Working together to keep children safe

Staffordshire Safeguarding Children Board

Working together with Stoke-on-Trent Safeguarding Children Partnership

Threshold Framework:

'Accessing the Right Help at the Right Time'

Multi-agency guidance on the access criteria to help support children, young people and families

February 2020

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Introduction

Welcome to the multi-agency guidance on accessing the right help and support for children, young people and their families at the right time. All children and young people have the right to be protected from harm and to have the opportunity to achieve their full potential.

This guidance for thresholds of need and intervention underpins the local vision to provide support for children and families at the earliest opportunity - right through to specialist and statutory interventions when it is needed to promote the welfare and safety of children and young people. It aims to offer a clear framework and a common understanding of thresholds of need for practitioners within all agencies, to help to promote a shared awareness of the different interventions required to effectively support children, young people and their families or carers.

The Threshold Framework 'Accessing the Right Help at the Right Time' is the overarching document for the whole of the children and young people's workforce. This multi-agency threshold framework is a guidance tool that all agencies, professionals and volunteers can use to consider how best to meet the needs of individual children and young people[1].

There are four levels that take into account the different stages of need and types of intervention which are available for children, young people and their families who can move across the levels at different times of their lives or at different times during agencies' contact with them. This support can be provided on a single agency basis or a multi-agency basis.

The service response is directed at reducing risk and vulnerability and meeting needs at the appropriate level of support and / or intervention. Access to effective early help and prevention services is essential to achieving this.

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[1] As set out in Working Together 2018

Universal Plus / Earliest Help

Children with universal plus / earliest help needs are best supported by those who already work with them such as health professionals, children's centres, school settings, organising additional support with local partners as needed. This can be through an Early Help Assessment.

What is Early Help?

"Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from co-ordinated support from more than one agency (e.g. education, health, housing, police) there should be a multi-agency assessment. These early help assessments should be evidence-based, be clear about the action to be taken and the services to be provided and identify what help the children and family require to prevent needs escalating to the point where intervention would be needed through a statutory assessment under the Children Act 1989" Click here to visit Working Together to Safeguard Children 2018.

Early Help refers to providing support early in the life of a problem, which could mean in the early years of a child's life but could be at any point in the life of a child. It is important that once need has been identified; the appropriate agencies intervene early to prevent difficulties from escalating or becoming entrenched. Consent must always be sought from parent / carer / young person to carry out an early help assessment.

Our ambition is to provide consistent access to Early Help delivered by a co-ordinated partnership including the private, voluntary and independent sector as well as statutory partners as soon as needs are identified.

An Early Help Assessment can be used by all agencies to provide a holistic view of the needs within the family and can be used to inform statutory assessments where needs require targeted support / specialist intervention.

Completing an Early Help Assessment should not delay the process if a professional is concerned that a child is, or may be suffering significant impairment to their development of significant harm.

What is Statutory / Specialist Support?

Where children / young people require more specialist intervention in accordance with the Children Act 1989 such as:

- S17 Child in Need

- Children with a long-lasting and substantial disability which limits their ability to carry out the daily tasks of living

- Children and young people with severe and complex special educational needs and disability (SEND) and potentially a specialist educational placement

- S47 Child Protection (this document must be read in conjunction with the local safeguarding procedures)

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Click here to visit Staffordshire Safeguarding Procedures

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Children's Social Care has a responsibility to respond under section 17 of the Children Act 1989. That is, children whose development would be significantly impaired if services are not provided.

Under Section 17 of the Children Act 1989, a child shall be taken to be in need if:

- They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without provision for them of services provided by the local authority
- Their health or development is likely to be significantly impaired, without the provision for them of such services; or
- They are disabled

A referral to Children's Social Care is appropriate when more substantial interventions are needed because the child is 'in need' or where a child's development is being significantly impaired because of the impact of complex parental mental ill health, significant learning disability, alcohol or substance misuse, or very challenging behaviour in the home.

Young carers are also entitled to request an assessment of their own needs under s17.

