting our children and families.

Whilst Bristol is for many a prosperous and vibrant city of opportunity, this is not the reality for all our children and families. We know that parents overwhelmingly want the best for their children but may be prevented from being able to achieve their parenting goals by multiple factors, many of which are outside of their control. It is critical that when children or their families ask for support, they are offered the help that they need at the time when they need it. There is nothing more important than ensuring our children's safety and supporting them to thrive.

I am therefore pleased to introduce our Effective Support document which sets out our commitment in Bristol to providing support at all levels to children and families who need it. Asking for help is always a strength and providing professionals with the tools to quickly and safely answer such calls must be a key priority for all partners. I am proud to lead Children's Services in a city with such a dedicated and knowledgeable children's workforce. Our Effective Support for Children and Families in Bristol document sets out exactly how our partnership's workforce will respond collaboratively and at the earliest possible point to vulnerable children and families in need of support, and to safeguard those children who need our protection.

No single organisation can deliver this alone, and we are committed to the continued development, nurture and promotion of the partnerships around the city between all agencies who work with children and vulnerable adults.

Hannah Woodhouse
Executive Director, Children and Education

Introduction

This guidance is for everyone who works with Children and Young people and their families in Bristol. It is about the way we can all work together, share information, and put the child and their family at the centre, providing effective support to help them solve problems and find solutions at an early stage to prevent problems from escalating. There may be times when the needs of the family are such that intensive or specialist statutory intervention is required and this document provides a framework for supporting professionals to determine this.

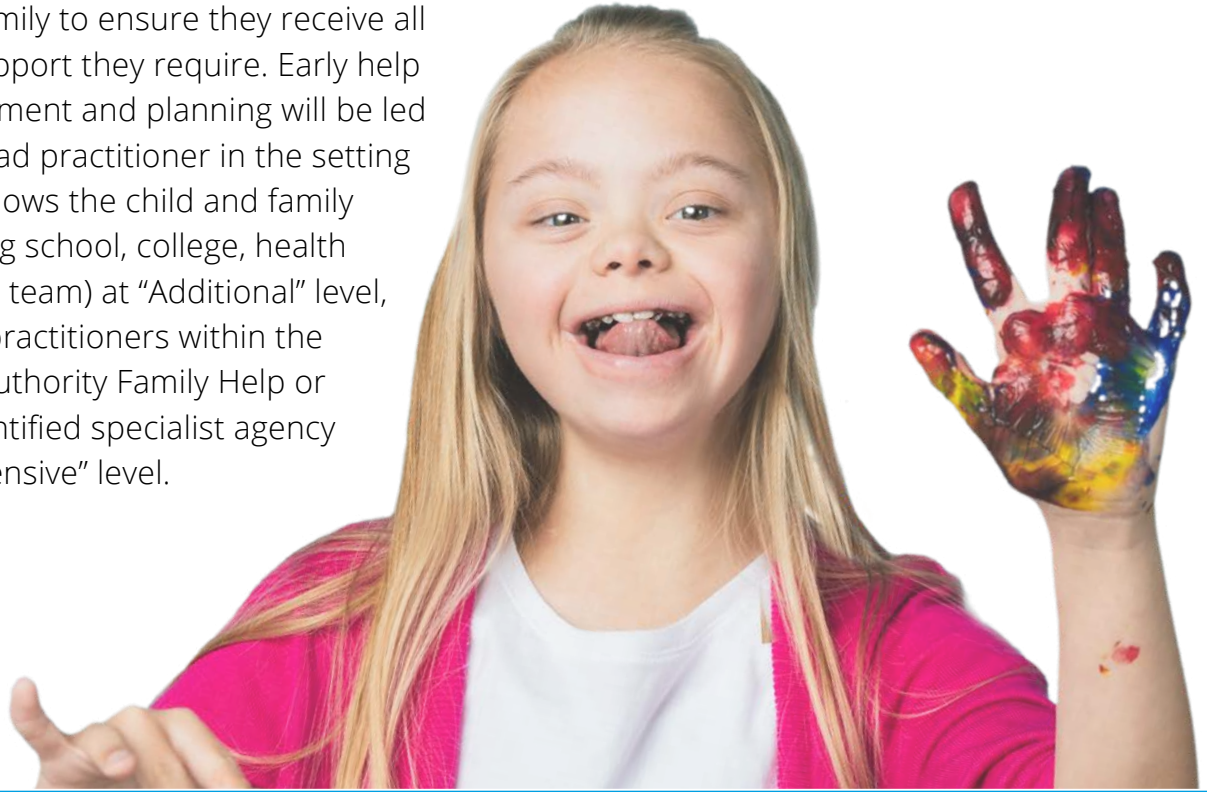
All Children and Young People will receive **Universal Services**, such as maternity services at birth, health visiting, school nursing, access to children's centres, schooling and youth services. Universal services seek, together with parents and families, to meet all the needs of children so that they are happy, healthy and able to learn and develop securely.

However, some children and families will need extra or multi-agency coordinated help to be healthy, safe and to achieve their potential. In Bristol, we want to offer help and support to these children and families at an early point and in a voluntary way, whenever problems develop. We seek to offer support early to help families solve problems, or to reduce the impact of problems that have already emerged. The early help network around the child will work together with families to meet the need, support the family in resolving the problem and prevent it becoming entrenched.



In this guidance we have identified four levels of need: **Universal, Additional, Intensive** and **Specialist**. Services for children with **Additional** and **Intensive** needs are sometimes known as targeted services, and a co-ordinated multi-disciplinary approach is usually best, involving an Early Help Plan and a Lead Practitioner to work closely with the child and family to ensure they receive all the support they require. Early help assessment and planning will be led by a lead practitioner in the setting that knows the child and family best (eg school, college, health visiting team) at "Additional" level, or by practitioners within the local authority Family Help or an identified specialist agency at "Intensive" level.

Specialist services are where the needs of the child are so great, that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services include Family Help – Safeguarding Teams, Disabled Children's Specialist Service or the Youth Justice Service (YJS).



