

Building Support for Children, Young People & Families in Plymouth

Ensuring the right support, at the right time, for children, young people & families in Plymouth

September 2023

This document is for use by all practitioners working with children and their families across Plymouth. It will be seen as the 'threshold document' required by Working Together 2018.

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Introduction

The purpose of this document

Safeguarding is everyone's responsibility and it is vital that everyone is clear about how it fits within their role. Working Together to Safeguard Children is the statutory guidance that sets out mandatory expectations on all professionals that work with children. The Plymouth Safeguarding Children Partnership wants to ensure all professionals in Plymouth are supported to understand what services are available as well as how and when to support children and families to access them.

This document sets out our agreed Partnership framework for how we work with children, young people and families where there are safeguarding concerns.

It contains threshold – level of need information, to assist you identifying which “level of need” a child may meet, to guide when a referral into children's social care may be required.

These levels of need guidance can be utilised in conjunction with help from/ in discussion with the safeguarding lead within your organisation and/or the MASH consultation line for professionals - **01752 304339**

In all planning around children and families, consent must be sought from parents/carers to share information as appropriate, in line with the principles of working together in partnership with families. Only where a child may be at risk, and it is thought that the risk may escalate by approaching the parents/carers, then enquiries can begin without the parents/carers consent. It is always good practice to ensure transparency, to engage and explain with parents/ carers that you are making a referral to ensure that we work cooperatively with them.

REMEMBER

Information **can** be shared legally without consent, if a practitioner is unable to or cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk or there is a mandatory duty to report. You will need to base your judgement on the facts of the case.

Please see the Plymouth Safeguarding Children Partnership website - www.plymouthscp.co.uk - for links to the latest government guidance (Working Together to Safeguard Children) and the most up to date local procedures – South West Child Protection Procedures.

The Child's Voice

In Plymouth we recognise that in order to understand a child's world, all practitioners will maintain professional curiosity in their approach/challenge to parents on the experiences of the child and seek to understand and record the wishes and feelings of the child. The voice of the child should be evident throughout any assessment and inform planning and the type of support provided.

The Plymouth Young Safeguarders reviewed what children had said that they needed from Working Together 2018 and alongside their own Ten Wishes www.plymouthscb.co.uk/children-young-people/10-wishes, they wanted professionals priority to be their **protection**, them having **support** in their own right, and **advocacy** to assist them in putting forward their views.

All of the nine areas were considered important including **respect** and **vigilance** and young people wanted **stability** through the development of ongoing stable relationships of trust with those helping them, through recognition of their individual identities and lived experiences.

The nine points that children have said that they need within Working Together 2018 are:

- **vigilance:** to have adults notice when things are troubling them
- **understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon
- **stability:** to be able to develop an ongoing stable relationship of trust with those helping them
- **respect:** to be treated with the expectation that they are competent rather than not
- **information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans
- **explanation:** to be informed of the outcome of assessments, and decisions and reasons when their views have not met with a positive response
- **support:** to be provided with support in their own right as well as a member of their family
- **advocacy:** to be provided with advocacy to assist them in putting forward their views
- **protection:** to be protected against all forms of abuse, exploitation, and discrimination and the right to special protection and help if a refugee

Strength in family networks

In Plymouth we also recognise the crucial role that members of the family network play. This can be mothers, fathers, siblings, step-parents, grandparents, other extended family members, neighbours, family friends and carers. These people are vital to the experience of children and young people, sharing in their joy when things go well and supporting them when things are more challenging.

Long before and long after professionals are involved with a family, the extended family network remains there – the most effective and sustainable support available to a family. It is for this reason that we seek to find the strengths within the family network and utilise these, at all stages of a child's journey.

Thresholds – Levels of Need

The levels below set out the 4 levels of need that services and professionals will use to ensure the right help is provided at the right time to the right children and families.

Level 1. Universal

Children and young people making good overall progress in all areas of their development and receiving appropriate universal services such as health and education.

Level 2. Additional

Children, young people and their families are experiencing emerging problems, or have additional needs that require some targeted support. They are likely to require early help for a time limited period, to help them move back to Universal (level 1) and reduce the likelihood of needing level 3 more intensive support.

Level 3. Intensive

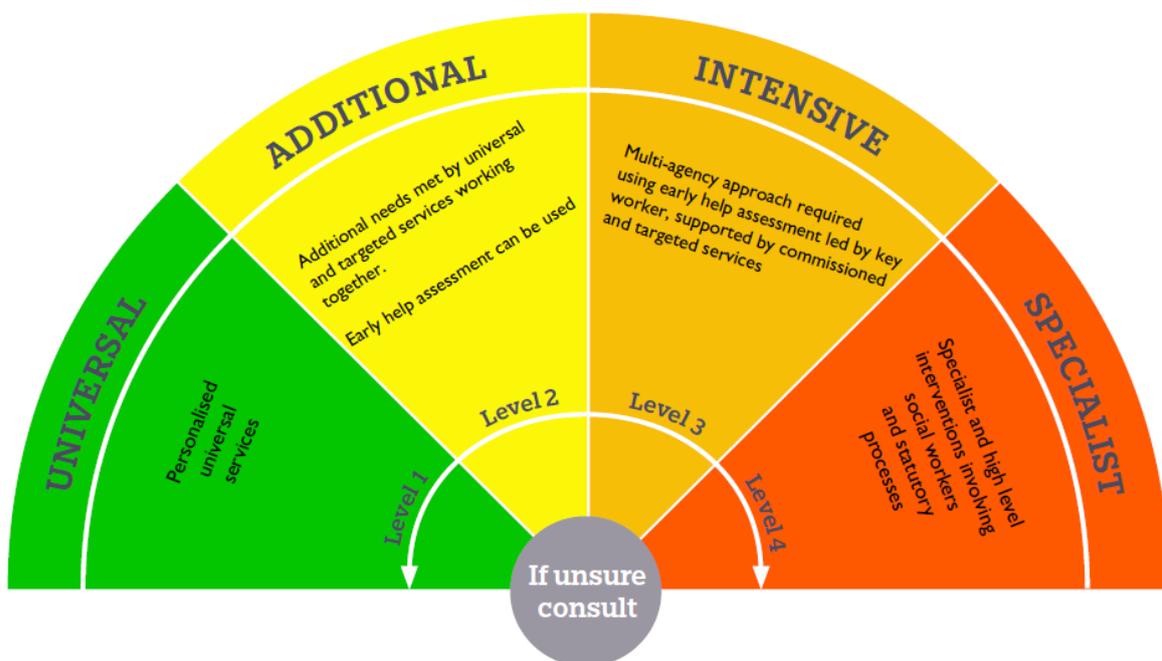
Children, young people and families with identified vulnerabilities who are experiencing multiple and complex needs and are likely to need intensive multi-agency coordinated approach. They are likely to require longer term help.