A social care referral is also appropriate where parents need practical support and respite at home because of a disabled child's complex care needs. In these situations, Children's Social Care will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent problems escalating to a point that statutory child protection intervention is needed.

The second area of Children's Social Care responsibility is **child protection**; that is where Children's Social Care must make enquiries under **section 47** of the Children Act 1989, to determine whether a child is suffering or is likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as a threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria upon which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable and parental factors such as history of significant domestic abuse, substance misuse or mental ill-health. Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified where there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

Professionals in all agencies have a responsibility to make a referral to Children's Social Care when it is believed or suspected that the child:

- Has suffered significant harm – **child protection**
- Is likely to suffer significant harm – **child protection**
- Has health or development needs that will not be achieved or maintained, or are likely to be significantly or further impaired, without the provision of CSC services (with the agreement of the parent / carer) – **children in need**
- They have a disability (with the agreement of the parent / carer) - **children in need**

Children's Social Care engagement with children in need is on a voluntary basis. Parents and young people, who are assessed to be competent, can refuse some or all such offers of support.

Often families prefer a lower level of support such as that offered through their school or health centre because this is less stigmatising or intrusive. Where consent cannot be obtained,

professionals must determine whether the child may suffer significant harm without the provision of services.
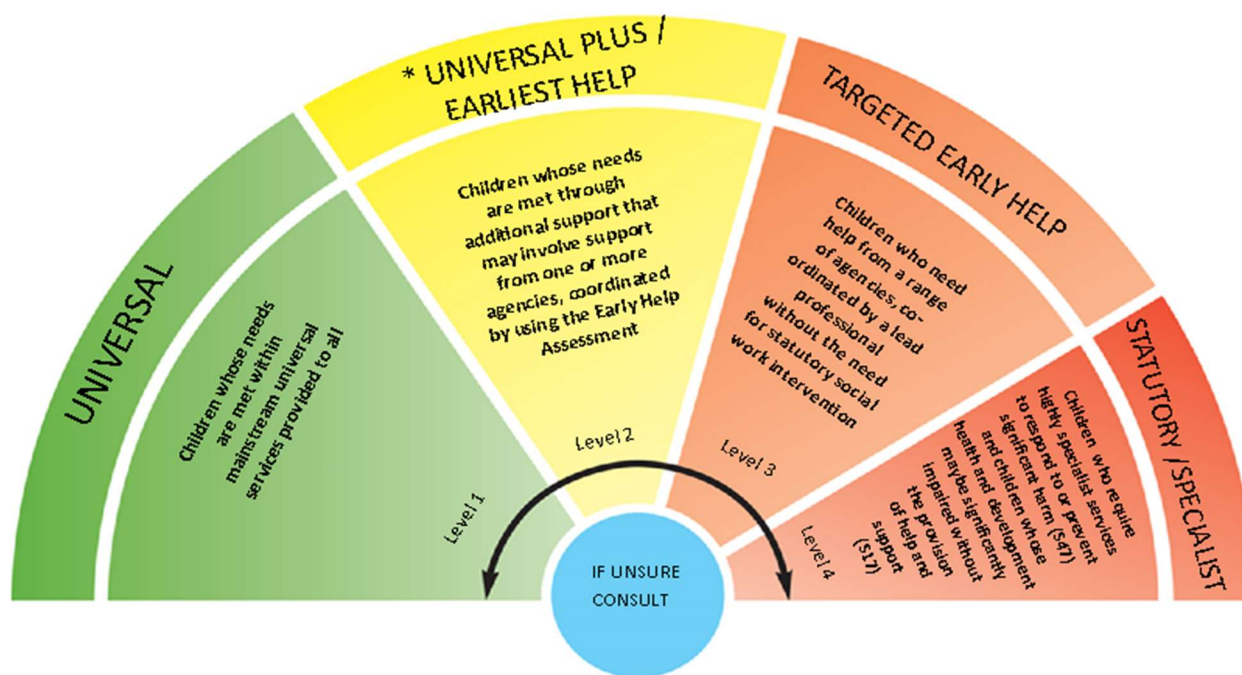
When Children's Social Care undertakes a s47 child protection enquiry, local safeguarding procedures must be followed. Partners involved in supporting the family will be asked to share relevant information and assist in further support for the family where appropriate.