In Bristol we believe that working together effectively to provide flexible and responsive support at the earliest possible time and at the lowest appropriate level of intervention is key to supporting Children, Young People and their Families to achieve their potential and to prevent reliance on reactive specialist services.

Our Vision

We want the best for Bristol's children, they are at the heart of everything we do.

- For our children and young people to have the best possible start in life, gaining the support and skills they need to prosper in adulthood
- For our children and young people to be welcomed into a city with a culture of nurture and care, with opportunities to grow with support from their community
- For our children and young people to have their needs recognised at the earliest point in a system that collaborates to help them to thrive
- For our children and young people to have a home which sustains, nourishes and protects them in safe and healthy families
- For our children and young people to have a confident sense of self and identity in a cohesive and diverse city
- For our children and young people to access education that is inclusive and values diversity, where they learn from each other and benefit from an understanding of their different experiences
- For our children and young people to own the whole city and experience and benefit from all that Bristol offers.

Bristol's Belonging and Thriving Strategy (2025–2030) embeds our vision within a whole city commitment to reduce inequality and build inclusion, creating a city where children and their families can thrive. Our focus on belonging is underpinned by recognition that positive relationships are crucial to ensuring that every child, young person and parent feels themselves to be an integral, valued and visible part of the city.

The Belonging and Thriving Strategy supports our city-wide commitment to implement a system-wide trauma-informed approach to our work with children and their families, rooted in relationships between staff and service users and within and between organisations. Further details of this approach can be found within the Trauma Informed System Knowledge and Skills Framework Trauma-Informed System (bristolsafeguarding.org).

Our Principles

We will enact our vision guided by the following principles and approaches:

1 Child Focused Practice

The child is at the centre of all we do.

In all our work, we will listen carefully to the child's voice, and focus on their experiences and the impact that these experiences have on their life. The Signs of Safety model should be used by all professionals to gain children's voices and to place this at the centre of our work. "How will these actions improve outcomes for the child" will be our central guiding question. The safety and wellbeing of the child or young person is paramount and will be kept at the centre of all our work.

2 Participation of parents and carers

We will enable parent and carer involvement in discussions and decision making which impacts on them and their children and recognise them as the experts within their family. Participation of parents and carers ensures that they can contribute to assessments and plans about them and their families and can identify and build on strengths and skills to make lasting changes.

Parents have the primary responsibility to meet the needs of their children. We recognise how challenging parenting can be and asking for help will be seen as a sign of strength.



3 Think Family

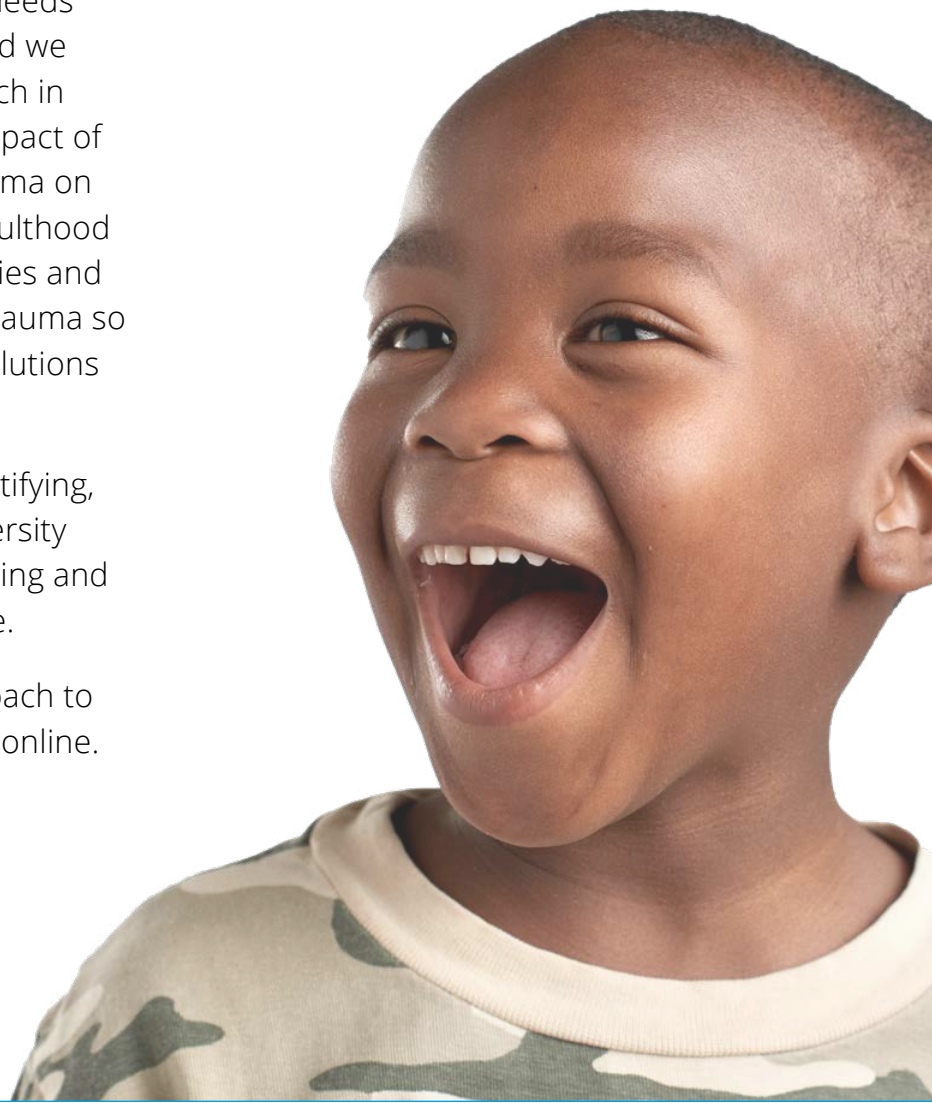
Our approach must recognise and respond to the needs of significant family members without losing sight of the children. We will support families by building on their strengths, as well as identifying and openly working with difficulties. Supporting parents and carers with their own support needs will improve outcomes for children but must be done in the context of tackling the root causes of concerns and promoting lasting change. Early help should be offered to support parents and carers to build on the strengths and sources of support within their own family networks.