Level 4. Specialist

Children, young people and their families who are experiencing very serious or complex needs that are having a major impact on their expected outcomes or if there is serious concern for their safety or concern that the child/ren may be suffering significant harm (see below)

This may be as children in need - CIN (Section 17 of the Children Act 1989) or as children in need of protection- CP (under section 47 of the Children Act 1989). Children, young people and families receiving intervention at level 4 need are supported, where possible, to reduce the seriousness and complexity of need and are then enabled to step down to Early Help support or Universal services as appropriate.

The levels of need “windscreen” model



How to Respond

The table below identifies the threshold for help and support, as well as the desired outcomes and examples of service response from the perspective of the child.

Please also note help is available from your designated safeguarding lead in your organisation and/or from the MASH consultation line - **01752 304339**

Levels and Referral Routes	Needs	Support Services (examples)	Outcomes
Level 1 Universal Open access to provision	At this level my core needs are met as my family, universal services such as health and education keep me safe, promote my welfare and help me achieve my potential.	Early years, education, primary health care, Public health nursing services, maternity services, housing, community health care, children's centres, family hubs, universal Play & Learn for 2's and under, CAMHS advice line and leisure services. Children are supported by their family and in universal services to meet all of their needs.	I make good progress in all/ most areas of development as me, my family and services work together.
Level 2 Additional All services work together to meet child and family needs, co-ordinated by a service and/or people who know the child/family best It may be helpful for these professionals to complete an Early Help Assessment but not essential at level 2. If no EHA a plan of actions with a review timeline to make sure that the help on offer is making a difference. This would be a plan established and managed by the leading agency	At this level my family and I may need extra help to improve education, parenting and/or behaviour or to meet specific health or emotional needs or to improve our material situation.	Parenting programmes School holiday and short breaks provision for disabled children, extra health support for family members (eg public health nursing services); behavioural support, housing support, Additional learning support, CAMHS, Mental health support teams in schools, SEN support and help to find education and employment, Speech and language therapy Children's centre and family hub services Services provided on a voluntary basis to families (these may be offered by volunteers and/or commissioned through a voluntary organisation)	My life chances will be improved by accessing additional support from practitioners.
Level 3 Intensive An Early Help assessment to be completed by the agency which knows the family best or who the family trust with an outcome based support plan agreed by the family. Support from the special educational needs and disability service	At this level my family and I may have multiple or complex needs, such as <ul style="list-style-type: none"> a disability resulting in complex needs Exhibiting anti-social or challenging behaviour, including the expression of radicalised thoughts or intentions. suffering neglect or poor family relationships having poor engagement with key services such as school and health not being in education or work long-term 	Due to the complexity of needs, especially around behaviour and parenting, a shared professional and co-ordinated plan is developed with the family. The assessment and plan is led by a Key Worker and the service is provided ONLY with the consent of the parents/carers A wide range of services might be involved in meeting the family's needs, e.g. Public health nursing services, community paediatrics, CAMHS, adult mental health or drug/alcohol team Families needing substantial support to care for a disabled child, usually with the help of a social worker from the children with disability service	My life chances will be significantly impaired without co-ordinated multi-agency support, but I will be safe from abuse or neglect with good multi-agency child protection practice.
Level 4 Specialist Children`s social care Child protection care proceedings Children in need Disposals with the Youth Justice Service Tier 4 CAMHS / Crisis Hospice in-patient Acute Hospital Admission	At this level I may have suffered or am likely to suffer significant harm as a result of abuse or neglect. <i>This will include, but not limited to. victims of child exploitation and also those at high risk of female genital mutilation (FGM), Perplexing Presentations and Fabricated or Induced Illness (PP & FI) & Honour Based Abuse</i> <ul style="list-style-type: none"> Children with significant impairment of function/learning and/or life limiting illness Children whose parents and wider family are unable to care for them Families and/or young people involved in crime/misuse of drugs at a significant level Families with significant mental or physical health needs 	Children's social care, youth justice service Criminal justice system Public health nursing services (health visiting, school nurses) CAMHS crisis and In-patient continuing healthcare and acute hospital admission Fostering and residential care Health care for children with life limiting illness Services for children with profound and enduring disability Referrals have to be made to services with the power to undertake statutory non- voluntary intervention and services with specialist skills	My family and/or I are likely to suffer significant harm/ removal from home/ serious and lasting impairment without the intervention of specialist services, very often using their statutory powers. However with good specialist support I will grow up to be a confident and resilient adult.