Where there is doubt about the most appropriate service pathway to take, anyone concerned about the welfare of a child should, before they make a referral, consult with their own line manager and / or designated safeguarding lead and, where they remain unsure, speak to a qualified social worker by contacting:

- **in Staffordshire:** First Response Team - 0800 1313126

If a child is considered to be at **IMMEDIATE** risk, then the professional should contact the police 999.

The Windscreen – Continuum of needs & response

*Terminology in Stoke-on-Trent = Universal Plus, in Staffordshire = Earliest Help

The windscreen model is a simple way of developing a shared understanding and explaining the approach across all our services and partnerships, ensuring a consistent approach is applied by all.

The model illustrates how we will respond to the requirements of children and families across four levels of need (Universal, Universal Plus / Earliest Help, Targeted Early Help and Statutory / Specialist). The

windscreen is a visual tool to help us share a common language to describe risk and needs.

We will work together with children and families to meet their additional needs and aim to prevent them escalating. We recognise that each child and family member is an individual, and each family is unique in its make-up, so reaching decisions about levels of needs and the best response requires discussion, reflection and professional judgement.

The windscreen cannot replace professional curiosity, judgement or decision making and should not be used as a checklist or an assessment of need. The indicators of need are suggestions of the types of need a child and family may have. Sometimes their needs may include indicators from each of the levels, however combined, they may cause additional strain on the family and following discussion with the family may indicate a higher level of support needed. Equally, there may be family strengths that are mitigating factors for the indicators.

Families' positions on the windscreen will change as their circumstances change and therefore will not be a fixed position. All practitioners should consider which needs take priority when identifying the appropriate level.

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Level 1: Children and Young People with Universal Needs

Children and young people at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited additional advice or guidance. Children, young people, parents and carers can access services directly.

Child's Developmental Needs	Parents and Carers

Child's Developmental Needs

Health
- Health and dietary needs are being met by universal services
- Registered with a GP
- Appropriate weight and height / meeting developmental milestones – including speech and language
- Physically / psychologically healthy
- Pre-natal health needs are being met
- Up to date immunisations and developmental checks
- Regular dental checks
- Accessing optical care
- No misuse of substances
- Sexual activity / behaviour appropriate to age

Education & Learning
- Achieving key stages and full potential
- Good attendance at nursery / school / college / training
- Demonstrates a range of skills / interests
- No barriers to learning
- Access to play / books
- Enjoys participating in educational activities / schools
- Sound home / school link
- Planned progression beyond statutory education
- Quality First teaching

Emotional & Behavioural Development
- Good quality early attachments
- Growing levels of competencies in practical and emotional skills
- Sexual behaviour appropriate for age
- Confident in social situations – has age appropriate knowledge of the difference
- Able to adapt to change
- Able to demonstrate empathy

Identity and Self-esteem
- Demonstrates feelings of belonging and acceptance
- Positive sense of self and abilities
- Has an ability to express needs verbally and non-verbally

Family and Social Relationships
- Stable and affectionate relationships with caregivers
- Appropriate relationships with siblings
- Positive relationship with peers

Social Presentation
- Appropriate dress for different settings
- Good levels of self-care / personal hygiene

Parents and Carers

Basic Care, safety and Protection
- Child's physical needs are met (food, drink, clothing, medical and dental)
- Carers able to protect children from danger or harm

Emotional Warmth
- The child is shown warm regard, praise and encouragement
- The child has secure relationship which provides consistency of warmth over time
- There may be low level post-natal depression

Guidance, Boundaries & Stimulation
- Guidance and boundaries are given that develops appropriate model of value, behaviour and conscience.
- Carers support development through interaction and play to facilitate cognitive development

Family and Environmental Factors

Family History and Functioning
- Good supportive relationship within family (including with separated parents and in times of crisis)
- Good family network

Housing, Employment & Finance
- Accommodation has basic amenities / appropriate facilities
- Appropriate levels of hygiene / cleanliness are maintained
- Families not affected by low income or unemployment

Family's Social Integration
- The family have social and friendship networks

Community Resources
- Appropriate access to universal and community resources
- Community is generally supportive
- Positive Activities are available

Self-care skills
- Age appropriate independent living skills

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Children and young people whose needs are met through additional support that may involve support from one or more agencies, coordinated by using the Early Help Assessment.