4 Trauma Informed Practice

Our approach must recognise the needs of all family members holistically and we will take a trauma informed approach in our practice. We understand the impact of adversity, trauma and complex trauma on children's development and into adulthood and will share knowledge with families and communities about adversity and trauma so that they are enabled to develop solutions that work for them.

Our interventions will focus on identifying, recognising and responding to adversity (current or past), supporting parenting and building relationships and resilience.

To read more about the local approach to trauma informed practice in Bristol online.



5 Signs of Safety – Strengths based approach

Using 'Signs of Safety', interventions with Children, Young People and their families will be strengths-based and safety- organised, placing the child's voice at the centre of our work. The Signs of Safety Framework asks practitioners to think about any complicating factors that may make it harder for a parent to meet their child's needs, and to consider what is getting in the way of achieving safety and wellbeing for the child or young person.

The **Signs of Safety** provides four simple questions to ask when thinking about and working with a child, young person and family:

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

6 Systemic Practice

Our systemic practice approach offers a theory of change that enables practitioners to engage with the complexity and challenges faced by many vulnerable families. This approach places children and families firmly at the centre of our involvement and encourages practitioners to avoid looking at presenting issues in isolation but to consider individuals as part of the wider system / context in which they exist.

Systemic practice encourages all practitioners to reflect on the role that they play in facilitating change within families and is supported by relationship-based practice; spending time getting to know and understand the families we work with in order to create the conditions to facilitate change.

Our Model for Meeting Children and Families' Needs

Our Bristol model relies on practitioners and other professionals investing in trusting and open relationships with children and families to support them to address their needs at the lowest possible level. We will always look to meet the child, young person or family's needs at the earliest possible point and agree to actively work with children and families to prevent their needs escalating to a higher level.

We will only request services at a higher level after we have done everything possible to meet needs at the current level and have assessed the needs are such that a higher level of service is required.

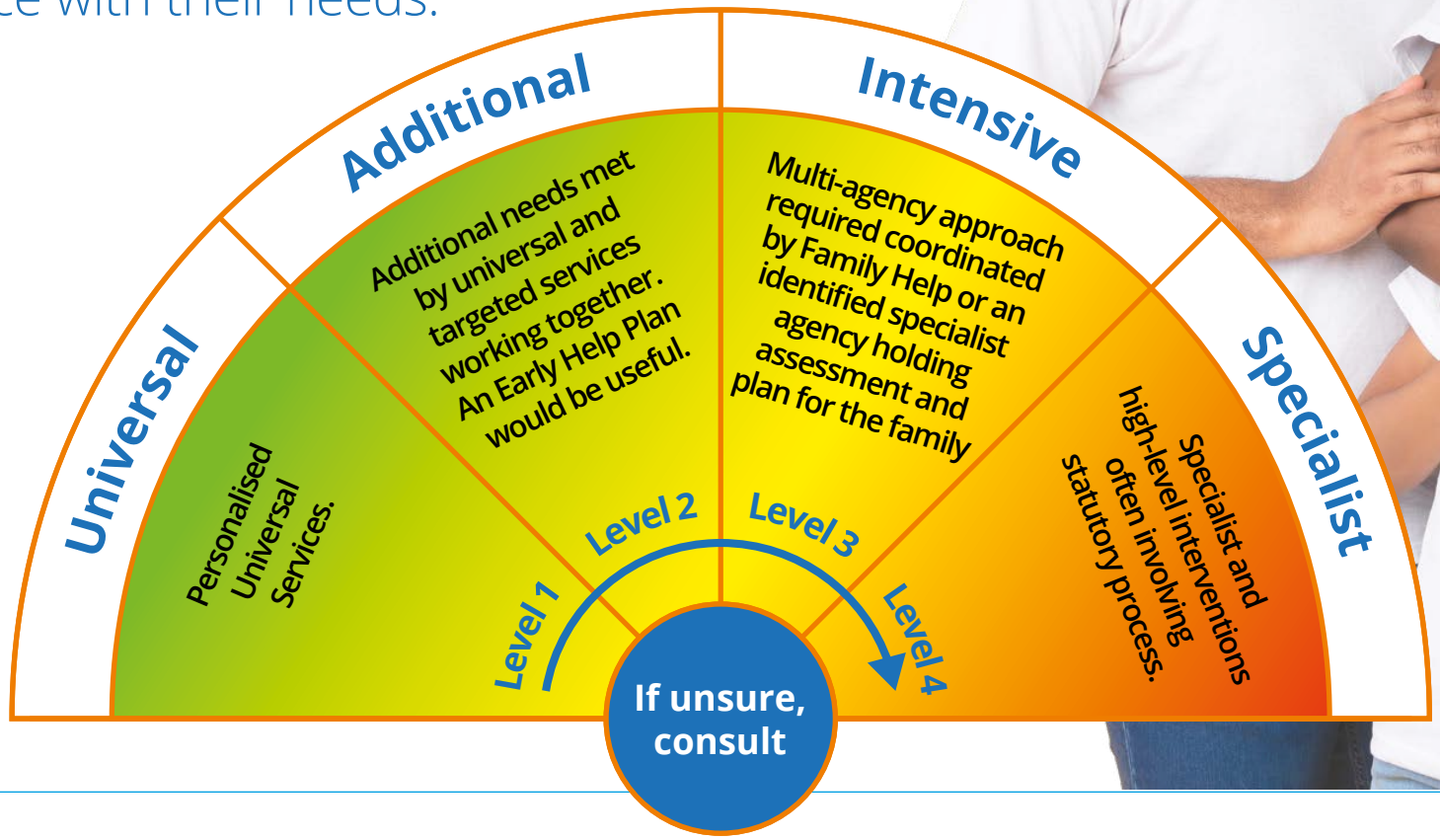
The Levels of Need tables and the Bristol Continuum of Need (Windscreen) set out below together illustrate the support that a child and family can expect to receive at varying levels of need. However, we recognise that each child and family member is an individual, and each family is unique in its make-up, so reaching decisions about levels of needs and the best intervention requires discussion, collaboration between the services who best know the child, reflection and professional judgement.

