



*South Gloucestershire Children's Partnership*

The right help, in the right way, at the right time

November 2023

## Introduction

This guidance is for everyone who works with children, young people and families in South Gloucestershire.

Working Together to Safeguard Children 2018 states that:

The safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood.

This should include:

The process for the early help assessment and the type and level of early help services to be provided

The criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:

- section 17 of the Children Act 1989 (children in need)
- section 47 of the Children Act 1989 (reasonable cause to suspect a child is suffering or likely to suffer significant harm)
- section 31 of the Children Act 1989 (care and supervision orders)
- section 20 of the Children Act 1989 (duty to accommodate a child)
- clear procedures and processes for cases relating to:
  - the abuse, neglect and exploitation of children
  - children managed within the youth secure estate
  - disabled children

'The right help in the right way at the right time' is a guide for practitioners and managers in South Gloucestershire from all organisations. It aims to help ensure the needs of children are being met in the best way from those who need low level help to those at risk of significant harm.

This tool aims to help professionals and families to work well together.

## Working Together Well

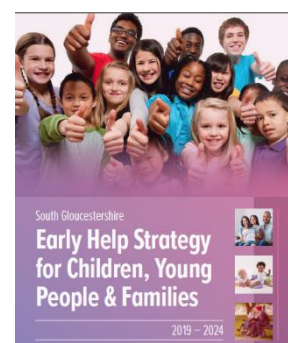
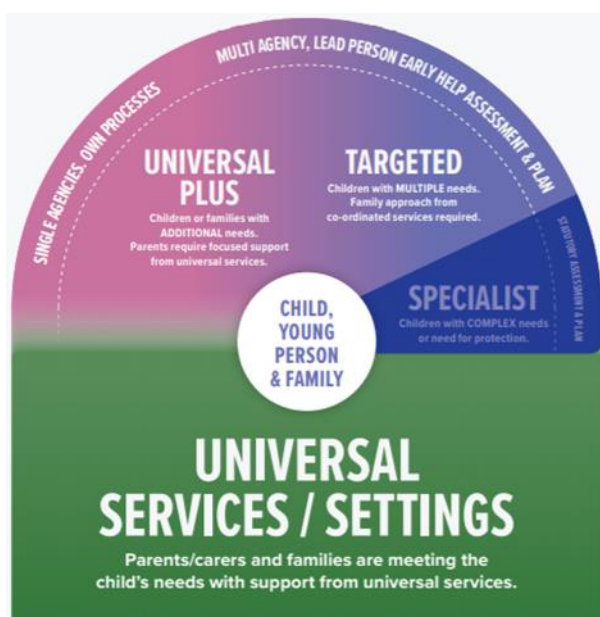
We know that early intervention and prevention is the most effective way of enabling children to reach their full potential and/or protecting children from harm. This includes access to information, advice or help before problems occur or escalate.

For this to work it requires everyone to have a shared responsibility for keeping children safe and to work together effectively. Everyone who works with children, young people and families in South Gloucestershire has an important contribution to make to ensure they do the best they can for the children and families they work with and for linking them to the right level of help and support.

All of us need to ensure children receive the right help at the right time and in the right way.

## Early Help Strategy 2019-24

Our partnership Early Help strategy outlines collectively agreed principles, ambitions and priorities for Early Help in South Gloucestershire and can be found [here](#).



The information that follows in this document is based on this strategy, including the graduated tiers of help and support as illustrated here.

### Universal Provision

The majority of children and young people in South Gloucestershire enjoy happy, healthy and secure childhoods. They and their families are able to access the opportunities, information, advice or help they need from universal settings and services such as maternity services, health visitors, GPs, early years settings, schools, colleges, youth services and others.

For some children more help is needed, either because of their own additional needs or because of other difficult circumstances that impact on them and/or their families. There are a small number of children who will need extra help to be healthy and safe and to achieve their potential.