Child's Developmental Needs

Health
- Slow to reach developmental milestones
- Additional health needs
- Not registered with a GP
- Missing health checks / routine appointments / immunisations
- Persistent minor health problems
- Babies with low birth weight in proportion to the mother
- Pre-natal health needs
- Issues of poor bonding / attachment
- Minor concerns re healthy weight / diet / dental health / hygiene / clothing
- Disability requiring support services
- Concerns about developmental status i.e. speech and language problems
- Signs of deteriorating mental health of child including self-harm
- Young people who are sexually active under the age of 16
- Occasional drug and alcohol misuse / experimentation which is not escalating
- Inadequate, limited or restricted diet; e.g. no breakfast, no lunch money; being under or overweight

Education & Learning
- Is regularly unpunctual for school / occasional truanting or significant non-attendance / parents condone absences
- Escalating behaviour leading to a risk of exclusion (such as increased aggression)
- Experiences frequent moves between schools
- Not reaching educational potential or reaching expected levels of attainment
- Needs some additional support in school
- Identified language and communication difficulties
- Few opportunities for play / socialisation
- No participation in education, employment or training post 16 years

Emotional and Behavioural Development
- Low level mental health or emotional issues requiring intervention
- Is withdrawn / unwilling to engage including any sudden change in behavior or presentation
- Development is compromised by parenting
- Some concern about substance misuse
- Involved in behaviour that is seen as anti-social
- Poor self-esteem
- Offending and anti-social behavior

Parents and Carers

Basic Care, Safety and Protection
- Basic care not consistently provided e.g. non-treatment of minor health problems
- Parents struggle without support or adequate resources e.g. as a result of mental / learning disabilities.
- Professionals beginning to have some concerns about substance misuse (alcohol and drugs) by adults within the home
- Parent or carer may be experiencing parenting difficulties due to mental or physical health difficulties / post-natal depression / child's behaviour
- Some exposure to dangerous situations in home / community
- Low levels of parental conflict / infrequent incidents of domestic dispute
- Teenage parents / young, inexperienced parents
- Inappropriate expectations of child / young person for age / ability

Emotional Warmth
- Inconsistent parenting but development not significantly impaired
- Post-natal depression affecting parenting ability
- Child / young person perceived to be a problem by parents or carers / experiencing criticism and a lack of warmth

Guidance, Boundaries and Stimulation
- May have a number of different carers
- Parent / carer offers inconsistent boundaries e.g. not providing good guidance about inappropriate relationships formed, such as via the internet
- Can behave in an anti-social way
- Child / young person spends a lot of time alone
- Inconsistent responses to child by parent
- Parents struggle to have their own emotional needs met
- Lack of stimulation impacting on development

Family and Environmental Factors

Family History and Functioning
- Child or young person's relationship with family members not always stable
- Parents have relationship difficulties which affect the child / acrimonious separation or divorce that impacts on child
- Parental offending behaviour / custodial sentences
- Experienced loss of a significant adult / child
- Caring responsibilities for siblings or parent
- Parents have mental / physical health difficulties
- Poor home routine
- Parents not addressing own health needs, particularly when pregnant
- Child not often exposed to new experiences

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- Limited support from family and friends

Level 2: Universal Plus / Earliest Help

Children and young people whose needs are met through additional support that may involve support from one or more agencies, coordinated by using the Early Help Assessment.