Engagement with families is paramount to the success of any support or intervention provided. It is vital that all professionals can confidently and clearly describe the Bristol System to children and families so that they have clear expectations and understanding of the actions being taken and the response that will be offered.



Continuum of Need

All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accordance with their needs.





Level of Need Table

Levels and referral routes	Needs	Services (examples)	Outcome
Level 1: Universal Open access to provision Bristol promotes and encourages the full inclusion of children and young people with an impairment or disability in our universal services.	All children and families who live in the area have core needs such as social relationships, parenting, health and education.	• Early years, education, primary health care, maternity services, housing, community health care, youth provision, leisure services, community and voluntary organisations and faith groups • Family Hubs • EHCP assessments • FLORA	Children, young people and their families make good progress in most areas of development.



Levels and referral routes	Needs	Services (examples)	Outcome
Level 2: Additional One or more services provide voluntary additional support to meet the child and family needs. This is co-ordinated by a service that knows the child/family best. Where multiple services are involved, an Early Help Plan and Team Around the Family meeting is helpful to bring the family and involved services together to share information and agree next steps. Level 2 services are accessed by professional conversations and direct single agency referrals – they are not accessed via First Response referral. Bristol's Early Help Offer provides information on the Early Help Pathway and support available from Bristol's Family Hubs. Family Hub Navigators can provide information to professionals and directly to families, about the support available in local communities.	Children and families with additional needs who would benefit from or who require extra help to: • Improve education • Improve parenting and/or behaviour • Meet specific health or emotional needs of the child and/or parent • Improve their material situation • Respond to a short-term crisis such as bereavement or parental separation • Access support relating to Domestic abuse • Access community services identified in the EHCP	• Parenting support • Education welfare of school family link worker supportive intervention • School holiday and activity provision for disabled children • Extra health support for family members • School nurse support • Behavioural support • Housing support • Additional learning support • Help to find education and employment • Emotional Wellbeing, Mental Health Support Services • Speech and Language • Therapy • Family Hub Navigators • Early Help Link Workers • Family Hubs • Targeted youth work • Domestic abuse victim and perpetrator support • Services provided on a voluntary basis • Local activities access via the inclusion team in social care • Team around school support	The life chances of children and families are improved by offering early help additional support.

Levels and referral routes	Needs	Services (examples)	Outcome
Level 3: Targeted Support This is for children, young people and their families who require intensive and coordinated help and support to meet their needs. A multi-disciplinary Team Around the Family (TAF) led by a Lead Practitioner from the local authority Family Help teams or an identified specialist agency shares information and co-ordinates intensive services and support to meet the child and family needs. A Family Action Plan will be created to set out how the family and involved services will work together to meet the child's needs. Referrals at Level 3 should be discussed with the parent/carer and young person wherever appropriate, taking account of the child's age and understanding. Professionals should be transparent about what information is being shared and why, unless this would increase risk. There is clear expectation that professionals have a duty to share all relevant information necessary to safeguard a child or promote their welfare. Disagreement from a family must not prevent information sharing where it is in the child's best interests. Professionals should work collaboratively and persistently with families to encourage engagement and improve outcomes for children. A First Response Request for Help form should be completed to access Intensive support. This form can be found here.	Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who: • Have a disability resulting in complex needs* • Have poor school attendance or attainment is affected by behaviour difficulties. • Have members involved in crime or anti-social behaviour. • Are affected by domestic abuse. • Are living with drug and alcohol misuse. • Families where children are at risk of exploitation. • Families where children exhibit significant behavioural difficulties • Families who are homeless • Families who are living with physical or mental health difficulties which are having a significant impact on the family's emotional wellbeing. • Parents who are struggling to provide their children with good early years developmental milestones	• Because of the complexity of need, especially around behaviour and parenting, a multi- disciplinary/ agency co-ordinated Family Action Plan is developed with the family, co-ordinated by a Lead Practitioner from the Family Help teams • A wide range of services providing additional and intensive intervention might be involved in meeting the family's needs • Families needing substantial support from the social care hub to care for a disabled child* • Targeted services for disabled children such as a short break (accessible via the Local Offer Website) * The Children Act 1989, defines all children who are disabled as children in need. Some children and young people that are legally defined as disabled, may require specialist level 4 intervention which includes Bristol City Council's Disabled Children's Specialist Service. For many children with disabilities their needs can be met by alternative provisions at level 2 or 3.	Families are empowered to address their needs and build better futures.

Levels and referral routes	Needs	Services (examples)	Outcome
Level 4: Specialist **Specialist Services are for children, young people and their families who require a statutory intervention to meet the needs of a Child in Need, to protect children from harm or abuse, or to meet complex health and care needs.** **In many cases, specialist interventions will be held and coordinated by Children's Social Care. However, other services may lead Specialist interventions (see service list).** **Professional judgements about whether to seek consent for referrals at level 4 should be made in line with the detailed guidance on pages 21-22 of this document. To request a social work service for children, complete the First Response request for help form: Make a referral (bristol.gov.uk)** **If you have an immediate safeguarding concern requiring a same day response, always call the First Response service on 0117 9036 444.** **In an emergency always call 999.**	Children and young people who are in need or who are suffering or are likely to suffer significant harm because of abuse, neglect, exploitation, or radicalisation. Services may be required to prevent immediate risk of significant impairment/ harm, or to prevent family breakdown and prevent the need for the child to be accommodated. Children with significant impairment of function/learning and/or life limiting illness who need a multi-disciplinary team for support due to their complex developmental needs. Children whose parents and wider family are unable to care for them. Families involved in crime/misuse of drugs at a significant level. Families with significant mental or physical health needs. Young people aged 16–17 who are homeless.	• Children's Social Care – Family Help – Safeguarding Teams, First Assessment Social Work Service, Through Care Service and Social Work Specialist Services for Disabled Children • Youth Justice Service • Criminal Justice system • Channel • CAMHS • In patient and continuing health care • Fostering and residential care • Health and Social Care for children with life limiting illness • Overnight residential short breaks for disabled children • Direct Payments for disabled children	Children are protected from further harm happening, either through the support given to them and their families, or by professionals working to secure alternative permanency for them if this is required. Children are provided support to cope with and recover from the harm they have experienced.