### Universal Plus

Early Help aims to ensure that families have access to the information, advice, guidance or help they need that is easily available at the right time and in the right way. Mostly this will be through the people and professionals who are in contact with families through universal settings or services. Universal Plus refers to the additional support that may be provided to some children in universal settings such as additional help and support in school, parenting programs and advice, locally developed opportunities to meet identified needs. Early Help isn't a 'service' to refer into, rather a principle to be applied by all those who work and volunteer with children where it is identified that some additional support might be helpful for a child or a family. This means that professionals

should be providing additional support in the first instance and signposting or making direct referrals for help.

South Gloucestershire provides information or services relevant to adults, children and families (including SEND) and this can be found [here](#)

Compass (see below) can also provide information and signposting.

## Compass

The Compass team is the 'engine room' for Early Help – it has been established to help families, agencies and settings navigate to the right information and help, at the right time and in the right way. Compass also provides advice, help, guidance and training in relation to the Early Help Assessment and Plan/ Team Around the Family processes. The Early Help Assessment and Plan form is available [here](#).

## Targeted Services

Where a number of settings, services or agencies might be needed to help a family the primary setting or agency should use the common processes that have been agreed to ensure there is coherence and common expectations regarding what needs have been identified and how they will be addressed. This includes:

- **Identifying a lead person (LP)**– ideally who is known and trusted by the family
- **A Team Around the Family (TAF)** – those who need to be involved in the plan and actions
- **Early help Assessment and Plan (EHAP)** – working with the child, young person and family to identify strengths, worries and agree actions
- **Information sharing and consent:** Families are actively involved, provide consent and information is shared safely.

Examples of other targeted services include targeted youth services, counselling services, mentoring services, behaviour support.

## Preventative Services

Preventative services are targeted services providing help and support for families with children from pre-birth to 18 who need help to overcome significant difficulties that could lead to their children not thriving or, potentially, experiencing harm. The teams are skilled and experienced in working with children, young people and families and include:

- [Families Plus 0-5](#)
- [Families Plus 5-19](#)
- [Young Peoples Support](#) (YPS)
- [Youth Justice Service](#) (YJS)

Typically these teams will work with children or young people:

- ✓ when the family's needs are beyond what universal services have provided within the Early Help offer, and those services need extra help from Preventative Services for advice, or to provide direct support to the family for a period of time (joining or taking the lead within the Team Around the Family);



- ✓ the family need Preventative Services support for an agreed time to continue the improvements in the children's safety and well-being, following statutory involvement from Social Care.
- ✓ when Social Care identifies that Preventative Services expertise would complement and contribute to an existing Child in Need or Child Protection plan (YPS and Families Plus 0-5 teams only)
- ✓ following – or specifically to reduce the risk of – a child or young person's criminal conviction (YJS only).

Alongside colleagues from universal services, such as schools, early years settings, health providers, and sometimes in partnership with specialist teams from health or social care, Preventative Services work with the whole family to help them access the practical, emotional or other support they need to make positive and sustainable changes for the well-being of their children.

## The Preventative Services approach

Whilst each team within Preventative Services has a specific role, the service consistently responds to all requests for help by:

- identifying the family's needs, strengths and best hopes;
- ensuring that work is done *with* the family – not *to* the family – with an agreed plan;
- considering the needs of the whole family and addressing children's needs in the context of their family;
- working alongside the wider support network of family, friends and professionals who will continue to help when the plan ends and Preventative Services are no longer needed;
- only working with families who *want* to work with Preventative Services (except where a statutory Youth Justice order applies), and who give consent.

In line with all teams within Integrated Children's Services, Preventative Services use the '[Signs of Safety](#)' approach when working with families. The EHAP is also based on this strengths based approach.

## Requesting support from Council Services (other than Social Care)

From **outside** Integrated Children's Services:

- A '[Request for Help](#)' form can be completed by a family or, with the family's consent, by a professional or by a close friend or family member on the parent's behalf. This form will need to be submitted to [AccessandResponse@southglos.gov.uk](mailto:AccessandResponse@southglos.gov.uk)
- Where the request clearly shows that needs can be met without the involvement of Social Care, either the Access social work team or the Compass Team will determine which team is best placed to support the family – it may be that further information may be gathered at this time – including contacting the family – to make sure the right support can be put in place.
- Sometimes, it is clear that there are services that are better-placed to provide Early Help for a family, and the Compass team can advise and guide families and professionals to these services. Where it is clear that the need is likely to be best met by Preventative Services, Compass will place the request with the appropriate team.