Children in special circumstances

Working Together 2018 and the Young Safeguarders in Plymouth identify that professionals should be particularly alert to a child who:

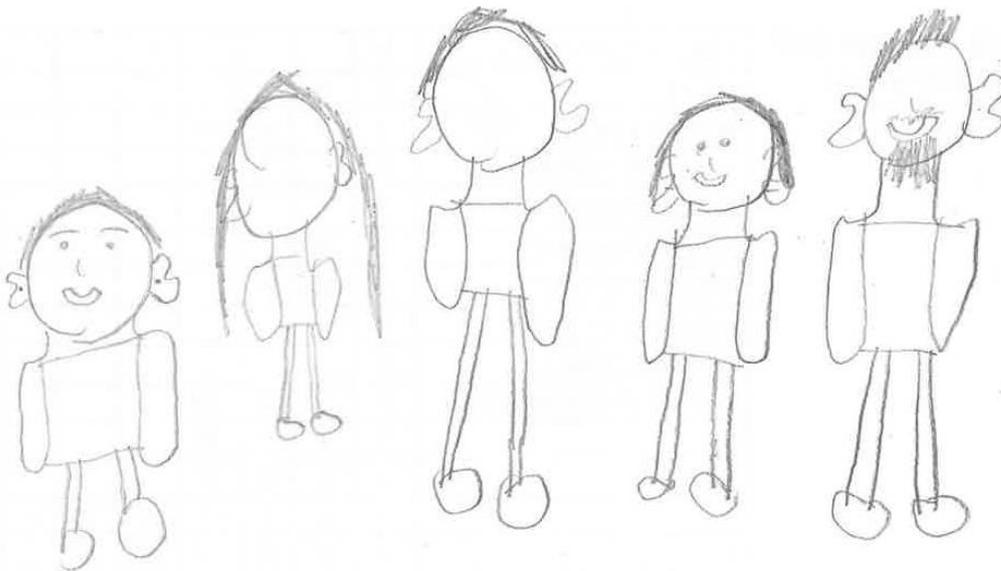
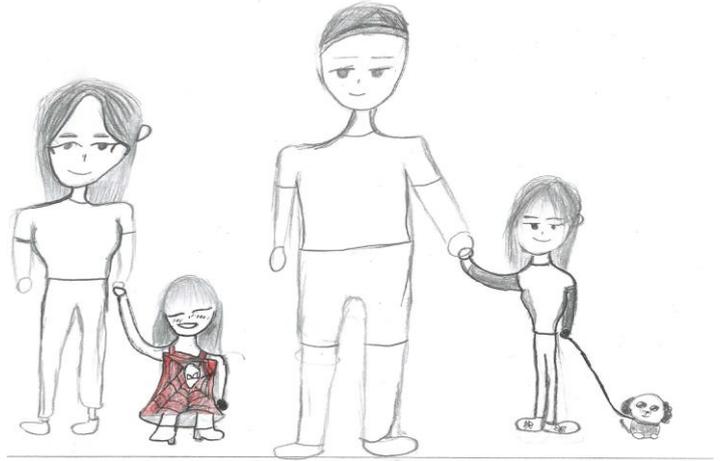
- Is disabled and has specific additional needs.
- Has special educational needs.
- Is a young carer.
- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups.
- Is frequently missing from care or home.
- Is at risk of modern slavery, trafficking or exploitation.
- Is in family circumstances presenting challenges for the child such as substance misuse, adult mental health, domestic abuse, homelessness and parents in prison.
- Is misusing alcohol or drugs themselves.
- Is hurting themselves.
- Is showing signs of sexualised behaviour at a young age
- Has returned home from care.
- Is a privately fostered child.
- Is an unborn child.
- Children that are in a health setting for a continuous period of more than 90 days.
- Is at risk of discrimination.

There are a range of services and guidance to support practitioners to respond the needs of these groups of children and these can be found within the South west Safeguarding Procedures, the PSCP website and the Plymouth Online Directory.



Courageous and supportive conversations

- There will be a number of different opportunities for professionals to have conversations with children and families, where some support and some challenge would make a positive difference to them.
- We know that the earlier these conversations happen, the better we can support children and families and have a more meaningful impact on their outcomes.
- Everyone who works with children shares a responsibility to have these courageous and supportive conversations, being open and honest with families.
- Sometimes, these conversations will be the start of an assessment and plan, which should focus on improved outcomes for children and should be clear who is responsible for what.
- Conversations should be constructive, clear, open, honest and involve the family and their wider network of support.
- Sometimes these conversations will be challenging and not everyone will agree.
- Everyone should have the opportunity to express their worries.
- Everyone should identify the strengths and safety plans in place.
- Strengths should be built upon to enable safe and positive outcomes for children and families.
- We should have high expectations of our workforce and be confident that at every stage of support, whatever type of support, the involvement of professionals should be helpful, supportive, child focussed and lead to positive outcomes for children.
- We should have high aspirations for our children and families, knowing that with the right support and challenge, they can be safe, healthy and happy.



What is Early Help

Early Help is the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. We understand the importance of high quality universal services as an important foundation of early help, building children, young people and family resilience.

Early Help is usually provided by Universal Services such as Children's Centres, Schools, Colleges, Early Years Settings, Public Health Nursing Service, Health Visitors and many other agencies. Early Help is provided by the most appropriate agency for the family that need it.

Often the most appropriate agency will be the one that has an existing and supportive relationship with the family or an agency that specialises in the age range or particular challenges that are most relevant. For example, a family with pre-school children where some parenting support is needed, will often be best supported by a Children's Centre who specialise in both this age group and this particular area of support.

We are committed to providing help and support in communities, so that we are embedded in the places where families live, learn and thrive and alongside partners who want the best for our children.

