Levels of Intervention

Gloucestershire 2025

One Gloucestershire — Transforming Care, Transforming Communities

NHS

Gloucestershire Constabulary

Gloucestershire COUNTY COUNCIL

Introduction

Contents

This document has been developed to help and support practitioners working with children across all agencies and organisations, when faced with a decision about appropriate support for children, including the safety and wellbeing of a child.

It is a collaborative approach to underpin our shared ambition of ensuring children receive the right support at the right time, every time. This document will help ensure that support for children and families comes from the right service and, importantly, from the right person. We believe that this means that throughout the process of accessing suitable services for children and families those professionals that have the closest relationships with children and families should remain involved in children's lives maintaining the trusted relationship they have developed.

In Gloucestershire, we are passionate that all children should be safe, happy, healthy and able to thrive, with their holistic needs identified and met. This guidance sets out which agencies and which levels of intervention may be needed to support children and their families to build on their strengths, promote resilience and improve overall holistic outcomes for children and their families while ensuring children are protected from harm.

This guidance is not definitive and should be used by practitioners to aid decision making and facilitate the conversations we have when faced with worries about a child to determine the best next steps. Supporting children can be complex and the way in which we work together can be crucial in ensuring we are effective.

In addition to the guidance in this document all practitioners should use, where appropriate, their safeguarding leads and relevant partners for support, guidance and reflection. This document sits alongside and is complimentary to these other key safeguarding and guidance documents;

Gloucestershire Safeguarding Children Partnership Procedures Manual Welcome to the Safeguarding Procedures Manual (trixonline. co.uk)

Gloucestershire's Early Help strategy

Graduated Pathway of Help and Support Graduated Pathway practice guidance | Gloucestershire County Council.

Baseline inclusion framework and guidance, SEND and Inclusion strategies (Link will be added once live)

Early Years Best Start in Life

One Plan for Children and young people Gloucestershire 2024-2030

Purpose of this guide:

- To support and promote effective, early and consistent identification of holistic needs.
- To assist professionals in deciding how best to support the identified needs.
- To assist professionals in deciding how best to help safeguard/protect children and families.
- To ensure a timely and proportionate response to the needs of children and families.

Multi-Agency conversations and information sharing

Professionals should meet to discuss the needs of a child and family at the earliest opportunity. Multi-Agency conversations allow a practitioner who has a concern that a child may need additional support to have a quality discussion:

- to clarify the nature of the concerns
- to explore the holistic needs of the child and/or family
- to identify the most appropriate ways to respond to and support these concerns and needs

This approach strengthens and improves decision making in relation to all aspects of early help across all agency partners to ensure the right help at the right time. This approach does not change the way in which safeguarding concerns about significant harm are handled through MASH.

The advantages of this approach:

- based upon collaboration and dialogue

- promotes shared responsibility and flexibility
- recognises complexity and the unique needs of each individual child and family
- reduces bias of individual professional and agency decisions through debate

There can be no justification for failing to share information that will allow action to be taken to protect children and improve children's outcomes. The consistent theme throughout all information sharing guidance and legislation is that the duty to safeguard children must be paramount.

Information Sharing

Seven golden rules of information sharing (including personal information):

1] All children have a right to be protected from abuse and neglect. Protecting a child from such harm takes priority over protecting their privacy, or the privacy rights of the person(s) failing to protect them.

2] When you have a safeguarding concern, wherever it is practicable and safe to do so, engage with the child and/or their carer(s), and explain who you intend to share information with, what information you will be sharing and why.

3] You do not need consent to share personal information about a child and/or members of their family if a child is at risk or there is a perceived risk of harm.

4] Seek advice promptly whenever you are uncertain or do not fully understand how the legal framework supports information sharing in a particular case.

5] When sharing information, ensure you and the person or agency/organisation that receives the information take steps to protect the identities of any individuals (e.g., the child, a carer, a neighbour, or a colleague) who might suffer harm if their details became known to an abuser or one of their associates.

6] Only share relevant and accurate information with individuals or agencies/organisations that have a role in safeguarding the child and/or providing their family with support, and only share the information they need to support the provision of their services.

7] Record the reasons for your information sharing decision, irrespective of whether or not you decide to share information.

For more detail on the above, visit - Information sharing advice for safeguarding practitioners - GOV.UK
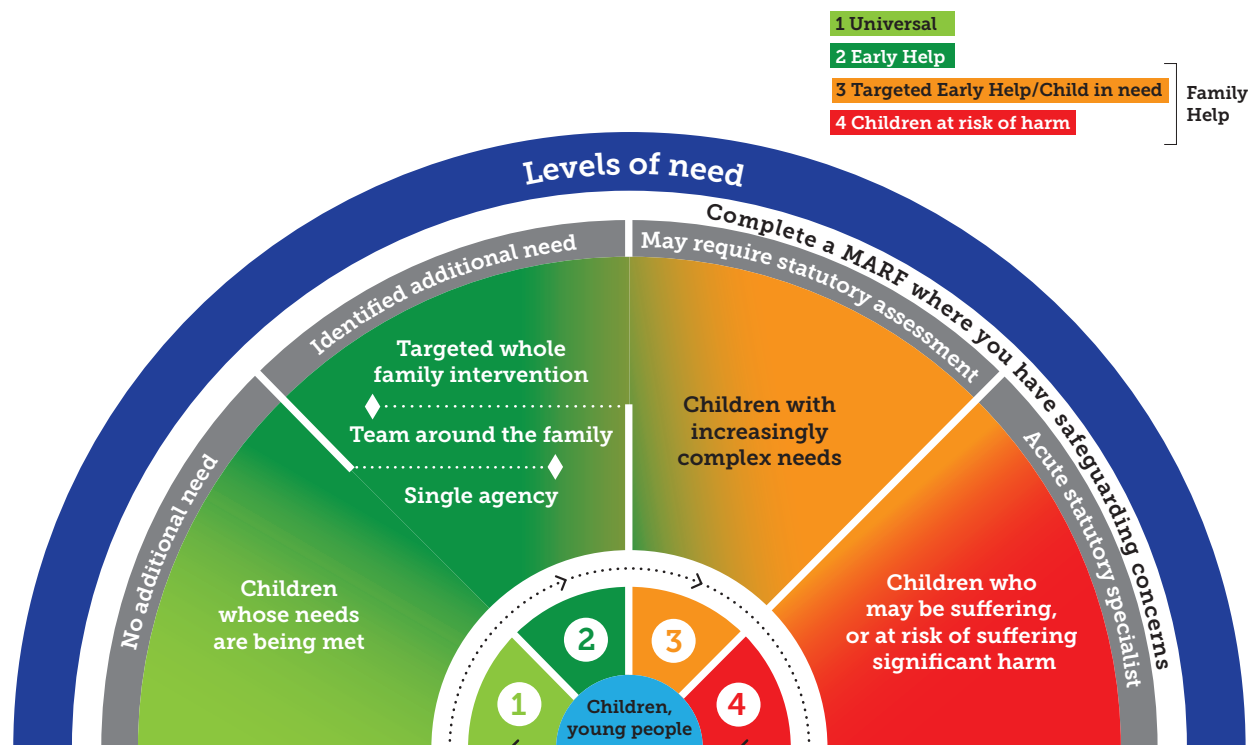
Gloucestershire has developed a Continuum of Need. It is vital to note that this guidance does not represent a fixed, definition of need or a checklist – the examples cited are for guidance and context only.