Access to services in Level 2 – Additional

Earlier, solution focused interventions are likely to prevent problems from escalating. An honest and open conversation between the family and practitioners to share concerns should be the starting point. By undertaking a strengths-based approach and working in collaboration with the child or young person, their family and other practitioners working with the family, coordinating professionals can ensure that any agreed actions reflect the family's priorities and focus on preventing problems before they occur.

Community Based Services

Services at Level 2 will be accessed via single agency referrals to community-based services. Parents should always agree to any referral and to sharing information with anyone. Consent from children over 13 should be gained where they are able to make a decision to give their agreement.

However, lack of consent from the young person should not prove a barrier to providing services to the consenting parents and wider family.

Bristol's Early Help Offer outlines the support available for children and families at Level 2 and the support available to professionals in delivering early help from Bristol Family Hubs. Early Help Link workers can support professionals with the early help assessment and planning process and provide information on support available in local communities.

Additional advice can be sought from the area Family Help teams or FLORA team (for disabled children) when involved professionals are unsure as to what service will meet an identified need.

Families can access direct support and signposting from the Family hubs. Professionals can access a wealth of information regarding available support services from the Family hubs website.

The contact details for these teams are available within the appendices.

Professionals should sign up to area-based bulletins from the Family Help teams and the Family Hubs newsletter which detail support available to families in the community. The Family Hubs website provides a wealth of information available to support children and young people of all ages.

A First Response referral is not the correct pathway for Level 2 need. When First Assessment Service receive information about children that indicates a Level 2 Additional need for the Child or Young Person and their Family, details of this need may be shared with key agencies around the child (in accordance with legal principles of information sharing) in order that Additional Support can be offered at an early intervention level.

Team Around the Family and Early Help plans

Where there is more than one service working alongside a child and family, it is helpful for the family and involved practitioners/services to hold a Team Around the Family meeting, to share information and to agree and co-ordinate an early help plan. This meeting should be organised by a lead professional who holds the closest relationship to the family and should involve the family and other professionals in a setting in which the family is comfortable and able to fully participate.

An early help plan is a tool to use with the family to discuss and record the strengths, needs and goals that they identify, leading to a plan as to how professionals and the family's network can support them to achieve the identified goals.

An early help plan does not need to follow a specific format but should be clear about strengths, needs and goals, what the next steps are and who is responsible for actions. A completed early help plan remains the responsibility of the supporting services to retain, in accordance with their own record keeping procedures. A copy of the early help plan should always go to the family members involved, including children and young people directly (in accordance with their age and understanding).



Access to Services in Level 3 – Targeted

Prior to requesting services at Level 3 –Targeted, practitioners are expected to have worked together with the family to meet additional needs of the child and their family using resources such as an early help plan and/or Team Around the Family (TAF) meetings.

Where practitioners identify that a child and their family would benefit from a more intensive multi-disciplinary response than they can provide; they should discuss this with the family (within a TAF meeting where possible) and complete a referral into the First Response Assessment Service, requesting Targeted Support via Family Help. (Make a referral). A copy of the Level 2 early help plan can be attached to the First Response Webform.

Targeted Support via Family Help, or an identified specialist agency, can provide support for children and families who have multiple complex needs requiring intensive and co-ordinated support. Referrals at level 3 must be made with the full knowledge of the family and their views and consent taken into full consideration when deciding whether to progress a referral. In situations where consent cannot be secured but concerns for the child's welfare are such that a referral is progressed against the family's wishes, referring professionals should clearly document the family views on support and the issues raised, and the professional rationale for the action taken. Agencies receiving level 3 referrals can provide assertive outreach to try to secure the engagement of the family. However, ultimately families must work with these services on a voluntary basis and commit to finding solutions collaboratively as a family, with professional support. Evidence should be provided that these needs have been identified and support at level 1 and 2 has already been provided with sustained efforts to secure the family's engagement in a plan of support. When requesting support at level 3 it is important to share how the family has been supported up until now; what has worked, what worked less well and what support is needed now.

The Early Help Advisors within the First Assessment Service will triage the request and either provide advice and guidance to practitioners about continuing a **Team around Family** approach at **Additional level 2** or will progress a referral into the Neighbourhood Family Help teams or an identified specialist agency. Referring professionals will receive a response to their request within five working days.

Targeted support within neighbourhood Family Help is made up of a range of professionals with different backgrounds, expertise and qualifications. When working with a family the identified lead practitioner will help them find solutions to their needs. Needs and goals will be identified through use of a Single Assessment undertaken with the family, resulting in a Family Action Plan. Professionals working across levels 1 and 2 will be asked to work alongside the Family Help team or identified specialist agency and contribute support to this plan.

Where a child is allocated to a worker within a Family Help neighbourhood team, support will be provided at the appropriate level: Targeted Support, Child in Need (s.17) or Child Protection (s.47). A child's status within Family Help is dynamic and may change in response to their assessed level of need and the likelihood of harm. Where a change in status is required (for example, from Targeted Support to Child in Need), neighbourhood teams will work collaboratively to ensure a timely and proportionate response.

Joint arrangements between the Disabled Children's Specialist Service and Family Help teams are embedded through weekly Locality Meetings. These arrangements support a joined up response to children and families and enables access to specialist service input when required.

Should any professional become aware of significant harm occurring during a Level 3 period of intervention, the Family Help team should be notified immediately so that an area based social care response can be arranged.



Access to Services in Level 4 – Specialist Services

When the needs of children and their families escalate beyond Level 3, or where there has been insufficient change with support given at Level 3, Children's Social Care will seek to work with families on a voluntary basis with agreement/ consent, often in partnership with other professionals, to improve the welfare of children and to prevent problems escalating to a point that statutory child protection intervention is needed.