We recognise that an effective early help system is entirely reliant on strong relationships across the whole system as well as with our children, young people and families.

Early Help may involve advice and guidance from just one agency or be delivered through a team approach, with agencies working together to support families, including universal and targeted services.

In Plymouth we are committed to the following principles:

- Everyone and every agency working with young children have a responsibility to care about families. In Plymouth no single agency can deliver on this task alone. All partners will work together to support children and their families and ensure they are heard and can play an active part in their communities.
- Addressing problems early, means that children and families lives are improved. It protects children from serious harm and improves their health and wellbeing
- We will provide services that we know work and are evidence based
- We will understand the needs of children and their family's, so that the appropriate support is offered using an agreed assessment tool
- Partners take a collective responsibility to support parents and carers to build resilience in supporting families to remain together, whilst ensuring all partners fulfil their responsibility to safeguard children
- Partner organisations will take a shared responsibility to provide services for families.
- The Partnership will work together to create a multi-skilled workforce, which is able to provide the right support at the right time

When an agency becomes aware of the need to support a family with Early Help, they should access support and resources via the online portal:

<https://www.plymouthonlinedirectory.com/article/1889/Early-Help-Assessment-Tool>.

Family Hubs

A place for families, parents, carers and young people in Plymouth to find support and advice.

Family Hubs will provide high-quality support for families with children aged 0-19. (Or up to age 25 for young people with special educational needs).

Your Family Hub is a welcoming, safe and secure space to meet other families, people from your community and neighbourhood, volunteers and practitioners from a wide variety of backgrounds.

<https://www.plymouth.gov.uk/family-hubs>

Getting Children's Social Care Support

Children's Social Care in Plymouth is known as the Children Young People and Families Service (CYPFS). Support from CYPFS is accessed via the Plymouth Multi-Agency Safeguarding Hub (MASH).

When a professional requests that the MASH consider if a child should have a Single Assessment, this is known as a Contact. The MASH will consider the information provided, consult with the person making contact, talk to the family and review the information they hold across various agencies that sit within the MASH. All Contacts should be in writing, using the current MASH Contact form – www.plymouthscb.co.uk/making-a-referral.



Where there is an immediate risk of harm to a child then consideration should be given to contacting the emergency services via 999. For urgent child protection concerns (that need a response the same day), a call should be made to the Plymouth MASH on 01752 668000. All calls will need to be followed up with a written Contact, the same day.

Prior to making a MASH Contact professionals must always seek out the advice of a safeguarding lead within their organisation, the views of the child/young person and their family can and should be included on any MASH Contact.

If you require further advice or assistance (including hypothetical situations) prior to making a MASH contact, advice can be sought through the MASH consultation line for professionals on **01752 304339**.

It is vital that when statutory services become involved, the family and Universal support should remain involved. Short-term involvement of statutory services should be used to strengthen the family network as well as the Universal provision in place to enable the family to succeed and thrive once statutory support ends.

Sometimes, CYPFS will need to initiate a Strategy meeting. This will involve all relevant professionals coming together, often at short notice, to consider if there is a need for Section 47 processes to be initiated, in order to ensure the safety and well-being of a child. Whilst a Strategy meeting and any subsequent Section 47 Enquiry is not voluntary, most of the time it would be reasonable to continue to work 'with' families as far as possible.

The following principles continue to apply during statutory processes, such as Strategy meetings or Section 47 Enquiries:

- Working restoratively with families
- Being trauma-informed in our approach
- Ensuring existing support networks are built-upon rather than replaced
- Seeking to promote the strengths within the wider family support network