It is designed to be used alongside professional judgement and form part of a wider discussion, to ensure consistent service responses designed to meet the individual needs of children, young people and their families. Our model in Gloucestershire is to support families at the right time, through the right service and person, intervening proportionately to prevent worries from escalating. Children and young people can move across the levels of need according to their circumstances throughout any period in the life. We have 4 levels of need, described in the diagram below. All agencies should strive for a seamless transition for families when need escalates or reduces.

The presence of single or multiple combinations of factors, the age of the child and protective factors will all need to be considered when assessing the responses required.

The Windscreen

A diagram to demonstrate the Continuum of Need

1 Universal
2 Early Help
3 Targeted Early Help/Child in need
4 Children at risk of harm

Family Help

Levels of need

Identified additional need

Complete a MARF where you have safeguarding concerns
May require statutory assessment

Acute statutory specialist

No additional need

Targeted whole family intervention

Team around the family

Single agency

Children with increasingly complex needs

Children whose needs are being met

Children who may be suffering, or at risk of suffering significant harm

Children, young people

1 2 3 4

Consent to share information is required unless there are concerns that do so would place the child at greater risk of harm

If you think a child or young person is at immediate risk of significant harm, contact **The Front Door on 01452 426565 (option 1)** - in an emergency always call **999**

Windscreen Wedges
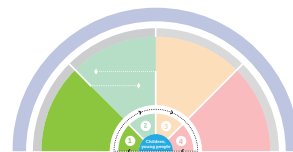
Level 1

Children whose needs are met by universal services such as schools GP's and Health Visitors, alongside the love, care and protection from parents and carers. Children in this category are making good overall progress in all areas of their development. Some limited intervention from a universal service may be required to avoid needs arising or to meet a single identified need. Most children living in Gloucestershire will fall into this category.

Response

Agencies working at this level should identify what they can do first to support children and their families through their own service offers.

Assessment

Agencies may use their own assessment processes to tailor the service provided to meet family needs. Services should be proportionate in their response and aim to intervene at the lowest level of support.

All assessment should be inclusive of these 4 principals:

- Holistic and considers the child and systems within which they live including the child's views
- Assess Risk
- Strengths based
- Empowering and family led

Outcome

Children and their families make good progress in most areas of development.
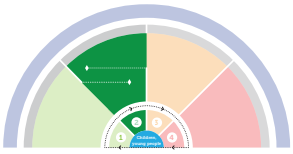
Level 2 - Early Help

Early Help provides support when need is identified at any point in a child's life. It is not a service specific to one organisation, but rather a collaborative approach across all agencies and partners to work with children and families to prevent the need for statutory intervention. In Gloucestershire every person working with or engaging with children and families, regardless of organisation, status or position, has a responsibility to support the delivery of Early Help and support the family to access appropriate services. This includes children who may have a mental health need that requires additional support, a special educational need and/or disability (SEND support). The primary service supporting the family will coordinate the assessment and plan with the aim of achieving positive outcomes and preventing the need for a higher level of support. The support required may only be short term, but if ignored, these issues could escalate further.

(Working Together to Safeguard Children - Working together to safeguard children: statutory framework)

Response

Agencies should assess and respond to family need as soon as it arises, drawing in support of other agencies where required. Agencies can use the Glosfamilies directory to search for and approach agencies who may be able to support.

Assessment

Services should undertake assessment of family need using the Graduate Approach guidance and a Team around the Family (TAF) meeting. Other tools such as the neglect screening tool should also be implemented. These assessments should result in the formulation of a My Plan or My Plan Plus.

There may be other service specific assessment tools that contribute to the overall assessment.

Outcome

Children and their families make good progress in most areas of development. Additional support has been put in place to improve overall outcomes for the family. If improvement has not been made, consideration should be given to review level of need and additional interventions that may be required at Level 3.
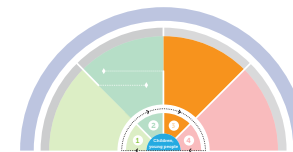
Level 3 - Family Help

These are children whose needs are more complex, based on a range of needs and depth or significance of the needs. This includes where a child may have special educational need and/or disability and a consideration of whether children identified as SEND support by their school would require extra support may fall into this category. They are at risk of social or educational exclusion and may also include children who experience a mental health need and require support beyond the scope of universal services. Their health, welfare, social or educational development is being impaired without the provision of additional services.

Services offered to children and families at level 3 and level 4 are known under the umbrella of Family Help.

Response

Following appropriate consent, agencies will work together to identify a lead professional to co-ordinate support needs for the child and family. The graduated approach will be followed, the family's needs will be assessed to identify the correct level of need, and this will inform a family led plan of support. The agencies will work together to support the family to achieve their outcomes.

In some instances, identified risks will be such that a coordinated response is required through statutory intervention, Child in Need. In which case a Family Help Lead Professional within Gloucestershire County Council will work with the child, family and agencies to respond to the needs and co-ordinate the required support.

The aim will be to facilitate consistent support to children and families with the desired expectation of support being stepped down in the future once high-level needs have been met.

Gloucestershire's professional advice line is also available to support practitioners with:

- Understanding thresholds for support and intervention
- Talking through situations to determine whether a MARF is needed
- Guidance on completing MARFs
- Advice on how to support families under the Graduated Pathway

Assessment

Where risk is such that a child needs to be assessed under section 17 of the Childrens Act 1989 then a single assessment and child in need plan will be put in place, where required.

A child may also be supported through an EHCP at this level of need.

In addition to the Graduated Approach other tools for supporting the assessment of need should be considered, for example:

- My Assessment/My Plan+
- Quality of care profile e-tool (previously the neglect toolkit)
- Child Exploitation screening tool
- Alongside any local, regional or national specialist assessment tools.
- Substance Misuse Screening tool
- Domestic abuse tool

Outcome

Children and their families make good progress in most areas of development; additional support has been put in place to improve overall outcomes for the family. If improvement has not been achieved and there is a risk that a child is likely to suffer significant harm, the support and intervention needs to be considered at Level 4. There should be no unnecessary delay.
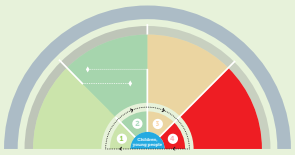
Level 4 - Family Help

Some children may require an immediate referral to Children's Services for an assessment to be completed to better understand their needs. These are children and families with increasingly complex needs, those children who are at risk of or suffering 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 interest of children and gives local authorities a duty to make enquiries.