Child's Developmental Needs	Parents and Carers

Identity and Self-Esteem
- Some insecurities around identity / low self-esteem
- Lack of positive role models
- May experience bullying around perceived difference / bully others
- Disability limits self-care
- A victim of crime

Family and Social Relationships
- Some support from family and friends
- Some difficulties sustaining relationships
- Undertaking some caring responsibilities
- Child of a teenage parent
- Low parental aspirations

Social Presentation
- Can be over friendly or withdrawn with strangers
- Personal hygiene is becoming problematic

Self–care skills
- Not always adequate self-care / poor hygiene
- Slow to develop age appropriate self-care skills
- Over protected / unable to develop independence

Exploitation
- Early Indication of coercive behaviour
- At risk of gang association
- Early signs of young person exhibiting extremism
- Emerging concerns of online activity
- Child at risk of modern slavery and / or human trafficking but parents are accessing support and services

Housing, Employment and Finance
- Inadequate / poor housing
- Requiring in-depth guidance and help
- At risk of homelessness
- Child / young person from asylum seeking or refugee family and has identified additional needs
- Children subject to kinship care arrangements made by their own family
- Family affected by low income or unemployment
- Parents find it difficult to find employment due to basic skills or long term difficulties

Family Social integration
- Family is socially isolated limited extended family support
- Victimisation by others impacts on child

Community Resources
- Adequate universal resources but family may have difficulty gaining access to them
- Community characterised by negativity towards child / young person eg travelling families

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LEVEL 3: Targeted Early Help

Children and Young People at this level have diverse and complex needs and targeted, multi-agency support services are required and are supported by a clear co-ordinated action plan without the need for statutory social work intervention

Child's Developmental Needs	Parents and Carers

Child's Developmental Needs

Health
- Child has some chronic / recurring health problems; not treated, or badly managed
- Regularly misses appointments for serious medical condition
- Developmental milestones are not being met due to parental care
- Regular substance misuse
- Lack of food
- 'Unsafe' sexual activity
- Self-harming behaviours
- Child has significant disability
- Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming

Education and Learning
- Consistently poor nursery / school attendance and punctuality
- Young child with few, if any, achievements
- Not in education (under 16)
- Child/young person is out of school due to parental neglect

Emotional and Behavioural Development

Emotional Development
- Sexualised behaviour
- Child appears regularly anxious, angry or phobic and demonstrates a mental health condition
- Young carer affecting development of self

Behavioural Development
- Persistent disruptive / challenging behaviour at school, home or in the neighbourhood
- Starting to commit offences / re-offend
- Additional needs met by Emotional Wellbeing and Mental Health Services
- Prosecution of offences resulting in court orders, custodial sentences or Anti-Social Behaviour Orders or Youth Offending early intervention
- Incidents of missing form home (less than 3 incidents in 90 days)

Parents and Carers

Basic Care, Safety and Protection
- Parent / carer is failing to provide consistently adequate care
- Parents have found it difficult to care for previous child / young person
- Domestic abuse, coercion or control in the home
- Parent's mental health problems or substance misuse affect care of child / young person
- Non-compliance of parents / carers with services
- Child has no positive relationships
- Child has multiple carers; may have no significant relationship to any of them
- Child at risk of Female Genital Mutilation and other harmful traditional/cultural practices, Forced Marriage or Honour Based Abuse where a protective parent is engaging with targeted services to seek protection
- Child at risk of Modern Slavery and / or Human Trafficking but parents are accessing support and services

Emotional Warmth
- Child / young person receives little stimulation / negligible interaction
- Child / young person is scapegoated
- Child / young person is rarely comforted when distressed / lack of empathy
- Child / young person is under significant pressure to achieve / aspire / experiencing high criticism

Guidance, Boundaries and Stimulation
- Parents struggle / refuse to set effective boundaries e.g. too loose / tight / physical chastisement
- Child / young person behaves in anti-social way in the neighbourhood

Family and Environmental Factors

Family History and Functioning
- Family have serious physical and mental health difficulties impacting on their child
- Community are hostile to family
- Emerging involvement in gang or other activities which risks future exploitation
- Young person displays physical violence towards parents

Level 4: Statutory / Specialist

Children and young people at this level who require specialist services to respond to or prevent significant harm (S47) and children whose health & development maybe significantly impaired without the provision of help and support (S17) statutory social work intervention.