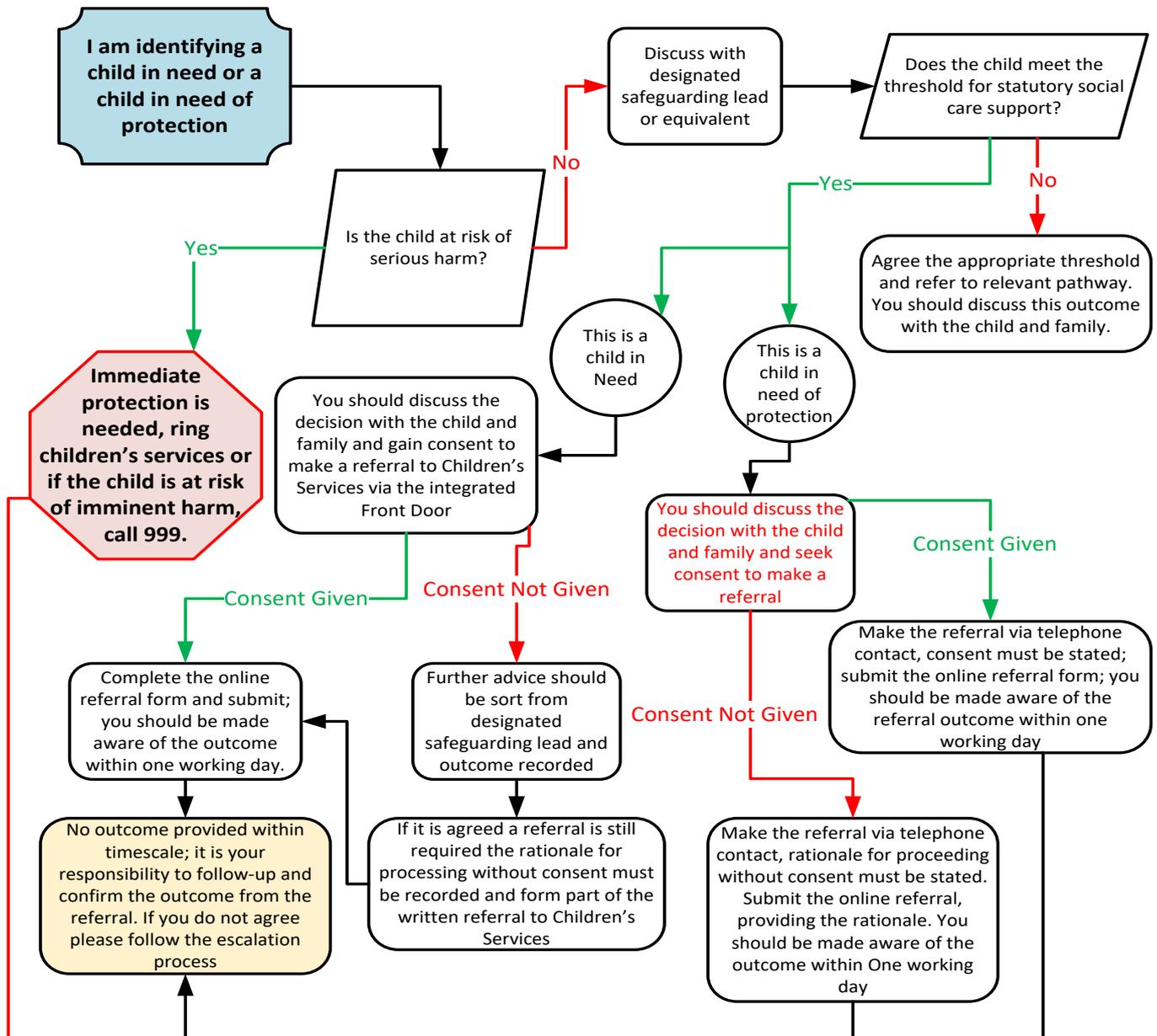
Social Care – Single Assessments

Within Plymouth Children's Social Care, Single Assessments are the primary method of assessment. This is a statutory assessment that replaces the initial and core assessments that used to be undertaken. A Single Assessment will cover many of the same areas as the Early Help Assessment Tool, but will always be undertaken by a qualified social worker. There will often be a focus on risk and consideration of significant harm. Once completed, the information is analysed and a judgement formed, alongside the family, about the most appropriate service to meet the needs of the child or young person. This could be support from agencies operating Early Help or it could be some ongoing support from Children's Social Care as a 'Child in Need' or 'Child Protection'.

The involvement of Children's Social Care in the life of a family is necessary for only a very small number of children and families across Plymouth. The vast majority of the time, families can be more appropriately supported through Universal and Early Help services.



Specialist Level 4 Statutory Help Flowchart



Immediate Protection:

- Where there is a risk to the life of a child or a likelihood of serious immediate harm
- The local authority must, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an Emergency Protection Order (EPO)
- Police powers to remove a child in an emergency should be used only in exceptional circumstances
- When considering whether emergency action is necessary; always consider the needs of other children in the same household or in the household of the alleged perpetrator
- The local authority in whose area a child is found in circumstances that require emergency action is responsible for taking emergency action
- Where a single agency has to act immediately, a strategy discussion should take place as soon as possible after action has been taken

How we work in Plymouth

When utilising the assessment tools available in Plymouth it is important that the needs of children, young people should be assessed alongside the family. It should be formally recorded and shared with the family, every time. What is written about children, young people and families should be done so in a way that is clear, accessible, fair and most importantly, trauma-informed. Families shouldn't find out new information when reading an assessment; it should have already been discussed and considered alongside them.

The views, wishes and feelings of children, young people and their families should be a central part of any assessment. Include details of how they view their lives, what they would like to be different and what their aspirations are for themselves and each other. Support families to identify and document their own strengths and aspirations within any assessment.

Restorative practice

Restorative practice is about creating and maintaining respectful, trusting relationships that enable change for children and their families. It is about working 'with' families rather than doing 'to', 'for' or indeed 'not' doing at all.



Restorative practice involves practitioners offering families a high level of support and challenge within the context of having high aspirations for those children and families. Restorative practice within and across agencies involves an equally high support and challenge relationship within the context of having high expectations of ourselves and each other.

Restorative practice is about using the positive and meaningful relationships we develop in order to achieve change for children and families.

Restorative practice means being curious about what is seen, heard and felt. Practitioners should be curious with families and with each other to ensure there is the best possible understanding of a child or young person's lived experience in order to make decisions about the support to be offered.

Trauma-informed Plymouth

A key driver for truly understanding the experiences of our children, young people and their families is a trauma-informed approach. Plymouth is committed to embedding a trauma-informed approach across all services that work with both children and adults; this looks at complexity through a trauma-informed lens, to fully understand lived experience and the impact of Adverse Childhood Experiences.

The PSCP is committed to applying the Plymouth trauma lens in all that we do, in-line with the Plymouth Trauma Network principles which are:

Realise what trauma is and how it can have wide spread impact for individuals, families and communities.

Recognise the signs and effects of trauma in individual people, families, groups and communities, this includes the workforce within organisations.

Respond by integrating knowledge regarding a trauma-informed approach into policies, procedures and practice.

Resist re-traumatising people, families and communities by showing sensitivity and compassion in all of our interactions and seeking to de-escalate & diffuse potentially traumatic interactions when they occur.

Resilience is promoted in supporting individuals and communities to cope with and adapt to adversity and have the strength to challenge situations where it might occur.



The Early Help Assessment Tool (EHAT)

Using the Early Help Assessment Tool (EHAT) is an opportunity for one or more agencies to work with a family at an early stage to share information, assess their needs and then coordinate the most appropriate services to meet those needs.