This would include, but not limited to, children in the following categories:

- Children in Need; a child who has significant developmental or disability needs, where their needs cannot be met at level 3 complex
- Child Protection: a child who is suffering or likely to suffer significant harm
- Children Looked After and privately fostered
- Young people who have committed an offence
- Consideration of children with acute mental health needs and whether there are safeguarding elements

- A child engaging in significant substance misuse where there is a high risk of overdose and not currently receiving treatment
- A child who may need an Education Health and Care Needs Assessment, where they are presenting safeguarding concerns
- Children who are unaccompanied asylum seekers
- Children subject to an Emergency Protection Order
- Interim Care Order or a full Care Order.
- A child who is remanded by a court into local authority accommodation or youth detention accommodation will also be deemed as a Child Looked After.
- A child who is exploited and the harm is ongoing, and/or risk is increasing.
- Children receiving support through Section 117 aftercare.

Response

Agencies should complete a Multi-Agency Request Form being clear to outline the identified concerns and support that has been put in place for the child and family.

If there are significant safeguarding concerns that puts the child in imminent risk of harm, i.e.

requires social work response within an hour, call the Children's Helpdesk.

If there is a concern that a child is immediately at risk, dial 999.

If there is a concern that a child's health is at immediate risk, medical support should be sought by contacting 999 in an emergency, 111, GP, Emergency Department or the child's existing health provider.

Assessment

For a child who requires a statutory assessment this will take place under the provisions of the Children Act 1989.

Outcome

Children will be supported through the intervention of specialist services, within in a statutory role. (I.e. Health professionals, Social Workers) Children will make good progress in most areas of development; and risk will have reduced for the child allowing them to remain within the care of their home. Where children cannot live at home, we will support the wider family and community network to provide care and support outside of the care system.

Indicators of Possible Need

The needs listed under each heading indicate the likely service level to meet the need. Only by talking to children and their family in more detail to explore context and the factors behind the need will the practitioner be able to form an assessment as to the correct level of support.

The listed indicators are not exhaustive but should be used as a guide to help professionals make an informed decision about level of need and appropriate response. They are not a pre-determined level of response. Please ensure when considering the needs of a child that you are using the full range of the indicators listed below.

There are a range of evidence-based tools available which may support you in your assessment of the likelihood of harm to the child which are specific to different types of harm.

Child Sexual Abuse

http://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/signs-indicators-template/

Domestic Abuse

Barnardo's Domestic Violence Risk Identification Matrix – assessing the risks to children from male to female domestic violence. Free Social Work Tools and Resources: SocialWorkersToolbox.com *(please note that the Levels in this matrix do not directly correlate with levels in this threshold document)*

Quality of Care e-tool

Quality of care e-tool | Gloucestershire County Council

Harmful Sexual Behaviour

https://learning.nspcc.org.uk/media/1657/harmful-sexual-behaviour-framework.pdf – an evidence-informed operational framework for children and young people displaying harmful sexual behaviours (nspcc.org.uk)

Physical Health

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Health needs which can be met within GPs and other primary or universal care • Is healthy and well, development is age appropriate. • Developmental milestones including speech and language can be achieved with help provided within single agency setting as required	• Complex health needs requiring specialist support from more than 1 health professional • Delayed in reaching some developmental milestones	Health needs requiring specialist support to be maintained while child is accessing education outside of special school provision eg mainstream school or at home.	Child with complex **unmet** health needs requiring support from multiple health agencies.
Has a healthy diet, appears well nourished and undertakes regular physical activities within the child's ability	• Long term conditions or serious illness • Frequent illness/accidents • Child has significantly dropped in their placement along the 'centile' range for height/ weight without adequate explanation • Undertakes no physical activity and/or has an unhealthy diet which is impacting on their health	• Chronic/recurring health problems including concerns about weight • The child shows signs of physical harm e.g. bruising, scalds, burns and scratches, which are accounted for but are more frequent than would be expected for a child of a similar age • Undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services	• Child in hospital setting continuously for 3 months • Child shared incident of abuse • The child shows signs of physical harm which are not accounted for. • Concern regarding perplexing presentation. • Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm. • Child is suspected to have suffered or be at risk of Female Genital Mutilation (FGM)

Physical Health (contd)

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
	Additional help required to meet health demands of the child's disability	Parents unable to fully meet the child's needs due to disability needs, requiring significant support under a Child in Need plan	Child's disability needs not being met placing them at risk of significant harm
		Children consistently appear in dirty clothing/inappropriate clothing for climate	• Child consistently appears in dirty clothing/inappropriate clothing for climate despite support/ intervention. • Child who is at risk of or experiencing harm through their use of substances • Child has been victim of a knife or gun related injury
• Pregnancy with no apparent safeguarding concerns • Age-appropriate knowledge about sex and relationships	• Pregnancy in child/vulnerable adult who is deemed in need of support. • Limited access to age-appropriate advice including contraceptive and sexual health advice, information and services	• A young person over 13 but under 16 and in a sexual relationship and/ or pregnant • Looked after child or care leaver or vulnerable young person who is pregnant.	• A young person is under 13 and is pregnant or has experienced sexual activity • Pregnancy in a child under 13 or parent with significant learning needs. Young inexperienced parents with additional concerns that could place the unborn child at risk of significant harm.

Indicators of Possible Need

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
Is registered with universal services such as: GP, dentist, Opticians	• Not immunised- where this adds to a wider picture of health or safeguarding concerns • Pattern of missed appointments – routine and non-routine • Patterns of inappropriate or non-compliance of health advice and prescribed treatment eg, use of inhalers, glasses, treatment for eczema or long term health conditions in particular where child is reliant on parent or carer to support administration.	• Child is suffering as a result of inadequate access to primary/secondary healthcare • Missed appointments –routine and non-routine which are impacting significantly on the child's health.	
Extra-familial • Sexual activity is age appropriate, consensual, safe and in line with their mental capacity to make safe decisions • Any injuries, eg. bruising on shins, is consistent and attributed to normal children's play and activities	**Extra-familial** • Child is attending health services for sexually transmitted infections or unwanted pregnancies and there are concerns that they are engaging in sexual relations due to peer pressure • Attendance at A&E due to injuries or risks experienced in extrafamilial settings • Indicators of the child being coerced by a romantic partner, person of responsibility in the child's life or a peer.	**Extra-familial** Evidence of physical, emotional or sexual harm/ exploitation or neglect perpetrated by peers or adults in the community (not connected to the family or by a sexual partner	**Extra familial** • Child shares information about significant harm which is caused by and/or takes place in an extra-familial context • Child has been victim of knife or gun related injury • Disclosure of a coercive relationship