Child's Developmental Needs	Parents and Carers

Child's Developmental Needs

Health
- Child / young person has severe / chronic health problems
- Failure to thrive / faltering growth with no identified medical cause
- Refusing medical care endangering life / development
- Seriously obese / seriously underweight
- Serious dental decay requiring removal of multiple teeth through persistent lack of dental care
- Persistent and high risk substance misuse
- Dangerous sexual activity and / or early teenage pregnancy
- Sexual abuse
- Evidence of significant harm or neglect
- Non-accidental injury
- Unexplained significant injuries
- Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode
- Physical / learning disability requiring constant supervision
- Disclosure of abuse from child / young person
- Disclosure of abuse / physical injury caused by a professional
- High risk of child sexual exploitation or actual abuse known to be happening

Education and Learning
- Child unable to access education due to persistent parental neglect

Emotional and Behavioural Development

Emotional Development
- Puts self or others in danger e.g. missing from home inappropriate relationships
- Severe emotional / behavioural challenges
- Puts self or others at risk through aggressive behaviour

Behavioural Development
- Persistent disruptive / challenging at school, home or in the neighbourhood resulting in repeated school placement breakdown and / or family breakdown
- Regular and persistent offending and reoffending

Parents and Carers

Basic Care, Safety and Protection
- Parent / carers mental health or substance misuse significantly affect care of child
- Parents / carers unable to care for previous children

Emotional Warmth
- Parent's own emotional experiences impacting on their ability to meet child / young person's needs
- Child has no-one to care for him / her
- Requesting young child be accommodated by local authority

Guidance, Boundaries and Stimulation
- No effective boundaries set by parents / carers
- Multiple carers
- Child beyond parental control
- Persistent and regular incidents of missing from home (three or more incidents in 90 days)

Family and Environmental Factors

Family History and Functioning
- Significant parental / carer discord and persistent domestic violence and discord between family members
- Child / young person in need where there are child protection concerns
- Individual posing a risk to children in, or known to, household
- Family home used for drug taking, prostitution, illegal activities

Housing, Employment and Finance
- Homeless - or imminent if not accepted by housing department
- Housing dangerous or seriously threatening to health
- Physical accommodation places child in danger
- Extreme poverty / debt impacting on ability to care for child

Family's Social Integration
- Family are socially chronically excluded
- Victimisation by others places the child / young person at risk of significant harm

Community Resources
- Substantial multiple problems preventing the family / young person from engaging with services / non-engagement with services

Level 4: **Statutory / Specialist**

Children and young people at this level who require specialist services to respond to or prevent significant harm (S47) and children whose health & development maybe significantly impaired without the provision of help and support (S17) statutory social work intervention.

Child's Developmental Needs	Parents and Carers
- behaviour for serious offences resulting in custodial sentences or high risk public protection concerns - Mental health needs resulting in high risk self-harming behaviours, suicidal ideation and in-patient admissions - Continuous patterns of domestic abuse - Parents / carers involved in violent or serious crime, or crime against children - Parents / carers own needs mean they are unable to keep child / young person safe - Severe disability – child / young person relies totally on other people to meet care needs - Chronic and serious domestic abuse involving child / young person - Disclosure from parent of abuse to child / young person - Suspected / evidence of fabricated or induced illness - Young person at risk of Female Genital Mutilation and other harmful traditional / cultural practices, Forced Marriage or Honour Based Abuse with family who lack willingness to protect - Medium risk of child exploitation and parents / carers lack willingness to protect eg sexual exploitation, criminal exploitation - Coercive behaviour - Concerns of online activity - Child experiencing modern slavery and / or human trafficking without parental support **Identity and Self-esteem** - Failed Education Supervision Order – three prosecutions for non-attendance: family refusing to engage - Child / young person likely to put self at risk - Evident mental health needs - Young person exhibiting extremist views, threats, suggestions or behaviour which meets PREVENT criteria - Young person involved / closely associating with gangs **Family and Social Relationships** - Relationships with family experienced as negative ('low warmth, high criticism') - Rejection by a parent / carer; family no longer want to care for - or have abandoned – child / young person - Periods accommodated by local authority	

Level 4: Statutory / Specialist

Children and young people at this level who require specialist services to respond to or prevent significant harm (S47) and children whose health & development maybe significantly impaired without the provision of help and support (S17) statutory social work intervention.