There will be a designated Lead Professional who will take responsibility for co-ordinating the completion of the assessment and the implementation and review of the plan. Often there will be other agencies involved to support the Lead Professional with the assessment, implementation and review.

The Early Help Assessment Tool provides a template that facilitates discussion and engagement with the family, it can be found here:

<https://www.plymouthonlinedirectory.com/article/1889/Early-Help-Assessment-Tool>.

Further information about Early Help and who can provide it can be found here:
www.plymouthscb.co.uk/earlyhelp/

Adolescent Safety – Safer Me Assessments

In 2021, the Plymouth Safeguarding Children Partnership (PSCP) launched the Adolescent Safety Framework (ASF). This is a new way of supporting older children and young people, in Plymouth, who are experiencing harm outside of the home.

The ASF is a response that understands the different needs of children and young people aged 11 and over. Existing safeguarding systems were developed to protect children and young people from harm mainly from within the family. However there has been an increasing recognition of the different risks young people face outside the family home. This could be in their communities, within a peer group, online or in school. These risks can be described as 'contextual' and so the ASF is based on the principles of 'contextual safeguarding.' The sorts of contextual risks and threats to young people's safety can be:



Within the ASF are the Safer Me and Safer Me Plus Assessments. They provide a way of assessing, planning and intervening at an Early Help, Child in Need and Child Protection level, where concerns are primarily from outside the home.

Many of the processes and procedures for supporting children and young people under the ASF remain the same. The difference is the focus of the discussion. Assessment, planning and intervention will shift to the issues external to the home. That is not to say difficulties within the family should not be considered as there will be an interplay between the two that needs to be understood. The participation of families is key and there will be a focus on creative ways of trying to engage the child or young person so they remain central to decision-making and planning around their safety.

Further information and documentation around the ASF can be found here:

www.plymouthscb.co.uk/asf.

The Graded Care Profile 2 (GCP2)

The Graded Care Profile 2 is an evidenced based tool available in Plymouth to help workers understand the daily lived experience of children and measure the care they are receiving when neglect is an issue.

What is the GCP2?

The GCP2 is an NSPCC strengths based assessment tool that uses a graded scale to measure levels of care for a child. It can help families understand their child's needs and create conversations that lead to positive change and progress. It creates a consistent approach and shared language for us in Plymouth when responding to neglect and helps families get the right support at the right time.

Who can use the GCP2?

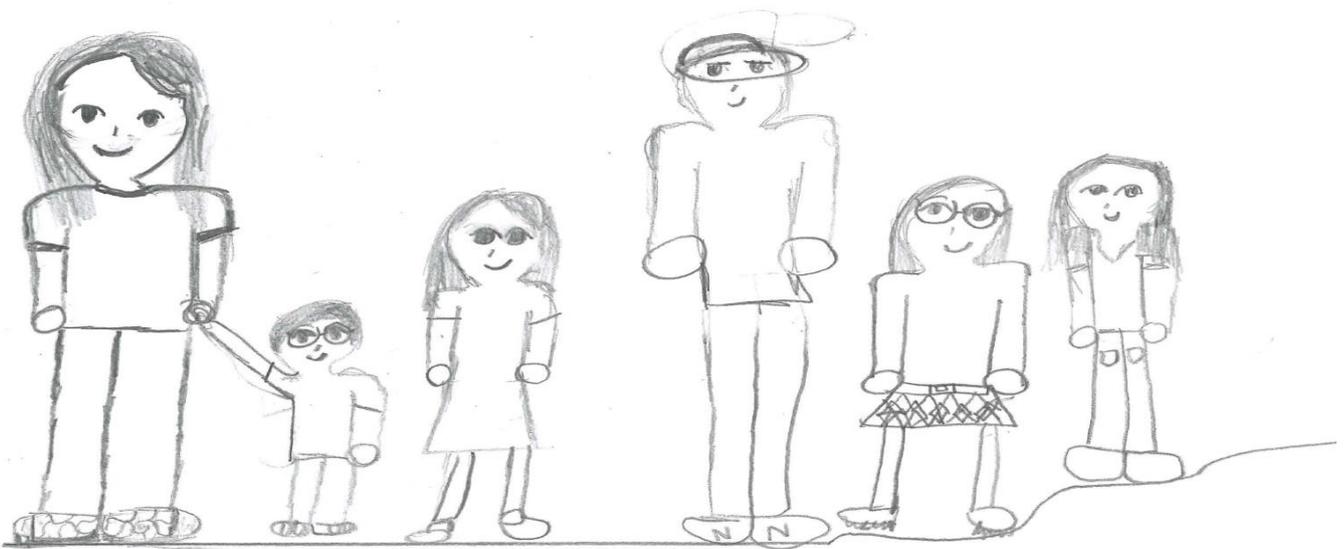
Anyone involved in evaluating the care of a child can use the GCP2. It can also be used by parents or carers themselves as well as young people who want to understand the care they receive from a parent or carer. To use the tool you have to be what is called a 'licensed practitioner.' This means you have to be trained in the tool and how to use it.

Details about this training can be accessed through the PSCP website – www.plymouthscb.co.uk/graded-care-profile-2-measuring-care-helping-families

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Always met
 All the child's needs are always met, and the parent goes the extra mile. The child is always first.
- 
Met
 All essential needs are always met. The child is priority.
- 
Met most of the time
 Most of the time the essential needs of the child are met. The child and the carer are at par.
- 
Not met most of the time
 Most of the time the essential needs of the child are not met. Child is considered second.
- 
Never met
 The child's essential needs are not met. May be due to intentional disregard. The child is last or not considered.

Other assessments

There are a number of other assessments and tools that are used within single agencies or across agencies. These will be used, at times, to help inform the assessments outlined above and to help professionals and families to consider which type of support is best for them, at this time.