Physical Health (contd)

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
The child has no history of substance misuse or dependency	The child is known to be using drugs and/or alcohol frequently with occasional impact on their social wellbeing	The child's substance misuse dependency is affecting their mental and physical health and social wellbeing- child presents at hospital due to substance/alcohol misuse. Parent/carer indifferent to underaged smoking/alcohol/drugs etc	The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.
The parent is coping well emotionally following the birth of their baby and accessing universal support services where required	The parent is struggling to adjust to the role of parenthood, post-natal depression is affecting parenting ability	The parent is suffering from post-natal depression. Infant/child appears to have poor growth- growth falling 2 centile ranges or more, without an apparent health problem. Newborn affected by maternal substance misuse.	

Education

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Achieving key stages • Children whose additional needs can be met within their school or early years setting • Progression between phases of education is planned within standard procedures or with support of previous mainstream setting	• Development delay within early years foundation stage • Poor concentration • Low motivation	Development delay despite learning support strategies over a period of time	Developmental milestones are significantly delayed or impaired, despite learning support strategies, creating significant risk of harm
No additional needs, or needs can be met within usual provision (e.g. tailored seating placements for those with glasses)	Requires some additional specific, targeted support or adjustments or adaptations for their additional needs within and / or outside the classroom	Requires targeted intensive support or adjustments for their complex needs within and / or outside the classroom	Requires intensive specialist support or adjustments for their highly complex needs within and / or outside the classroom
Good attendance - child attends every day the school is open, except when a statutory reason applies.	Some issues and concerns around attendance and barriers to attendance beginning to arise – child at risk of becoming persistently absent	Persistent absence (PA) – more than 10% absence (below 90% attendance)	Severe absence (SA) – more than 50% absence (below 50% attendance)

Education (contd)

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• No concerning presenting emotions / behaviors • No suspensions or no risk of suspensions • Appropriate participation • Presenting as happy and unstressed	• Low level disruption or attention-seeking emotions / behaviors requiring some additional, targeted support or adjustments for their needs within and / or outside the classroom • One or two suspensions • Starting to present as withdrawn or isolated • Starting to be unwilling or unable to participate • Starting to present as stressed and /or unhappy	• Complex needs presenting through challenging and / or dysregulated emotions and behaviors requiring targeted intensive support or adjustments within and / or outside the classroom • Multiple suspensions. Starting to be at risk of PEx. If PEXd already, at risk of not moving on from APS • Increasingly presenting as withdrawn, isolated, stressed or unhappy and unable to participate. • May include physical medically unexplained symptoms	• Child whose Social Emotional or Mental Health needs are significant enough that they are preventing them from attending school. • High or imminent risk of PEx, or recently PExd
Strong, positive engagement from and with family; positive view of education	Engagement from and with family is starting to change, and view of education is starting to be less positive	Engagement from and with family has changed and view on education is deteriorating	Engagement from and with family is negative or non-existent, very negative view on education
• Strong, healthy friendships / relationships and social skills • Strong resilience and wellbeing	Friendships / relationships and social skills and/or resilience and wellbeing are starting to need more than usual pastoral support and are starting to impact on progress, achievement, attainment, and holistic outcomes	Friendships / relationships and social skills or resilience and wellbeing are increasing in complexity, severity, and are impacting on progress, achievement, attainment, and holistic outcomes; they are needing some targeted intensive support or adjustments	Friendships / relationships and social skills and/or resilience and wellbeing are complex, severe, and have negative impact on all outcomes, so requires intensive specialist support or adjustments, including from specialist multi-agency partners

Indicators of Possible Need

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Elective Home Education (EHE) is deemed 'suitable': this is defined as 'efficient education suitable to the child's age, ability, and aptitude, and to any special educational needs he or she may have.'(DfE) • If EHE, parents have chosen this for philosophical and / or lifestyle reasons	• Suitability of EHE education yet to be confirmed • Evidence demonstrates education is being accessed but it is not suitable. • Parents are engaging in the support being offered.	• EHE education is deemed not suitable so requires further investigation and support • Evidence demonstrates education is not being accessed and therefore it is not suitable. • Parents have some engagement with the support being offered.	• After investigation and appropriate support, EHE education remains as deemed not suitable by the LA • Professional concerns about the safety or wellbeing of a child whose family have elected to or wishes to home educate • Evidence demonstrates education is not being accessed and therefore it is not suitable. • Parents are not engaging in the support being offered.
Child educated other than at school (EOTAS) and evidence demonstrates education is being accessed, provision outlined in EHCP is in place, with no concerns or issues identified	• Child Educated other than at school (EOTAS) and evidence demonstrates education is being accessed but it no longer meeting YP needs. Annual review to be held.	Child Educated other than at school (EOTAS) and evidence demonstrates education is not being accessed. Parents have some engagement in what is being offered.	Child Educated other than at school (EOTAS) and evidence demonstrates education is not being accessed and parents are not engaging in the support being offered.
Extra-familial • Protective school context • Clear safeguarding and referral policies in education establishment • Child knows who to talk to and experiences appropriate response to any concerns	**Extra-familial** • Difficulties with peer relationships at their educational provision • Child is being pressured to become gang involved via peers linked to their educational provision • Child is being bullied within their education provision	**Extra-familial** Child exposed to physical or sexual violence at school or through school-based networks	

Social and Neighbourhood

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Safe and secure environment • Access to consistent and positive activities	• Child does not have access to new/stimulating experiences • Child is not appropriately supervised in the home or community	• Child who poses a risk of harm to others • Child who is missing from home • Suspicion of sexual abuse or child sexual exploitation e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour, carer • Child being harmed through their substance misuse	• child is persistently looking for/seeking out food or money. • Frequently missing from home for more than 24 hours. • Evidence of Harm Outside the Home (HoTH) • Child is subject to spiritual abuse • Child is at risk of, or has been subjected to forced marriage • Evidence of child groomed into involvement in extremist activity.
Good social and friendship networks exist or can be easily established	Difficulties with peer relationships	Child is isolated and unable to participate in social activities	Child is completely isolated, and unable to participate in any activities.