Where there is concern for the welfare of a child and a practitioner is unsure on the most appropriate service pathway to take, they must consult with their own manager/ safeguarding lead. Family history, consent / willingness to work with services at level 3, strengths and safety within the family network, and the level of risk and need will be relevant considerations as to what level of support to request. Safeguarding leads can access non-urgent advice from a qualified social worker within their area Family Help team when additional consultation is needed.

Children's Social Care (CSC) has a responsibility to **Children in Need** under section 17 of the Children Act 1989. That is, children whose development would be impaired if services are not provided. This includes children who have a permanent and substantial disability, which limits their ability to carry out the daily tasks of living. Children's Social Care engagement with Children In Need (CIN) is on a consensual basis. Parents, or young people who are aged over 13 and competent to make a decision, can refuse some or all such offers of assistance.



For Children in Need, a request to Children's Social Care is appropriate when more substantial interventions are needed than can be provided at Level 3; such as where a child's development is being significantly impaired because of the impact of complex parental mental ill health, learning disability or substance misuse, or very challenging behaviour in the home. A Social Care request is also appropriate where parents need practical support and short break services because of a disabled child's complex care needs, or where there are worries about the impact of the child's disability on the family which may be better understood through a social work assessment to identify and plan for the Child, Young Person and Family support needs. Some situations requiring Child in Need support will arise in an acute situation. However, for many Children in Need requiring a social care response, support will have been offered through levels 2–3 prior to a social care intervention.

Consent should be sought from the family prior to making a Child in Need referral. However, lack of consent should not be seen as an absolute barrier to referral if the professional's judgement is that failure to refer could lead to future harm, escalation of need or risk to the child.

The second area of Children's Social Care responsibility is **Child Protection**; Children's Social Care must make enquiries under section 47 of the Children Act 1989, where there is cause to believe that **a child is suffering or is likely to suffer significant harm**. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.Professionals in all agencies have a responsibility to submit a First Response Referral to Children's Social Care when it is believed or suspected that the child is suffering or is likely to suffer significant harm.

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

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse, or where a child tells us about longer term physically, emotionally or sexually abusive behaviour towards them. More often, significant harm is identified when there have been several events which have cumulatively compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

Consent is not required for child protection referrals, and consideration of whether to discuss referrals with parents / carers must be made with the child's immediate and longer-term welfare as the central concern. In most circumstances, significant harm referrals relating to an escalation of concern over time will be appropriate to discuss with the parent / carer. Services are likely to have had prior involvement in relation to these concerns and parents will know what professionals are worried about.

In situations of children newly telling us of ongoing or acute abuse circumstances, professionals must consider whether speaking to the parents would place the child at risk of further harm or have the potential to jeopardise a police or social care investigation, for example through parents removing the child from school or undue influence to change or withdraw the allegation.

Where there is concern that informing the parent / carer could result in further harm or could jeopardise investigation into the abuse, parents should not be spoken to. The First Response team can provide advice on whether discussions should be held with parents at point of referral.

When Children's Social Care undertakes a s47 child protection enquiry, the South West Child Protection Procedures (proceduresonline.com) are followed.

If a child is considered at IMMEDIATE risk of significant harm, you should telephone 999.



First Response referral process

First Response (within the First Assessment Service) is the front door to Children's Services at level 3 (Intensive) and level 4 (Specialist Services) in Bristol. All referrals requesting these services should go through First Response.

You should make a referral

- **to the police on 999 if you are currently witnessing a child being harmed or in a situation of immediate risk**
- **to First Response straight away on 0117 903 6444 if your concern relates to a disclosure of abuse requiring a same day response.**
- **For all other requests you must use our webform. Make a referral (bristol.gov.uk)**

Families and members of the public who are referring or self-referring should always be asked to call the First Response team on **0117 9036 444**.

First Response receive a high volume of referrals, so it is essential that referrals are of good quality, are clear what service is being requested, and contain as much information as possible to help them build an accurate picture. It is important that the referrer includes their own contact details, the details of the child and their family, and how best to contact everyone involved as First Response may need to request further information as part of the triage process.

Requests for support at level 3 should indicate how support has been offered to the family at level 2 to prevent the escalation in need. Additional supporting documents can be attached to the webform.

Those making a referral to First Response should consider and include:

- Whether there is an immediate risk of harm to the child requiring a same day safeguarding response.
- The views of the parents, carers and child on the referral / service you are requesting and whether they consent for the First Response team to seek and share information from other agencies.
- What you are worried about: Past, current and future harm.
- The lived experience of the child and the impact of your worries on the child / children.
- The child's voice – what is the child telling you, both verbally and behaviourally, about their experiences.
- Strengths, networks and resources available to the family.

- What support you think would address the worries that you have, and what support has already been offered.
- The views of the parents, carers and young person: their wishes, feelings and preferences.

Referrals should always use non-jargonistic language and must be made with the knowledge of the family unless a safeguarding response is being requested. Referrals made to First Response with insufficient detail or without parental consent when it is required will be returned to the referring agency for further action and consideration. Returned referrals are not recorded on the local authority database and the identified worries must be held by the referring agency until a new referral is submitted in accordance with the advice from the First Response team.

Targeted support and Child in Need services within Family Help require parental engagement, however, agencies should work collaboratively and proactively to make services accessible and address barriers to access. Information can be shared between professionals without consent at levels 3 and 4 where there is a clear public duty to do so, but parents should be engaged in this information sharing and their views and wishes considered before it is done. Where support is ultimately declined by the parent/carer, services cannot be provided unless concerns are significant and need to be managed as part of a child protection (level 4) process.