Information sharing

Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious case reviews have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.

Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children's social care (e.g. they are being supported as a child in need or have a child protection plan). Practitioners should be alert to sharing important information about any adults with whom that child has contact, which may impact the child's safety or welfare.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety of children, which must always be the paramount concern. To ensure effective safeguarding arrangements:

- All organisations and agencies should have arrangements in place that set out clearly the processes and the principles for sharing information. The arrangement should cover how information will be shared within their own organisation/agency; and with others who may be involved in a child's life.
- All practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe. If a practitioner has concerns about a child's welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share the information with local authority children's social care and/or the police.
- All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another, due to the risk that knowledge pertinent to keeping a child safe could be lost
- All practitioners should aim to gain consent to share information, but should be mindful of situations where to do so would place a child at increased risk of harm.

When decisions are made to share or withhold information, practitioners should record who has been given the information and why. Practitioners should engage and explain with families around why that information may be shared with partners in order to support the family, unless this would place the child at risk or minimise the voice of the child being understood.

Where an individual or family indicates they do not wish information to be shared with other agencies this should be clearly recorded along with the reasons. Practitioners can still share information in these circumstances if there is a good reason to do so and to safeguard the child. Family reluctance for information to be shared with another single agency or any agency may be an indicator of concern which should be considered in any risk assessment. If in doubt please seek advice from your organisations designated safeguarding lead.

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

To share information effectively:

- Be aware that the Data Protection Act 2018 and the GDPR allows you to store and share information for safeguarding purposes, including information which is sensitive and personal. This should be classified as, 'Special category personal data.'
- Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.

The GDPR provides a number of 'Bases' for sharing personal information. It is **not** necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required.

The legal bases that may be appropriate for sharing data in these circumstances could be 'legal obligation' or 'public task' which includes the performance of a task in the public interest or the exercise of official authority. Each of the lawful bases under GDPR has different requirements. In some circumstances, it may be appropriate to obtain consent to share data but it is important to note that the GDPR sets a high standard for consent which is specific, time limited and can be withdrawn.

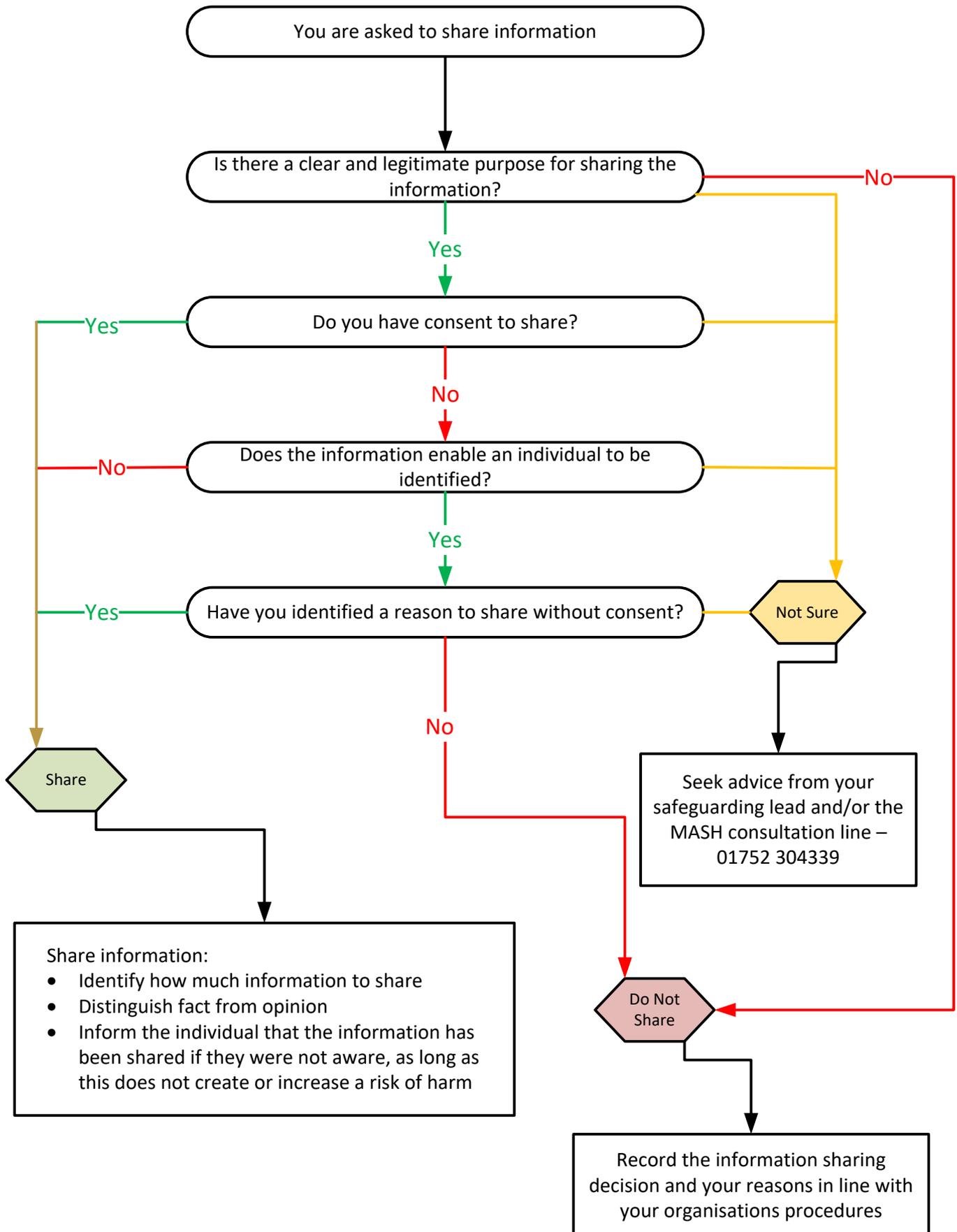
In summary, you do not need consent to share personal information. It is one way to comply with the data protection legislation but not the only way. It is not necessary to seek consent to share information for the **purposes of safeguarding and promoting the welfare** of a child provided that there is a lawful basis to process any personal information required.