From **within** Integrated Children's Services:

Social Care:

- Where the Social Worker considers that the family would benefit from a *contribution* to the Child in Need or Child Protection plan, they can request this directly from YPS and from Families Plus 0-5 (note: Families Plus 5-18 workers do not undertake contributions to Social Care). Any plans completed by Preventative Services will explicitly support the family to meet the safety goals identified within the statutory plan.
- Where the Social Worker identifies that the family no longer requires statutory involvement (i.e. that the children are safe), and move to close the statutory plan, they may consider that the family would benefit from identified work for a period of time from Preventative Services; this would lead to a **step-down** request to YPS or Families Plus, who would work with the family on a voluntary basis to an agreed plan.

Other teams within Preventative Services:

- There may be some occasions when more than one team from Preventative Services works with a family, perhaps if there are children with a significant range of ages. On such occasions, arrangements will be made between workers to ensure that support is provided in the most effective way.

**Example One:** Request from School - Mum is struggling with B's behaviour at home. She finds he is particularly difficult when needing to get ready for school or for bedtime. He is negative about coming to school. Mum would like to receive support through a parenting course to give her strategies to manage his behaviour effectively.

Outcome – refer to Families Plus Parenting Course

**Example Two:** Request from parent – worried that her 8 year old child has dyslexia, he is quiet and subdued at school and gets upset and just cries. Mum has recently gone through a difficult divorce and domestic violence. She wants support for herself and her 8 year old.

Outcome – recommend Early Help Assessment to be started by school, refer to Next link.

## What is Signs of Safety?



### Why are we using the Signs of Safety approach in South Gloucestershire?

The Signs of Safety approach has been adopted in South Gloucestershire to:

- Embed a unified approach to risk management across all of our children's services, providing a common language and practice framework.
- Contribute towards ensuring an integrated culture within children's services.
- Reclaim professional practice and support workers in developing evidence based professional skills.

### Identifying needs with Signs of Safety?

We use professional curiosity - We ask questions to learn and understand what life is like for each child and family.

Practitioners supporting families work together with families to look at the strengths (what's going well in the child's life), the worries and concerns identified (who is worried and why) and focus on what needs to be done (outcomes) to build on the strengths, reduce the concerns and keep the child safe. This is known as a strengths and safety based approach.

### Where to find more info about Signs of Safety?

The Children's Partnership Website has further information [here](#)

## Questions to Consider

**What has happened, what have you seen, that makes you worried about this child/young person and family now?**

**How has this worry had an **impact** on the child/ young person?**

Are there things happening in this family's life that make it harder to deal with what you are worried about?

- When was the **first** time that you were aware of that this worry was happening?
- What is the **worst** thing that has happened to the child/young person because of this worry?
- When and what is the **last** time that you are aware of that this worry happened?
- How often and how bad have these worries been? How long has it been going on?
- What is the worst thing that you think could happen to the child/young person because of this worry?

## Think about what is Working Well

**What's working well in this family?**

- What are the best parts of mum/dad's parenting?
- What would the child say are the best times they have with their mum/dad/carer?

Have there been times when this worry has been dealt with or was even a little better? How did that happen?

How is the support already in place making things better for the child?

Who are the people that are closest to the child/young person? And what do they do to keep the child/young person safe or help them to grow up well?

## Think about what needs to happen

**Try not to be too focussed on needing a service or making a referral, this is an opportunity to think about what needs to change for the child.**


- What do you think needs to happen?
- What do you need to see to be satisfied the child is safe enough for you to be less worried?
- What did the child/young person say they needed to happen to feel safer or that things were better?

Describe the details of the behaviour you would want to see that would tell you that this child is safe/things were better?

- What support do you want from another service?
- What can that service do that the support already in place cannot?
- What outcomes do you want to be achieved by this work?
- What is the parents/carers willingness/capacity to do this?



# What Makes a Good Referral?

 I have got informed consent to make this referral  
Does the parent or young person understand what they are agreeing to?

I have answered all the questions I can in full, giving as much information as possible

I have explained what has happened to lead me to make the referral today.