Indicators of Possible Need

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
Knowledgeable about the effects of crime and anti-social behaviour, with guidance as necessary	• Pro-offending behaviour and attitudes • Coming to the notice of the police • Evidence of low-level substance/alcohol misuse • Evidence of several incidents of anti-social behaviour • Being a victim of crime	• Coming to the notice of the police on a regular basis • Child who has admitted a criminal offence and received a diversionary programme or out of court disposal • High levels of anti-social behaviour in the local environment known to more than one agency • Being a victim of crime involving serious violence	• Child is engaged in criminal activity, including gang activity that is placing them at serious risk of harm • Child in secure remand • Child in custody with no family support or involvement
Age-appropriate independent living skills	Learning disability that places the young person in vulnerable situations	Concerns that the child is being exploited	Evidence of exploitation linked to child vulnerability

Social and Neighbourhood (contd)

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
Extra-familial	**Extra-familial**	**Extra-familial**	**Extra-familial**
• Development is stimulated through play and/or appropriate peer group interaction	• Illegal employment	• Evidence that child is being exploited by a gang	• Evidence child is being habitually criminally or sexually exploited where parental response is not mitigating the risk
• Child has socially acceptable, consensual and reciprocal relationships	• Poor communication, few friendships and/or difficulties with peer relationships	• Child is repeat victim or perpetrator of bullying, including sexual or other targeted forms of bullying	• Child involved in persistent or serious criminal activity and known to be engaging in gang activity
• Child is aware of safe online behaviour and knows who to contact if they experience digital harm	• The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications. This may include expressing casual support and/or intent to research extremist ideologies.	• Child who poses a risk of harm to others	• Child known to have shared indecent images of children found online
• The activities the child engages with are legal	• Child not exposed to new/stimulating experiences	• Young person in abusive romantic relationship (aged 16-17)	• Child displays little or no self-control, seriously impacting relationships and putting themselves/others at risk
	• Being a victim of racism, discrimination, bullying or crime	• Possible concerns around radicalization	
	• Child at risk of or has become involved in anti-social behaviour or substance misuse; may exhibit aggressive, bullying, intolerant or destructive behaviour impacting on peers, family or community	• Evidence child is being habitually criminally or sexually exploited where parental response is attempting to address risk	
	• Child exposed to the selling or use of illegal substances	• Child is known to have viewed extremist websites and has said s/he shares some of those views but is open about this and can discuss the pros and cons or different viewpoints	

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
	Extra-familial • Child is aware of others carrying weapons and feel compelled to do so themselves • Family experiencing harassment, discrimination or are victims of crime and/or are exposed to local anti-social behaviour • Child feels unsafe to go into neighbourhood spaces beyond their immediate environment • Child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing • The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly and/or may spend increasing time with those who may hold extreme view	**Extra-familial** • Child engaged in or victim of problematic online behaviour including bullying, trolling, transmission of inappropriate images, or is obsessively involved in gaming which interferes with social functioning	

Parents/Parenting

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
Parent/carers provide secure and caring parenting, with low level advice or support as required	Child affected negatively by inconsistent care	• Parent/carer is unable to meet child's needs without support • Physical care or supervision of a child is inadequate	Parent/carer causing significant harm to child
Parent/carers provide appropriate guidance and boundaries to help child develop appropriate values with low level advice if required	• Parent/carer avoiding engagement with professionals where a concern has been raised • Colludes or condones failure to attend school • Substance and or alcohol misuse affecting parenting	• Failure to access pre/postnatal care • No available parent/carer and the child is in need of accommodation	Parent or carer persistently denying professional staff access to the child resulting in child being unable to access required support.
Parents/Carers/other family members have mental/physical health needs which do not affect the care of their child.	Parental Mental and/or physical health needs or learning difficulties that may affect care of the child depending on successful engagement in treatment. Parent/carer/family members have disabilities which occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk, additional support required.	• Parent/carer living with mental illness who is experiencing delusional beliefs. • Parent/carer who attempts suicide or self-harm • Parent/carer/other family members have disabilities which are affecting the care of the child	• Parent/carers living with mental illness who is experiencing delusional beliefs involving their child and/or may harm their child as a result of suicidal ideation with intent. Equally could be maternal psychosis or other sever mental illness resulting in intentional or unintentional harm to a child. • Child's safety and emotional development is at risk due to parental substance misuse and/or mental health including parental delusions • parent/carer/other family members have disabilities which are severely affecting the care of the child placing them at risk of significant harm.

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
	• Lack of consistent boundaries, supervision and guidance • Parent/carer does not encourage development of child's independence • Criminal or anti-social behaviour	• Allegations concerning parents making verbal threats to children • Allegations of neglect including inadequate supervision, poor hygiene, clothing or nutrition • Persistent physical chastisement of a child that is within the law and may not have caused injury	• Any allegation of abuse or neglect or any injury suspected to be non-accidental injury to a child • Repeated allegations or reasonable suspicion of non- accidental injury • Child is suffering neglect which is leading to significant harm/has not improved with provision of service.
	Parents/carers fail to understand the physical, social and spiritual needs of children at specific ages or stages	• Parental/carer inability to judge dangerous situations • Failure to seek/attend treatment or appointments	No available parent/carer and child is at risk of significant harm (e.g. abandoned baby or left unaccompanied by a responsible adult).
There are no concerns about cultural child rearing practices	There is concern that the child is in a culture where harmful practices are known to have been performed however parents/carers are opposed to the practices in respect of their children.	There is concern that the child may be subject to illegal cultural practices such as FGM or breast ironing and/or there is concern that the child may be exposed to harmful cultural practices such as black magic, djin, voodoo, exorcism or unsafe male circumcision	• There is evidence that the child may be subject to illegal cultural practices such as FGM or breast ironing and/or there is evidence that the child may be exposed to harmful cultural practices such as black magic, djinn, voodoo, exorcism, evil eye, belief that a child is possessed by a spirit or is a witch or unsafe male circumcision

Parents/Parenting (contd)

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
Good relationships in the family including where parents are separated	Parents have relationship difficulties which may affect the child including unborn - keep it	Child is exposed to conflict, no evidence of physical aggression. Parents acknowledge the impact and the need to make positive change	Child is exposed to conflict between parents which is frequent, highly aggressive and/or leaves the child at risk of significant harm. One or both parents does not acknowledge the impact on the child
Extra-familial • Parents/carers aware of extra-familial risks in the community and are confident to raise concerns at an early stage • Parents/carers appreciate the limited choice and pressure that extrafamilial harm places on a child and engage in protective support rather than blaming them or any harm taking place • Parents/carers practice safe online activity within their home (i.e. parental locks)	**Extra-familial** • Parent/carer considers child to be to blame for extra-familial harm (eg grooming) • Absence of appropriate concern to implement parental safeguards in relation to their child harmful digital activity • Unable to give a description of child peer group	**Extra-familial** Parent/carer blames child for the harm they experience outside the home (e.g. sexual or criminal exploitation)	**Extra-familial** Parent/carer colludes with extra-familial harm, i.e. facilitating/supporting harmful peer activity through the provision of resources or declining to take action to reduce harm