Child's Developmental Needs	Parents and Carers
• Family breakdown related to child's behavioural difficulties • Subject to physical, emotional or sexual abuse or neglect • Younger child main carer for family member **Social Presentation** • Poor / inappropriate self-presentation / hygiene related health issues **Self-care Skills** • Absence / neglect of self-care skills due to other priorities such as substance misuse • Takes inappropriate risks in self-care • Severe lack of age appropriate behaviour and independent living skills likely to result in harm **Other indicators** • Professional concerns – but difficulty accessing child / young person • Unaccompanied refuge / asylum seeker • Privately fostered • Abusing other children • Young person displaying sexually harmful behaviour • Serious or persistent offending behaviour likely to lead to custody / remand in secure unit / prison • Trafficked child with no family support or protection • Forced criminality, forced labour	

Consent and Confidentiality

"Information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual or if to gain consent could place a child at risk" Click here to visit Information Sharing Guidance : July 2018 (Advice for Practitioners providing safeguarding services to children, young people parents and carers July 2018).

Wherever possible, you must consider consent and be open and honest with the family from the outset as to why, what, how and with whom, their information will be shared. You must consider consent where an individual may not expect their information to be passed on. When you gain consent to share it must be explicit and freely given.

There may be some circumstances where it is not appropriate to seek consent, either because the individual cannot give consent, it is not reasonable to obtain consent, or because to gain consent would put a child or young person's safety or well-being at risk. Where a decision to share information without consent is made, a record of what has been shared should be kept.

A decision by any professional not to seek parental permission before making a referral to Children's Social Care Services must be approved by their manager, recorded and the reasons given.

Where a parent has agreed to a referral, this must be recorded and confirmed as part of the referral.

Where the parent is consulted and refuses to give permission for the referral, further advice and approval must be sought from a manager or the Designated Senior Person or Named Professional, unless to do so would cause undue delay. The outcome of the consultation and any further advice should be fully recorded.

If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded;

- The Children's Social Care Services team must be told that the parent has withheld her/his permission;

- The parent should be contacted by the referring professional to inform her/him that after considering their wishes, a referral has been made.

  Click here to access further guidance on General Data Protection (GDPR) and the Data Protection Act 2019

Meeting the Needs of Children and Families

"Local authorities should work with organisations and agencies to develop joined-up early help services based on a clear understanding of local needs. This requires all practitioners, including those in universal services and those providing services to adults and children, to understanding their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment." Click here to visit Working Together to Safeguard Children 2018

The majority of families will be able to access universal services and are encouraged to make use of existing community resources.

Any practitioner, child, young person or family member can access Early Help support services. In this way, families can meet the needs of their children. However, sometimes they need help to be able to access the right support at the earliest opportunity. The Early Help Assessment is a tool to discuss and record the family's needs, strengths, the goals they would like to or need to achieve and how they can best be supported along this journey.

Meeting the Needs of Children and Families in Stoke-on-Trent

Signs of Safety
Stoke-on-Trent City Council's Early Intervention and Children's Social Care Service have adopted the Signs of Safety methodology as the basis of work with children across all partner agencies. This core philosophy for working with children and families across the city forms the basis of case discussions in multi-agency arena's such as Child Protection conferences, Child in Need planning meetings and Looked After Children's Reviews.

What does it mean?
In practice this means that when a children's social worker or early help worker visits a family, or you attend a meeting where children's social care is involved, they will be asking the following questions:

- What are we worried about?
- What do we know has happened in the past that has caused harm to the child?

- What are we worried that might happen to cause harm in the future?
- What are the things that make it harder for the family to look after their children?

Signs of Safety methodology is a strengths-based approach so we will also be asking the following very important questions:

- What's working well?
- What is the family or friends already doing that is keeping the child safe?
- What are the strengths in the family that might help to keep the child safe in the future?