There are times when you should not seek consent, but these are rare. For example, if seeking consent would increase the risk to a child



Contact details are completed in full for:

- The child or young person
- Parents
- (both mum and dad, include other significant adults – step parents, current partners)
- Other important or relevant adults, (grandparents, family friends)
- Myself – the referrer
- Other professionals I know are involved and their role



I have been clear about the risk and potential risk to the child

I have thought about whether I should have a no names consultation about this situation if I am unsure before referring



I have written about what has already been done to address concerns



Assessments already undertaken are attached (for example EHAP)



The address(es) of the family is included

I have given dates of birth for the child, their siblings, and both parents and their partners




I have included information about what the child says about their situation and what they want to happen

I have not used any jargon or acronyms that might not make sense to someone else

I have given key information that will help. For example, there is an aggressive dog at home or the family will need an interpreter

I have recorded what the family wants to happen and what I want to happen as a result of the referral

 I have included information about what is working well in the family as well as what I am worried about

 Click the lightbulb to find the guidance about making a referral on the Partnership website

 Click the lightbulb to see the 'Early Help Strategy' document



Contacting The Access and Response Team (ART)  
**01454 866000** (in office hours)  
Contact the Emergency Duty Team (EDT)  
**01454 615165** (evenings and weekends)

If a child is at immediate risk, DO NOT WAIT – call 999

## Access and Response – Involving Children’s Social Care



Most children will never need any support from a social worker as they grow up, but there are occasions when the risk increases for a child and the right help for them means making a referral to the Access and Response Team. If you think a child or young person is at immediate risk of significant harm, contact the Access and Response Team on **01454 866000** during office hours, or The Emergency Duty Team on **01454 615165** out of hours, or in an emergency, phone 999.

Children who are living in circumstances where there is a **significant risk of abuse or neglect**, or where you suspect they have experienced or are experiencing abuse and neglect, may require a more specialist intervention. Children and Young People may also need specialist help where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability. The key factors to take into account in deciding whether or not a child or young person requires a Children’s Social Care intervention under the Children Act 1989 are:

What will happen to a child’s health or development without services being provided;

The likely effect the services will have on the child’s standard of health and development

Within the specialist level of need, there will be children with the following needs:

**Children in Need** of specialist support from Children’s Social Care:

- Children with highly complex needs (including children with disabilities or adopted children)
- Children who have a need for multi-agency high level support and are experiencing compromised parenting
- There is a significant risk of family breakdown or being harmed
- There is a risk that the child will cause serious harm to themselves or others
- There is a likelihood of significant harm

### Case Example

**Request from parents:** Shannon is 14 years old. They have noticed a recent change in her behaviour and are worried. They have been getting reports from school that she has started truanting, she has stopped spending time with her usual friendship group and they are unsure who her new friends are as she is refusing to tell them. Shannon is spending all her time on her phone and hides it when they come near. Shannon and parents are arguing a lot in the home. Shannon has started staying out later and later, and on Saturday she did not return home until 11pm and they had no idea where she was. Mum searched her room and found some items of clothing which are not Shannon’s and look new. When she came home her parents report that she seemed “odd”, she was jittery and would not make eye contact. She ran straight to her room. Parents did not report her missing to the police.

**Outcome:** Shannon would be assessed as a Child in Need of specialist support from Children’s Social Care as there is a likelihood of significant harm due to multiple indicators of Child Sexual Exploitation being raised in the request. In this instance the Access Social Worker with parental consent would pass over to a Response Social Worker to undertake a Child and Family Assessment and Plan.

## Children in Need of Protection

- Children and young people who are suffering or likely to suffer significant harm
- Children in Need of Care
- Children who in need of care or have been in the care of the Local Authority

### Case Example

**Request from school:** Jake is 8 years old and has come into school today reporting that his Mum has hurt him. Jake's teacher has asked what this meant and Jake has said he isn't allowed to say. Later on that day Jake has taken off his school jumper and the teacher has seen bruising on his upper arm. The teacher reports that this looks like finger marks. His teacher has asked how this has happened and Jake has become instantly very upset, uncontrollably crying. School report that Mum often presents as low in mood. Mum has recently had a new baby and since then she has been talking about finding it increasingly hard to manage Jake's behaviour in the home. School were considering a referral to preventative services. School report that baby is a half sibling and they do not know anything about baby's father. They have never met Jake's father but Jake sometimes speaks about seeing him at weekends and he is always positive about this time with him. Jake speaks a lot about his Nanny in school and school believe this is his father's mother.