When appropriate, it continues to be good practice to ensure transparency and to engage and explain with parents/ carers that you are sharing information for these purposes and seek to work cooperatively with them.

Young people in Plymouth understood the need and importance of information sharing, with or without consent but it was clear that when possible, they wanted to be informed about and involved in decisions, concerns and plans to understand what is happening, to be heard and understood and to have that understanding acted upon. They also felt that information sharing arrangements should not allow the sharing of information that is not relevant to risks to allow them to have some right to privacy.



Flowchart of when and how to share information



Case Resolution

Whilst supporting a child, young person or family, there will be times where practitioners have different views about the most appropriate support or services. Good practice is for the practitioners involved to have a further discussion that is focused on the needs of the child or young person.

Where a resolution is not achieved at this stage, practitioners should speak to their manager and use the Plymouth Safeguarding Children Partnership Case Resolution Protocol as a guide for seeking resolution - www.plymouthscb.co.uk/case-resolution.

Key Definitions

Child or young person	A child or young person in this document is defined as anyone who has not yet reached their 18 th birthday.
Families	The term families is used throughout this document and should be considered in the broadest and most inclusive way. This includes many different types of family as well as the wider family network - the extended family, friends, neighbours and others.
Significant Harm	<p>Although there is no absolute criteria for determining whether or not harm is “significant”, local authorities, police, education and health agencies work with family members to assess the child, and a decision is made based on their professional judgement using the gathered evidence</p> <p>Harm - means the ill treatment or the impairment of development, including hearing or seeing the ill treatment of another</p> <p>Development - means physical, intellectual, emotional, social or behavioural development</p> <p>Health – means physical or mental health</p> <p>Ill treatment – includes sexual abuse and forms of ill treatment which are not physical.</p>
Child in Need	<p>Under Section 17(10) of the Children Act 1989, a child is a Child in need if they are:</p> <ul style="list-style-type: none"> - Unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for them of services by a local authority - Health or development is likely to be significantly impaired or further impaired, without the provision for them of such services - Disabled

Useful resources in Plymouth

There are a huge number of resources available to support children, young people and families in Plymouth. Key places to go to find out the latest resources available are:

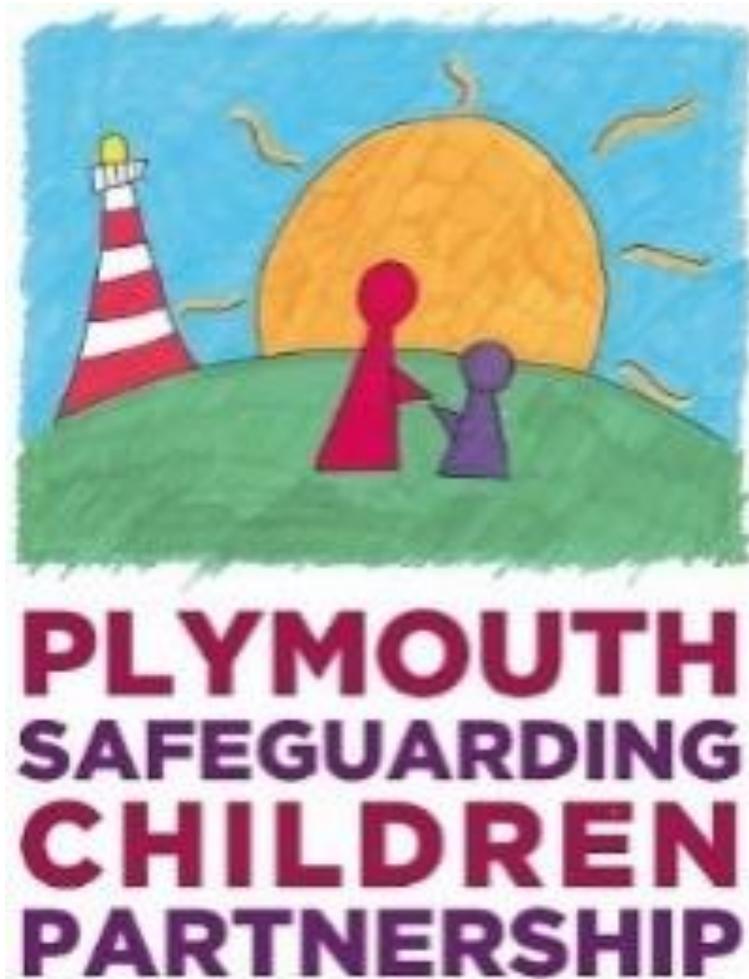
Plymouth Online Directory:
www.plymouthonlinedirectory.com

Plymouth Safeguarding Children Partnership:
www.plymouthscp.co.uk

Working Together to Safeguard Children:
www.gov.uk/government/publications/working-together-to-safeguard-children--2

South West Child Protection Procedures:
www.proceduresonline.com/swcpp/





If you have any questions about the information within this document then please contact the PSCP Business Unit via the Plymouth Safeguarding Children Partnership mailbox - pscp@plymouth.gov.uk.

The artwork for this document was kindly drawn by the pupils of Discovery Multi-Academy Trust, Plymouth – thank you!

Last updated by the Plymouth Safeguarding Children Partnership in September 2023 .