As we learn more about the family we develop a safety goal which outlines our best hopes for safety in the future. We will work with the family and professionals to develop a safety plan. Sometimes called 'next steps', these are the steps that the family and those people working with them will take to work towards the safety goal. We will make sure that we get the child's views and one way we are doing this is by using the 'three houses' or similar tool during direct work with the child.

Meeting the Needs of Children and Families in Staffordshire

Restorative Practice

Staffordshire's Families and Communities Directorate are implementing a Restorative Practice Model across the system. This is about how we work with children and families but also how we work with each other and our partners.
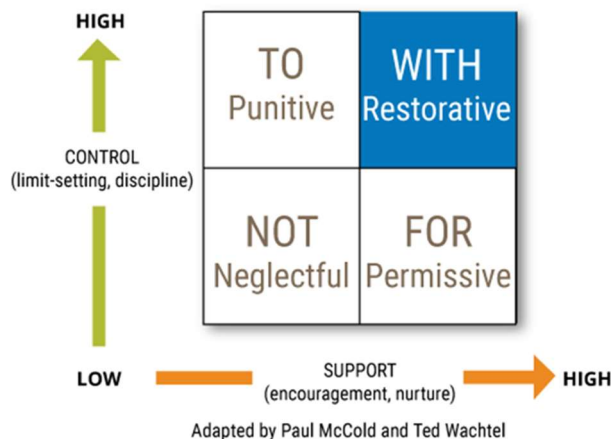
What Does It Mean?

Restorative Practice is a relationship and strength-based approach that embodies a set of core beliefs and principles which are built on mutual respect and trust. This provides a foundation to ensure that professionals are working in partnership "with" parents, carers and families to appropriately meet their needs, and that this is taking place in a safe way.

By using these approaches, we will provide staff with a range of language, behaviours and tools that strengthen their relationships with children, young people and families, empowering them to share responsibility by using a solution-focused approach, which supports positive change.

This includes being explicit about the 'bottom-line' to safeguard or protect a child, using a 'high challenge' and 'high support' approach, which builds on strong relationship-based practice between children, families and professionals. Therefore achieving sustainable change and reducing the likelihood of dependency on professional services

The fundamental unifying hypothesis of restorative practices is that "human beings are happier, more cooperative and productive, and more likely to make positive changes in their behaviour when those in positions of authority do things with them, rather than to them or for them."

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HIGH

CONTROL
(limit-setting, discipline)

| TO Punitive | WITH Restorative |
| NOT Neglectful | FOR Permissive |

LOW   SUPPORT (encouragement, nurture)   HIGH

Adapted by Paul McCold and Ted Wachtel

Stoke-on-Trent	Staffordshire
Referrals	
New referrals for service and referrals on closed cases should be made by completing the Multi-Agency Referral Form (MARF) Click here to access the MARF form (under Early Help and Threshold) **Consultation Number for Professional use only** If after speaking to your designated safeguarding lead professionals are unsure if support from Children's Social Care is required you can consult with a social worker who will be happy to assist. Consultation line open 9.00am to 4.00pm Monday to Friday on 01782 237460 Members of the public and professionals can contact the Safeguarding Referral Team (SRT) 01782 235100	New referrals for children who meet the threshold for Level 3 and Level 4 who are not known or are currently closed co children's services, should ideally be made by phone: 0800 13 13 126 or by using the online enquiry form, which can be found at www.staffordshire.gov.uk/firstresponse Early Help documents or MARFS can be uploaded on to these web pages once the form has been completed

Managing Professional Disagreements

Disagreements over the handling of concerns can impact negatively on positive working relationships and consequently on the ability to safeguard and promote the welfare of children. All agencies are responsible for ensuring that their staff are supported and know how to appropriately escalate inter-agency concerns and disagreements about a child or young person's well-being.

PLEASE DO NOT PRINT ANY OF THE DOCUMENTS AS THEY ARE REGULARLY UPDATED. BEST PRACTICE IS TO SAVE THE LINK TO YOUR FAVOURITES