**Outcome:** The request raises concerns that Jake and his sibling are suffering or likely to suffer significant harm due to physical abuse and they are Children in Need of Protection. In this instance the Access Social Worker would pass over to a Response Social Worker who would organise a Strategy Meeting chaired by a Social Worker Team Manager. All relevant professional agencies including the police would be invited to this meeting where a final decision would be made as to whether Jake and his sibling were Children in Need of Protection or not, and a plan would be put in place to safeguard them.

**Remember: Information sharing with consent from the parent (or young person if appropriate) is required unless there is evidence that doing so would leave a child or young person at risk of significant harm.**

At this level of need either a referral to social care, or an intensive specialist statutory service is required, such as the Child and Adolescent Mental Health Service. This is also the level at which formal and/or immediate protection of the child/ren may be needed.

## What will happen when I call?

**The first point of contact for referrals to Children's Social Care is the Assessment and Response Team (ART).**

The referral goes first to the Access Team, who will make an initial BRAG rating decision about what should happen next. This takes the form of:

**Blue** This should be progressed in 5 days and will largely be requests for information.

**Red** These are the children that we are the most worried about, these would be urgent strategies and should be progressed in 4 hours.

**Amber** These are children who it appears have complex needs which likely require a social work response. This could be a non-urgent strategy or a CIN assessment and should be progressed in 1 working day.

**Green** These are children who it appears have needs which could be met by universal or early help services, these should be progressed in 3 working days.



Some referrals will be passed to Compass to help the family or referring agency consider whether a community based, or preventative service is needed, or the referral will be closed or not accepted if for example key information is needed to progress. You will be advised if this is the case.

A '[Request for Help](#)' form can be completed by a family or, with the family's consent, by a professional or by a close friend or family member on the parent's behalf. This form will need to be submitted to [AccessandResponse@southglos.gov.uk](mailto:AccessandResponse@southglos.gov.uk) , and the Access team will make a decision within a working day.

If you are in any doubt about the level of need and whether a referral needs to be made to children's social care, it is advisable to telephone the Access Team on 01454 866000 during office hours for advice.

If you think the family's needs may be below the high threshold for children's social care, contact the [Compass Team](#).

## MASH

The South Gloucestershire **Multi-Agency Safeguarding Hub (MASH)** is a multi-agency group of professionals whose aim is provide an effective and rapid response to new safeguarding children concerns. To make an informed decision the team will gather and share information from partner agencies, children, young people and their families to decide who is best placed to respond to the concerns.

The MASH is based at the South Gloucestershire Council Offices, within the Access and Response Team hub (ART), who receive the initial enquiries. The MASH operates on a hub and spoke model where information is securely, swiftly, and legally shared across partner agencies to determine the next steps. The Access Team continue to take all referrals in the usual way, where they consider that information to make a threshold decision is needed by more than one professional, these will be funnelled through the MASH.

1. Once MASH is agreed, the MASH Social Worker and relevant professionals from the hub and spoke model will be passed the referral information. They will check the information that they have about the family and take a view based on this, about what the RAG rating would be for the family and the next action. They will also have the opportunity to view other professional's information as part of the decision making.
2. The Social Worker will speak with the referrer to obtain fuller information or gain clarity about their concerns.
3. The Social Worker evaluates the information in the Referral (together with any previous Contacts, Referrals / assessments / Closing summaries / information in social care systems, to determine the indicated levels of risk and/or need.
4. The Team Manager in Access will then collate agencies' information into a single Request for Information form and **critically evaluate the information provided to make an outcome decision** (Strategy Discussion / Single Assessment / Early Help Assessment / Provision of Information / No Further Action).
5. MASH meetings will be held swiftly to agree an outcome and any actions. If a consensus cannot be reached, Children Services will make the final decision as to whether to progress for an assessment. This is subject to the professional differences process.
6. Families receive a response that has been considered by a collaborative multi-agency process.
7. Referrers and Children and Families are updated on the plan agreed by agencies and the next steps.