Family and Environment

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
Good quality stable housing	• Inadequate/overcrowded housing • Family homelessness, or in temporary accommodation	Severe overcrowding, temporary accommodation, homelessness, transience, which significantly impacts on the parent's ability to look after the child	• Homeless and destitute and not able to access services via traditional routes or parents' actions have closed these routes. • There is insufficient/inadequate food for the child to eat despite the provision of services/offer of support over a period of time
Stable families where parents are able to meet the child's needs	Family routine not conducive to child's needs	Risk of relationship breakdown with parent or carer and the child which would lead to the child coming into care	Imminent family breakdown
Family feels accepted by the community	• Socially or physically isolated • Family experiencing harassment, discrimination or are victims of crime	The family is excluded, and the child is seriously affected but the family resists all attempts to address this and isolates the child from sources of support	Child or family need immediate support and protection due to severe harassment/ discrimination within the community
Child adequately supported financially	• Home environment is not suitable for children/there are visible health and safety risks	• Children of those detained in prison • Privately fostered children • Concerns raised where parent/ carer or child's behaviour within community reported as anti-social and/or frequent involvement of police.	Suspicion of physical, emotional or sexual abuse or neglect that may cause significant harm to the child

Family and Environment (contd)

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Supportive family relationships are evident or can be secured with low level single agency intervention • No signs or suspicion of drug usage	• Children's behaviour results in parents /carers requesting support to manage behaviour	• Siblings or other members of the family have a disability or serious health condition, including mental health concerns which impact on the child • Young carers where the child's outcomes are impacted by their caring responsibilities	• Substance misuse, sex work and illegal activities significantly impact on child • Grooming of child via social media or other process
• Family members are physically well and mentally stable • Parents/carer/other family member do not use drugs or alcohol or use does not impact on parenting	• Child or household member found in possession of Class C drugs • Concerns of drug usage during pregnancy • Drug and/or alcohol use is impacting on ability to parent however adequate provision is made to ensure the child's safety, concerns this may increase if this continues	• Previous concerns of drug involvement/ drug supply and child/household member found in possession of Class A or Class B drugs/ drug paraphernalia within the home. • Evidence of substance/drug misuse during pregnancy- pre 21 weeks gestation • Drug/alcohol use has escalated to the point where the child is worrying about their parent/carer/ family member	• Family home is used for drug taking/ dealing/illegal activities • Evidence of substance/drug misuse during pregnancy- post 21 weeks gestation. • Parent/carer/family members drug and/or alcohol use is at a problematic level and are unable to provide care for the child.

Indicators of Possible Need

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• Expectant mother or parent is not in an abusive relationship. • No history or incidents of violence, emotional abuse / economic control or controlling or coercive behaviour in the family.	• Expectant mother or parent is a victim of occasional or low-level non physical abuse. • There are isolated incidents of physical / emotional abuse / economic control or controlling or coercive behaviour in the family, however mitigating protective factors within the family are in place. Even if children reported not to be present when incidents have occurred. • Information has become known that a person living in the house may be a previous perpetrator of domestic abuse, although no sign of current or recent abuse is apparent.	• Confirmation previous domestic abuse perpetrator residing at property. Carer minimises presence of domestic abuse in the household contrary to evidence of its existence. • Expectant mother or parent has previously been a victim of domestic abuse and is a victim of occasional or low-level nonphysical abuse • Children suffering emotional harm when witnessing physical / emotional abuse / economic control / coercive and controlling behaviour within the family. Perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their behaviour has on the child.	• Serious threat to parent's life or to child by violent partner. Child injured in domestic violence incident. Child traumatised or neglected due to a serious incident of DV or child is unborn. • Expectant mother or parent is a victim of domestic abuse which has taken place on a number of occasions • Evidence suggesting child is directly subjected to verbal abuse, derogatory titles, threatening and/or coercive adult behaviours. Child suffering emotional harm and possibly physical harm when witnessing /involved with physical / emotional abuse / economic control / coercive and controlling behaviour within the family especially if they are trying to protect the adult victim. Frequency of incidents increasing in severity/ duration
		• Unborn/child in a family where there is a history of cumulative indicators e.g. substance misuse, learning difficulties, domestic abuse and/or mental health	• Unborn/child in a family where there are **current** risks of cumulative indicators e.g. substance misuse, learning difficulties, domestic abuse and/or mental health

Family and Environment (contd)

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
• A member of the family is an asylum seeker, however the wider family is able to support them adequately. • Family have NRPF, however are able to meet their children's needs adequately through employment and family support.	• Family have made an application for asylum and are supported via the home office with housing and finances. Family have registered with relevant universal services. • Family have made an application for asylum but do not yet have access to home office support and require help to do so. • Family have NRPF and are struggling to meet their children's needs owing to poverty and low income.	• Family have made an application for asylum and are supported via the home office, but have additional needs owing to disability, mental ill health and parenting as identified elsewhere in the LOI document as Level 3. • Family need support accessing / registering with universal services. • Family have NRPF and are at risk of homelessness. Family have additional needs owing to disability, mental ill health or other factors identified elsewhere in the LOI document as Level 3.	• Unaccompanied Asylum Seeking Child • Family have made an application for asylum and are supported via the home office, but children are at risk of significant harm owing to needs identified elsewhere in the LOI document as Level 4. • Family have made an application for asylum and are destitute but have been declined home office support. • Family have NRPF and are homeless and or destitute and unable to meet their children's needs.

Indicators of Possible Need

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
Extra-familial	**Extra-familial**	**Extra-familial**	**Extra-familial**
• Family feels accepted by the community which supports positive home/ family life • Family have access to good, age appropriate facilities which support positive home/family life • Family members feel safe in the local community • The child is not privately fostered OR the child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns. The local authority has been notified as per the requirements of 'The Children (Private Arrangements For Fostering) Regulations 2005'.	• Child has suffered a bereavement, benefiting from short term additional support • Some concern about private fostering arrangements	• Child's sibling(s) role model behaviour that professionals consider to be exploitative • Child person is being educated to hold intolerant or extremist views and only mixing with others who hold similar views. • Child living with adults who are known to Prevent • Private Fostering arrangements that have not been assessed or concerns with arrangement • Family home vulnerable and at risk of Cuckooing and/or used for county lines activity.	• Child is being educated by adults who are members of or linked to terrorist groups or organisations banned under UK law • Significant concerns regarding grooming for involvement in extremist activities • Registered sex offender who is a serious risk is in contact with the family • Family home used for illegal activities (drug taking/dealing/sex work)