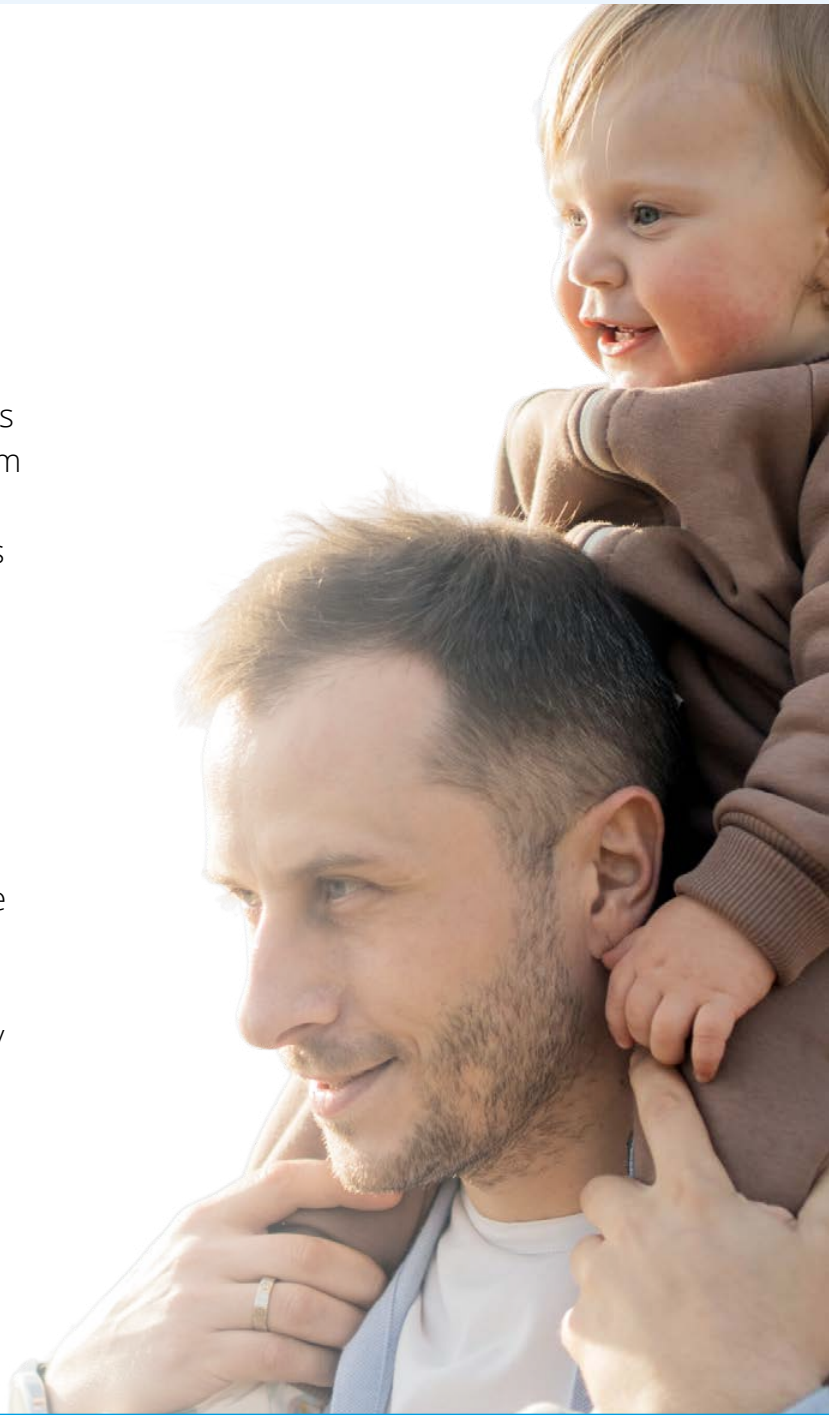
First Response manage new referrals and requests only. If a child is already working with a Neighbourhood Family Help worker (i.e. social worker or keyworker), information should be shared directly with the lead professional.

All Requests for Help submitted for children/young people who are not currently open to either Neighbourhood Family Help (including the Disabled Children Service) are triaged by the Early Help coordinators or the Social Work Deputy Team managers (in accordance with the service requested) on receipt. Safeguarding requests will be managed within one working day (urgent requests within 4 hours), requests for Targeted Support within Family Help will be triaged within 5 working days. These timescales ensure that decision making is responsive to risk, timely, proportionate and relevant to the needs of the child and their family.