## The right help at the right time in the right way

Universal	Examples of Need	What might help?
<p>The majority of children, young people and their families will have access to the opportunities they need to thrive within universal settings. This includes education and health settings and in communities such as parks, libraries, and leisure facilities.</p>	Physically Well, up to date with immunisations, regular health & dental care	Family and child access available universal services.
	Stable family environment where parents/carers meet the child's needs. Family stresses are managed.	Examples:
	Age-appropriate skills	<ul style="list-style-type: none"> <li>• Midwifery/Health Visiting/GP</li> </ul>
	Access to educational provision, meeting milestones, no barriers to learning	<ul style="list-style-type: none"> <li>• School Nursing</li> <li>• Optician/Dentist</li> </ul>
	Reasonable income and housing, integrated within community	<ul style="list-style-type: none"> <li>• Health centre/walk in/hospitals</li> <li>• Early Years settings</li> </ul>
	Parents provide secure and consistent care	<ul style="list-style-type: none"> <li>• School or college</li> <li>• Libraries, leisure centres</li> </ul>
	Consistent and appropriate boundaries	<ul style="list-style-type: none"> <li>• Social clubs/groups</li> <li>• Childcare</li> <li>• Support from family/friends</li> <li>• Citizens Advice/DWP</li> </ul>

Universal Plus	Examples of Need	What might help?
<p>Universal settings provide additional information, advice, support, guidance or services for individual children or families where needed or will link to another agency or service for particular information or advice. Each setting will use its own processes to identify and assess needs, involve families and agree and review actions. Examples of effective processes and tools used in a range of settings will be shared and coherence with the common Early Help assessment processes is encouraged.</p>	Minor health needs affecting attendance, starting to miss appointments. Over or underweight.	Family and child may access support from universal service plus:
	Relationship difficulties beginning to affect child, experiencing bullying	<ul style="list-style-type: none"> <li>• Breastfeeding support/baby massage</li> </ul>
	Difficulties in relationships with peers. Disruptive/challenging behaviour	<ul style="list-style-type: none"> <li>• Community transport</li> <li>• Speech/language therapy</li> </ul>
	Gaps in learning, not making expected progress	<ul style="list-style-type: none"> <li>• Wellbeing services</li> <li>• Parenting programmes</li> </ul>
	Poor accommodation, low income, socially isolated	<ul style="list-style-type: none"> <li>• Housing support</li> <li>• Educational Psychologist</li> </ul>
	Parents struggling to meet child's need without support	<ul style="list-style-type: none"> <li>• Relationship courses for adults</li> <li>• Money management</li> </ul>
	Inconsistent responses to the child.	<ul style="list-style-type: none"> <li>• Family Lives</li> <li>• Antenatal and infant mental health services</li> </ul>
	Family not accessing universal services	<ul style="list-style-type: none"> <li>• Children's centre programmes</li> <li>• School Health Nursing Service</li> </ul>

Targeted	Examples of Need	What might help?
<p>The identified, additional needs of a child, young person and their family are best met from a coordinated, multi-agency approach, regardless of the level of service (i.e. could be a</p>	<p>Disabled child with additional care needs and requiring some support for the family.            Serious mental health issues.            Chronic health problems with an impact on day to day life.            Not accessing health care needed</p>	<p>Family and child may access support from Universal Services Plus:</p> <ul style="list-style-type: none"> <li>• Compass</li> <li>• Families Plus</li> <li>• Young Peoples Support</li> </ul>