Emotional health, wellbeing and behaviour

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
Good mental health and psychological wellbeing	Low self-esteem, withdrawn or show signs of depression	Mental health issues requiring specialist intervention in the community	• Severe or life-threatening mental health conditions (e.g. psychosis, risk of suicide, severe self- harm, anorexia nervosa) • Childs mental health need is not being safely or effectively supported by their carent/carer
	Self-injurious behaviours (self-harm behaviours that cause a low degree of harm without intent to end life).	Self-harming behaviours where child presents at emergency departments or requires specialist CAMHS intervention.	• Self-harming behaviours that have resulted in serious injury • Suicidal thoughts with intent and plan to act' or non-fatal suicide attempts.
Good quality attachments and relationships, confident in social situations	• Bullying or being bullied • Relationship difficulties with family, friends or teachers • Child is significantly delayed in speech/expressive communications	• Child wellbeing effected due to persistently running away from home • Children where there is an early onset of sexual activity and who may be vulnerable to sexual exploitation	• Severe and/ or complex relationship difficulties leading to significant impairment of functioning and wellbeing • Child's behaviour/activities place self or others at imminent risk of serious harm
	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly	Risk of radicalisation or involvement in extremism	Child is suspected of engaging in radical or extremist activities
	Evidence that the child is being pressured to become gang involved	Evidence of gang involvement	There is evidence of gang involvement which is impacting significantly on the child and their family

Indicators of Possible Need

LEVEL 1 NEEDS	LEVEL 2 NEEDS	LEVEL 3 NEEDS	LEVEL 4 NEEDS
	Single instance of sexually inappropriate behaviour	Evidence of concerning sexual behaviour	• Child is exhibiting harmful sexual behaviour • Child appears to have been trafficked
Extra-Familial • Good quality relationships with peers, professionals and community • Child has supportive and age-appropriate friends and access to regular physical activities • Child has safe, healthy and age-appropriate digital activity	**Extra-familial** • Child is being pressured to become gang-involved or is at risk of exploitation • Child exposed to violence and trauma within their peer associations	**Extra-familial** • Severe and/or complex relationship difficulties outside the home (i.e. peer group) leading to significant impairment of functioning and wellbeing • Missing child primarily due to 'pull' factors outside the home • Child experiences persistent or severe bullying impacting their daily activities. • The child is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in anti-social behaviour, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults	**Extra-familial** • Child appears to have been Trafficked • Child experiencing persistent or escalating severe bullying, including sexual bullying/ harassment, and their wellbeing is at risk

Decision Tree

Are the concerns around the Child/Family decreasing? → **YES** → Continue with the Graduated Approach

NO
↓

I am working with a family, and I think they (the baby/child (anyone under the age of 18), the parent/carer or both) may need a universal targeted or specialist approach.

Is the baby/child (anyone under the age of 18) at immediate risk or are there clear child protection concerns?

YES

NO

IMMEDIATE RISK

Seek advice from your organisation's safeguarding lead, following your organisation's policy/procedure.

Contact the FrontDoor on 01452 426565. If immediate response is required within an hour.

Seek agreement to discuss personal information with the Front Door, unless it would place the child at risk.

Outside of office hours contact the Emergency Duty Team (EDT) on 01452 614194.

Or in an emergency phone 999.

Complete the Multi Agency Request Form here.

Consult Gloucester's Level of Intervention Document to determine which level of need fits best. Should you require advice, you can contact the Professional Advice Helpline on (to be determined).

LEVEL 1

The child and/or family's needs can be met through a single agency (including your own).

Access the GlosFamilies Directory / local offer at https://www.glosfamiliesdirectory.org.uk to help the family find universal services that can offer support.

LEVEL 2

The child and/or family's needs can be met through your agency working jointly with another agency.

Gain consent of the family to hold a Team Around the Family (TAF) meeting and formulate a My Plan detailing how each agency will support.

Access the GlosFamilies Directory / local offer at https://www.glosfamiliesdirectory.org.uk to help find additional services that can offer support.

Advice on the TAF process and Graduated Pathway can be gained from the Professional Advice Line on ....

Support can be sought from the Family Hub Network, the virtual Family Hub can support this exploration, you can also contact your local Children and Family Centre nearest to the child/family home address. https://familyhubs.gloucestershire.gov.uk

LEVEL 3

The child and/or family are experiencing multiple and complex needs which require an assessment to understand them, and intensive support delivered by multiple agencies.

Gain consent of the family to hold a Team Around the Family (TAF) meeting to gather information for the My Assessment, which will inform the My Plan+. At this point a Lead Professional (LP) will be identified to coordinate the multiagency support.

Access the GlosFamilies Directory / local offer at https://www.glosfamiliesdirectory.org.uk to help find additional services that can offer support.

Advice on the TAF process and Graduated Pathway can be gained from the Professional Advice Line. You can also contact your local Early Help Co-ordinator or Community Social Worker.

Should further support be identified for the family, you can gain consent from the family to submit a multi-agency request form. This will be initially reviewed by a Front door Practitioner who will recommend an Early Help or Safeguarding outcome for further exploration of need and recommendation of support to the family.

At this level a Family Help Lead Practitioner can be considered to deliver a targeted intervention or Child In Need plan depending on assessment.

LEVEL 4

These are children and families with increasingly complex needs, those children who are at risk of or suffering significant harm.

Practitioners should complete and submit a MARF clearly outlining their concerns and what outcomes they are seeking. If you believe an urgent response is required i.e. within an hour, then please call the Childrens front door 01452 426565.

Professionals can also contact the Professional Advice Line if they are unsure of their level of assessment.

Escalation Policy

What if you are still worried about a child?

There may be situations where consensus about the best way forward cannot be reached between practitioners. In such circumstances you should in the first instance discuss the case with your line manager or the designated lead for safeguarding within your own organisation.

If, after this discussion, consensus cannot be reached, the issue should be progressed in line with the guidance set out in the GSCP Escalation Policy practice guidance.

Glossary of Terms

Term	Definition
Gloucestershire Children's Services	The local authority department responsible for safeguarding and supporting children and families in Gloucestershire including in their education, employment, skills and wellbeing.
The One Plan	The One Plan for Children and Young People in Gloucestershire (2024–2030) is the county's overarching strategy to improve outcomes for all children and young people. It was co-produced with children, families, and professionals and sets out a shared vision about how all agencies should deliver services and work together to reduce inequalities, provide timely support, and create an inclusive, safe, and sustainable society.
The Ambitions Plan	The Ambitions Plan is the plan for improvement and transformation in Gloucestershire Children's Services, predominantly focused on Children's Social Care and the steps needed to achieve a "Good" judgement under the ILACS inspection framework.
Gloucestershire Safeguarding Children's Partnership	The GSCP is the statutory multi-agency safeguarding arrangements for Gloucestershire. The named safeguarding partners are Gloucestershire County Council, NHS Gloucestershire Integrated Care Board, and Gloucestershire Constabulary. It ensures that agencies work together effectively to safeguard and promote the welfare of children, in line with the "Working Together to Safeguard Children" statutory guidance.
Gloucestershire's Children's Coalition	Also known as the Gloucestershire Children and Young People's Wellbeing Coalition, this group brings together public, voluntary, and community sector partners to oversee the delivery of the One Plan. It is rooted in Section 10 of the Children Act 2004, which mandates local authorities to coordinate efforts to promote the wellbeing of children.
Gloucestershire's SEND and Inclusion Local Area Partnership	This partnership is co-chaired by Gloucestershire County Council and NHS Gloucestershire Integrated Care Board. It focuses on improving services for children and young people with Special Educational Needs and Disabilities (SEND), ensuring a coordinated approach across education, health, and care sectors.