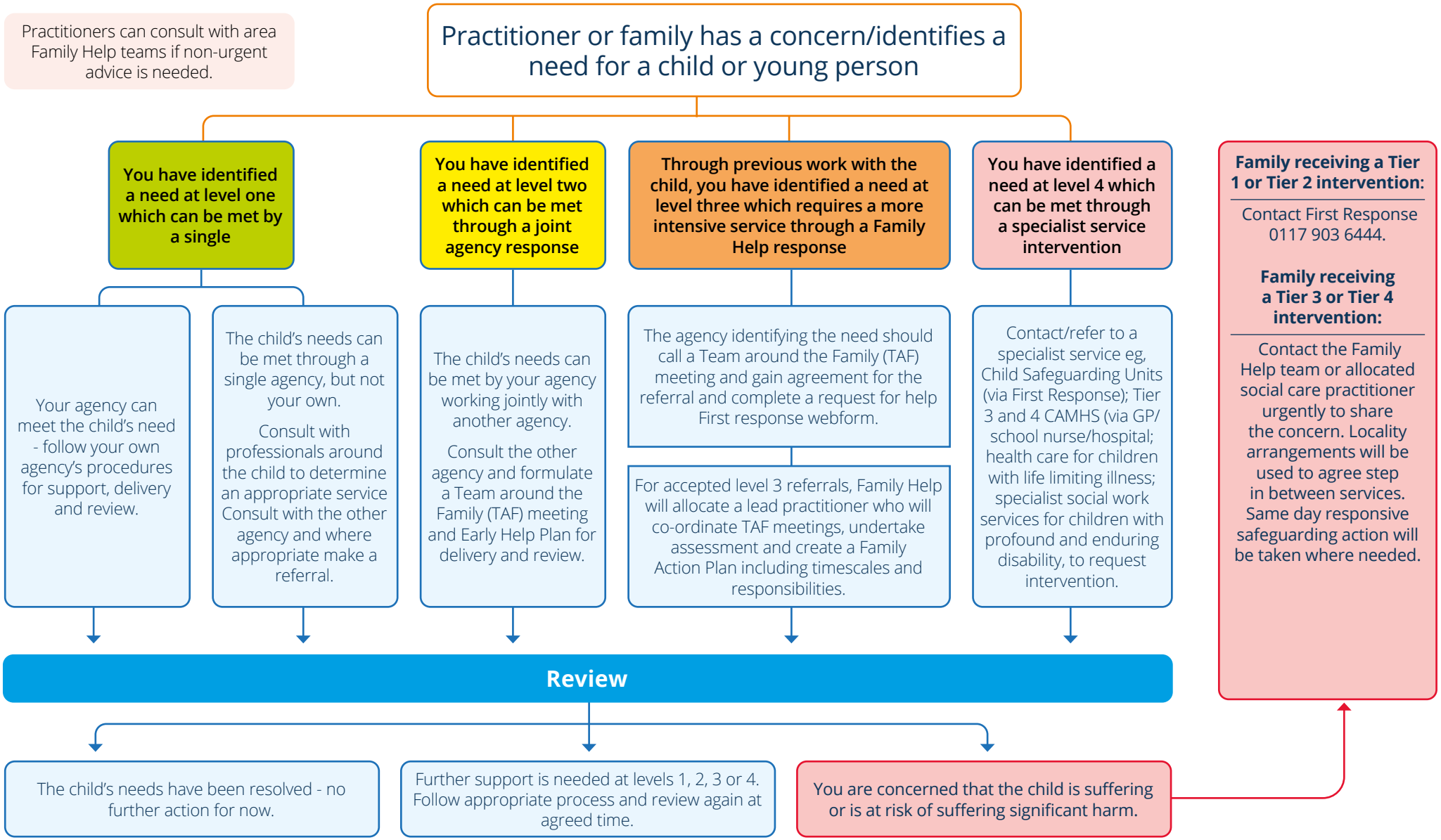
Once a decision has been reached, the referrer will be advised of the outcome using the contact details provided. Where a decision is made that support should continue via universal services, or it is felt that support could be provided at Level 2, the outcome letter will advise of this, and the identified lead agency will be expected to continue or commence provision of support for the family according to this advice. On some occasions, the team may notify key services around the child of Level 2 Additional needs identified by responsive services (ambulance, police, NHS 111, A+E) in order that early support can be offered. When services are agreed at Level 3 or Level 4, the referrer will be advised as to which area-based team or agency the referral has been sent to. Referrers must feedback the outcome of their referral to the family.

Whenever it is established that there is cause to believe that a child is suffering or is likely to suffer significant harm, a section 47 Child Protection enquiry is undertaken. This will involve social care liaison with police, health and other agencies and will include a strategy discussion. At this discussion, normally in the form of a virtual meeting, full information is shared, and agreement is made regarding immediate and longer-term next steps. An assessment of the child's circumstances, including risks and needs is undertaken following the strategy meeting using a Child and Family Assessment.

The assessment may lead to a Child Protection Conference where a multi-agency decision will be made in relation to whether a Child Protection Plan is needed to support the family to achieve safety. The aim of statutory intervention is always to reach a point of safety where the level of support can 'step down' - children formerly supported under s.17 (CIN) or s.47 (Child Protection) may be supported using a Team Around the Family approach as the intervention ends. When required Court processes will be instigated to protect the child or young person.



Appendix 1: **Effective Support Process Diagram**



Appendix 2: **Information sharing guidance for professionals**

Information sharing: advice for practitioners (publishing.service.gov.uk)

Appendix 3: **Local Contact numbers**

First Response Assessment Team

If urgent referral, immediate risk of significant harm call **0117 903 6444**.

Otherwise refer at: www.bristol.gov.uk/social-care-health/report-concern-about-child-for-professionals

Emergency Duty Team

Outside office hours:
01454 615 165

Family Help

North: **0117 352 1499**
East / Central: **0117 357 6460**
South: **0117 903 7770**

Family Hubs

East / Central: **0117 9223189**
North: **0117 9223779**
South: **0117 9222150**

Through Care and Placement Service

B-Bond, Smeaton Road, BS1 6XN
0117 353 4100
Fax: **0117 3533 4102** / **0117 353 4033**

Care Leavers freephone helpline:
0800 694 0168
(may not be free from a mobile phone check with your service provider)

Disabled Children Service

B-Bond, Smeaton Road, BS1 6XN

0117 903 8250
Minicom: **0117 903 8255**
Fax: **0117 903 8254**

Fostering/Adoption

Fostering/Adoption Team:
0117 353 4196

Fostering/Adoption Recruitment:
0117 353 4200

Child and Adolescent Mental Health Service (CAMHS)

CAMHS Triage Team: **0117 919 2360**
North Bristol Service: **0117 354 6800**
South Bristol Service: **0117 340 8121**
East Bristol Service: **0117 340 8600**

FLORA

0117 352 6020
flora@bristol.gov.uk

Police Prevent Team

01278 647 466

Or dial 101 (and ask for the 'Prevent Team' and explain you are calling about extremism or radicalisation)
Email:
channelsw@avonandsomerset.pnn.police.uk

Always dial 999 in an emergency

Community perinatal mental health service

awp.perinatalmentalhealthservice@nhs.net

0117 919 5826

Family Nurse Partnership

cchp.nhs.uk/cchp/explore-cchp/family-nurse-partnership

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

0117 340 8350

For general enquiries:
fnpadmin@cchp.nhs.uk

NSPCC Main Helpline

Free service for advice and signposting for professionals, families and children.
24-hour Helpline: **0800 800 5000**
(free from a landline)

NSPCC Asian Languages Helpline

Asian Languages Helpline: **0808 800 5000**
(free from a landline)

NSPCC Text helpline

88858
(service is free and anonymous)

Southwest Child Protection Procedures

Website which holds policy documents pertaining to children's safeguarding for Bristol and the SW Region.
www.swcpp.org.uk

KBSP

KBSP website includes information and resources for professionals and members of the public relating to children, adult and community safeguarding.
www.bristolsafeguarding.org