<p>range at universal, or universal plus, or could include a specialist service). The four key elements of the common ways of working at this level are: <b>A Lead Person</b> – ideally already known to the family, who can build a trusted relationship with them, coordinate the assessment and action plan and is a point of contact for the family. <b>A Team Around the Family (TAF)</b> – the lead person and the family together identify who else needs to be involved to contribute to the actions needed. This can include other agencies but also people from within the family network. <b>Early Help Assessment and Plan</b> – the lead person and the TAF work alongside the child, young person and family to identify strengths, worries and actions. Actions are agreed, coordinated and regularly reviewed. Information Sharing and <b>Consent</b>: Safe information sharing is essential for a plan to be effective. Families are actively involved and provide consent for information to be shared.</p>	Domestic Abuse or substance misuse	<ul style="list-style-type: none"> <li>• Early Years Portage</li> <li>• Health specialists</li> <li>• Children’s centres</li> <li>• Housing support</li> <li>• Mentoring services</li> <li>• Debt services</li> <li>• Counselling</li> <li>• Targeted parenting programmes</li> <li>• Youth sector provision</li> <li>• Homelessness prevention</li> <li>• NEET targeted courses</li> <li>• Behaviour support</li> <li>• Child &amp; Adolescent Mental Health Services</li> <li>• School Health Nursing Service</li> <li>• Community paediatrics</li> </ul>
	Sexual Exploitation risk	
	Phobias/psychological difficulties	
	Short term exclusions/NEET	
	Serious debts or poverty impacting on ability to meet family needs	
	Parents struggling to provide ‘good enough’ care Chaotic parenting, no boundaries set	

Specialist	Examples of Need	What might help?
<p>These services are generally accessed following specific assessments to establish need and criteria for the service. Universal services should remain informed and involved, to ensure that children, young people and their families continue to receive ongoing support, regardless of whether the specialist service remains involved.</p>	Child suffering or at risk of suffering significant harm	<p>Family and child may access support from Universal Services plus:</p> <ul style="list-style-type: none"> <li>• Children’s Social Care</li> <li>• Youth Offending Service</li> <li>• Child &amp; Adolescent mental Health Services</li> <li>• Barnardo’s BASE</li> <li>• Community paediatrics</li> </ul>
	Failure to thrive	
	Endangers own life through self-harm, eating disorder	
	Suspected non accidental injury	
	Complex mental health needing specialist intervention	
	Accommodation places child in danger	
	Extra familial harm e.g. CCE/ CSE	
	Unaccompanied Asylum seeking child	
	Child/Parent relationship at risk of breakdown	
	Profound/Severe disabilities	

## Appendix One: Knowing the Teams and How to Contact them

### Compass

Compass is a small team whose core function is to support the delivery of the [Early Help Partnership Strategy](#), navigating families to the right information, advice and guidance, at the right time and as early as possible when problems emerge.

#### Who will Compass support?

Compass provides information and advice both directly to families, as well as to professionals who are supporting them to enable them to achieve meaningful and positive outcomes without the need for statutory intervention. This will include asking individual agencies to consider what practical help they might offer, either on a one off or ongoing basis. Additionally, support will be provided to professionals across the partnership to enable them to support families achieve the same outcomes. Compass aims to empower families by working with them, not doing things to or for them, identifying and building on strengths and recognising that family, friends and community can be the most effective and sustainable forces of “help”.

Where a professional considers that a family might benefit from additional support, they can contact Compass via [email](#) for an initial discussion *without sharing a family name*.

To access this support, please email a brief synopsis of the family composition and needs of the children to [compass@southglos.gov.uk](mailto:compass@southglos.gov.uk)

All educational settings ( including pre school settings) have a named Compass Partnership Worker; settings are able to contact them via [compass@southglos.gov.uk](mailto:compass@southglos.gov.uk)

If a family requires a more in-depth conversation or support from another service, there is the expectation that – in the spirit of “nothing about me without me” – a meaningful conversation will have been had with the family explaining that the professional would like to seek support and advice from Compass. The family should be aware of the content of the information being shared with Compass and have given verbal consent for this information to be shared.

To access this support, please complete with the families consent, a [request for help form](#) and email to [accessandresponse@southglos.gov.uk](mailto:accessandresponse@southglos.gov.uk)

### Families Plus 0-5

Families Plus (0-5) teams operate mainly from six Children’s Centres across South Gloucestershire.

#### Who do Families Plus (0-5) support?

Support is for families with children from pre-birth to 5 years old, who are experiencing multiple or complex issues such as poor housing, unemployment, mental or physical health issues and family conflict. The teams work with a family in several ways:

- Supporting universal services such as pre-school and nursery settings, by offering a more specialist perspective in support of families
- Working with the whole family if their needs require more targeted support. This work will be undertaken when universal services have been unsuccessful in helping the family sustain progress

towards their goals and build on progress already achieved. This may include organising a Team Around the Family (TAF).