Term	Definition
Gloucestershire's Corporate Parenting Group	The Corporate Parenting Group is a political and strategic body chaired by the Cabinet Member for Children's Safeguarding and Early Years. It oversees the welfare of children in care and care leavers, ensuring that the council and its partners fulfill their responsibilities as corporate parents.
Locality Partnership Board	Each district has a Locality Partnership Board chaired by the local GCC Assistant Director. The board is responsible for delivering the intentions of the One Plan by coordinating local services to meet the needs of children in the area.
Systemic Relational Practice Model	This is how practitioners work in Gloucestershire Children's Services. Gloucestershire's Children's Services utilize a Systemic Relational Practice Model, which emphasizes understanding the relationships and contexts surrounding children and families. This approach integrates trauma-informed care, systemic thinking, and family-led decision-making to foster trust, resilience, and long-term positive outcomes.
Levels of Intervention	The Levels of Intervention framework in Gloucestershire guides professionals in assessing and responding to children's needs, helping them know which pathway to use.
Family Hub	Locality based networks of community services delivered around Children and Family Centres
Children and Family Centres	A community based asset which is part of the Family Hub network and offers families universal and targeted early help support around issues such as parenting and child development.
Youth Hub	A Youth Hub is a dedicated community space for young people to access support services, such as positive activities, pro-social networks, counselling, mentoring, and educational resources.
Virtual Family Hub	The Virtual Family Hub is an online platform providing families with access to resources, information, and support services. It complements physical Family Hubs by offering flexible, remote assistance to meet families' needs.

Glossary of terms

Term	Definition
Early Help	Early Help refers to the provision of support to children, young people, and families at the earliest stages of identified need by all agencies in Gloucestershire. It aims to prevent issues from escalating by offering timely interventions, promoting resilience, and reducing the demand for more intensive services.
Gloucestershire's Children's Front Door	The Children's Front Door serves as the single point of contact for concerns about a child's welfare. It facilitates access to appropriate services within the local authority, including Early Help and statutory interventions, ensuring that children and families receive the support they need promptly.
MASH (Multi-Agency Safeguarding Hub)	The MASH brings together professionals from key agencies — including Children's Social Care, Police, Health, and Education — to share information, assess risk, and make swift, informed decisions about the most appropriate response. It is located within the Children's Front Door and supports decision-making on referrals where the pathway to support is unclear.
Family Help	Family Help refers to the umbrella of services which deliver multi-agency, relationship-based support delivered to children through a Targeted Early Help, Child in Need or Child Protection Plan that: Responds early to challenges that families face. Is non-stigmatising and easily accessible. Brings together services across health, education, social care, and the voluntary sector. Focuses on family strengths, improving resilience and preventing escalation to statutory intervention such as a child coming into care.
Multi-Agency Child Protection Team	MACPT (Multi-Agency Child Protection Team) is a new specialist team that will brings together professionals from social care, police, and health to jointly investigate and respond to serious child protection concerns. The team works collaboratively to assess risk, ensure immediate safety, and plan protective interventions for children at risk of significant harm alongside the child's Family Help Lead Professional. (This is not currently a role in Gloucestershire and is part of the Family First Programme to develop)
Targeted Early Help	Targeted Early Help is support provided to children and families with specific or emerging needs that cannot be met by universal services alone. In Gloucestershire, involves a Lead Professional coordinating a multi-agency response through a MyPlan

Term	Definition
Children in Need (CIN)	Children who require additional services to achieve a reasonable standard of health and development.
Child Protection Plan (CPP)	A plan designed to ensure the safety and well-being of a child assessed to be experiencing significant harm.
Pre-proceedings	Pre-proceedings in children's social care is the stage before formal court action, used when serious concerns exist about a child's safety. It offers families a final chance to make changes with support from the local authority. The process includes a formal meeting and legal advice to help avoid care proceedings.
Child in Care	A child in the care of the local authority, either through voluntary arrangements or court orders.
Care Experienced Young Person	A young person who has been in the care of the Local Authority
Harm Outside the Home (HOTH)	Harm Outside the Home (HOTH) refers to situations where children and young people experience significant harm in contexts beyond their family environment. This can include: Peer-on-peer abuse Exploitation (e.g., sexual or criminal) Serious youth violence Online abuse Harmful community or school environments This concept recognises that safeguarding responses must extend beyond the family, and involve schools, communities, and peer networks.

Term	Definition
Risk Outside the Home (ROTH)	Risk Outside the Home (ROTH) refers to potential or emerging risks to children in settings or relationships beyond their immediate family. These risks may not yet have led to actual harm but require early identification and intervention. The goal is to prevent harm through contextual safeguarding and multi-agency collaboration.
Family Help Lead Professional	A Family Help Lead Professional is the main point of contact for a family receiving coordinated, multi-agency support under the Family Help system. Their role includes: Undertaking the assessment of need Building a trusting relationship with the family Coordinating services and interventions across agencies Developing and reviewing the child's plan Under Targeted Early Help and Child in Need the role can be fulfilled by a suitably qualified practitioner within Family Help as set out in the Gloucestershire Family Help Guidance (when published – in development under Families First Programme). Under Child Protection the role must be fulfilled by a qualified social worker.
Lead Child Protection Practitioner	The Lead Child Protection Practitioner are highly experienced social worker who responsible for managing a child protection plan when a child is deemed at risk of significant harm. They work alongside the Family Help Lead Practitioner ensuring the quality of decisions, interventions and plans from strategy meeting, s47 investigation and Child Protection planning They are accountable for making sure the child is safeguarded and for recommending further statutory action if necessary. (This is not currently a role in Gloucestershire and is part of the Family First Programme to develop)
Extra-familial	Harm and risks to a child's welfare that occur outside of their home environment, including from their community, peer groups, and online spaces, rather than from within the family itself
Delusional	Characterized by or holding false beliefs or judgements about external reality that are held despite incontrovertible evidence to the contrary, as a symptom of serious mental illness