- Supporting a family where there is a child in need or child protection plan to provide specialist, early years support. This additional support is a 'contribution' to the statutory plan and will be clearly linked to the goals.

Families Plus (0-5) can be accessed Via [Compass](#), either through:

- Self-referrals from families
- Community referrals from other agencies (Health Visitors, GP's, Early Years Settings, Housing Associations etc.)

Or in a 'step down' from children's social care.

### Families Plus 5-18 (previously known as FYPS)

Families Plus 5-18 teams are located in the North and the South of the council; each has two full time equivalent Practice Managers.

- Families Plus (5-18) teams work alongside other agencies and/or directly with families with complex needs such as poor housing, unemployment, mental or physical health issues, poor school attendance and exclusion.
- The Teams' work is underpinned by Signs of Safety's strength-based approach, working with the whole family and utilising their support network to move towards shared goals.
- Families Plus offers guidance and direct work in relation to the challenges parents, children and young people are facing;
- Empower families to take responsibility by working with them, not doing things to or for them.
- Recognise that family, friends and community can be the most effective and sustainable forces of "help".
- Enable support at the right time, in the right place, in the right way.
- Children, young people and families must agree to work with Families Plus and their consent is needed before work can begin.

Families Plus (5-18) can be accessed Via [Compass](#), either through:

- Self-referrals from young people/families
- Community referrals from other agencies (Schools, youth services, health etc)

Or in a 'step down' from children's social care.

### Young Peoples Support (YPS) team

YPS offer a distinctive adolescent centred preventative service to young people who face worrying risks to their safety and well-being. To prevent further escalation of concerns/ needs, help to restore family relationships and promote adolescent resilience.

- Imminent or likely family breakdown
- Imminent or likely placement breakdown (Children Looked After)
- Exclusion from school
- Neglect
- Bereavement
- Running away
- Gang involvement
- Substance misuse

- Displaying problematic or harmful sexual behaviour
- Exploitation – sexual and criminal
- Anti-social behaviour
- Offending

YPS will work with young people with complex needs. Young people are likely to have multiple risk factors (the list above is not exhaustive) that would benefit from short term (between 6 weeks and 6 months) intensive intervention with them and their whole family.

Young People’s Support Team can be accessed by

- Self-referrals from young people/families
- Community referrals from other agencies (ASB Team, Schools, Youth Services, Police through Outcome 22 etc.)
- Direct referral from Children’s Social Care

### Youth Justice Service (YJS)

The Youth Justice Service work with children and young people who have offended, to help prevent them getting into further trouble. We work with parents, carers, victims, and the community to help young people understand the consequences of their actions.

The YJS is a multi-agency team and includes a Police Officer, Social Workers, Probation Officers and Health and Education staff, in addition to a number of volunteers.

South Glos YJS works closely with partners in social care and preventative services and has a strong focus on prevention. The new Young People’s Support (YPS) team sits alongside the YJS.

We work to:

- Prevent offending
- Reduce the risk of further offending
- Support victims
- Support young people on bail
- Prepare reports for court
- Supervise young people on court orders
- Work with young people pre-court, either voluntary or when subject to Youth Conditional Caution.
- Work alongside other agencies when young people are remanded into local authority care.
- Work with young people during and after a custodial sentence
- Help and support parents.

The YJS’s statutory work comes from the police and the court, it is not a refer into service by partners. However, the YOT has developed a specialism in working with young people displaying harmful sexual behaviour and will support colleagues in social care and undertake assessments if appropriate. This work can occur regardless of the young person being formally processed by the police.

### Access and Response Team (ART)

The Access and Response Team covers the whole of South Gloucestershire and is the ‘front door’ to Children’s Social Care.

ART are the point of contact for professionals, families and members of the public when they are worried a child is being or has been harmed.

ART can be contacted in Office hours by telephone on **01454 866000**

**There is no need to make a referral to MASH. Just contact ART in the usual way with your concerns.**