

# Thresholds for Intervention

Understanding need and identifying risk.

Providing the right help, at the right time,  
in the right place.

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# Indicators of Need and Threshold for Intervention

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The background of the slide features the Stoke-on-Trent City Coat of Arms on the left side. It includes a shield with a lion passant guardant, a chevron with three lions, and a scroll at the bottom. Above the shield is a crest with a bird. The entire slide has a dark red background.

# **Stoke-on-Trent Safeguarding Children Partnership**

**Threshold for Intervention – Children and families receive the right help, at the right time, in the right place from the right part of the system.**

**Keeping children safe is everyone's responsibility. This guidance has been developed with input from multi-agency partners, to offer guidance for practitioners in agencies working with children, young people and families in line with ['Working Together to Safeguard Children 2023'](#)**

**It is for the use of every agency that works directly or indirectly with children, young people and their families. The purpose of this guidance is to support agencies and practitioners to understand the needs of children, young people and their families and ensure that families receive the right support at the earliest opportunity, from the most appropriate service in the city.**

This guidance sets out a framework of needs and vulnerabilities and considers the needs of children, young people and their families on a spectrum that can be used to assist practitioners in understanding the individual circumstances of each child or young person. It is vital that the support offered to families is coordinated and considers the needs of the whole family.

The term 'threshold' and the detailed descriptors should be used as a guide to aid professional judgement about the level of need and the access to services to meet that need. This framework is a tool for understanding needs and communicating often complex situations.

Professionals should refer to this guidance and the descriptors on the next page, taking note of all those that apply to the child and family, in order to identify what support is best placed to enable effective sustainable change. The descriptors should be used to support decision making and should not prevent any professional from contacting a service. Professional discussion is encouraged if you have concerns about a child, young person or family at any level.

Stoke-on-Trent is committed to a needs-led approach which places the child at the center of all that we do, empowering families through active involvement in the decisions made about their own support and care. This guidance encourages a holistic view of the child and their family and the principle of identifying and building on strengths and resilience within families, as well as identifying what we are worried about and what needs to happen.



# Our Approach

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

**Restorative Practice - Stoke-on-Trent Children's Services are implementing a Restorative Practice Model across the system. The model influences 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 the skills and confidence to build trusted relationships with children, young people and families, empowering them to share responsibility by using a solution-focused approach which enables 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."

# Our Vision and Principles

We want all children and young people to be safe, secure and able to reach their full potential. We are committed to being child-centred, ensuring that the voice of the child is at the heart of all that we do. We want to build on families' existing strengths, ensuring that we recognise what is working well, alongside considering what we might be worried about. We aim to enable families to develop their own resilience and support networks so that families have the tools they need to achieve the best possible outcomes and make sustained changes.

**Stoke-on-Trent is committed to working in a multi-agency way, recognising the role all services across the partnership play in providing support and intervention to children, young people and families.**

There is a wide range of support options available across the city and families requiring help and support are encouraged to engage through community and voluntary agencies where possible. We are committed to ensuring all services are aware of how to identify needs, and how to access the right support, from across the system for our families.

# Stoke-on-Trent's Vision

**Stoke-on-Trent is a city where our children and family's matter:**

We are one partnership with one goal, working together to build a better future for every child.

**F.A.M.I.L.I.E.S.**

**F**ocused on Strengths  
**A**daptability and Flexibility  
**M**utual Trust and Relationships  
**I**nclusive and Accessible Support  
**L**ong-term Stability and Consistency  
**I**nvolvement in decision making  
**E**mpowerment and Collaboration  
**S**upport for Whole Family Well-being

## Our Principles

- 1 Putting our children and families first**
- 2 Working together in partnership to deliver joined-up care**
- 3 Delivered by a strong and valued partnership**



# Early Help

**Early Help is our approach to providing support to vulnerable children, young people and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. Early Help may occur at any point in a child or young person's life, from childhood to adolescence, and includes both interventions early in life as well as interventions early in the development of a problem.**

Key to Early Help is the way we can all work together, share information, and put the child and their family at the centre. It's about providing effective support to help them solve problems and find solutions at an early stage, so we avoid needs becoming so great that specialist statutory interventions are required. In Stoke-on-Trent, our approach is that Early Help is everyone's responsibility, and we utilise the early help assessment (EHA) to support the understanding of needs, strengths and risks that exist for the child, young person and their family. Additionally, the EHA supports the development of a whole family plan of actions to be taken to improve outcomes for children and families as a whole, based on a holistic view of the needs of the family.

The EHA is not just a form; it's a supportive process which allows practitioners to assess needs as well as strengths, identify service delivery requirements and ensure that needs are being addressed as part of a structured framework with a whole family plan. An early help assessment can be undertaken by any practitioner working with a child, young person, or their family regardless of the area of need.

Information and guidance regarding the completion of an Early Help Assessment can be found by accessing the Early Help toolkit for practitioners at:

[\\*early help toolkit link\\*](#)

[Working Together to Safeguard Children 2023](#)

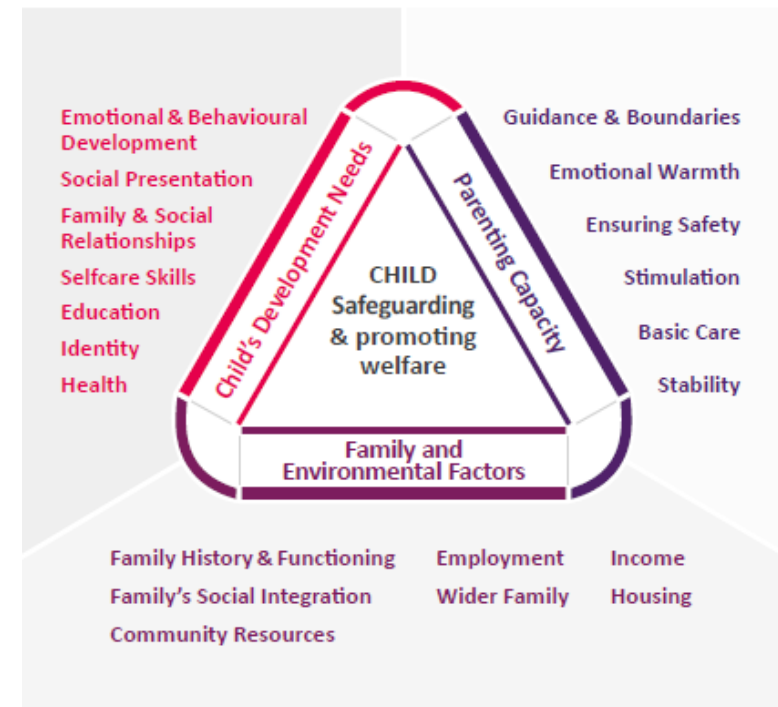
If you are unsure whether an Early Help Assessment is already in place for a family, or you need to confirm who the Lead Practitioner is for a family, you can contact us for support.

# Having the right conversations

Collaborative partnership working relies not just on information sharing or making requests for support; it also requires meaningful conversations with the family and between the professionals who are involved or those who might need to be involved with them to offer support. These conversations are very important and should go beyond the presenting concerns developing part of an informed assessment (utilising the EHA where appropriate). They should build on the understanding of the child/young person and lead to appropriate action and support for the child/young person and their family.

## Important factors to consider:

What is life like for the young person or child now?  
What will it be like tomorrow and in the future?  
What are the child's or young person's wishes and feelings?  
What are the parent's or carer's feelings about the situation?  
Is the cost of living (energy/ money/ food) impacting on the resilience of the family?  
To what extent do they understand that they need help and support? And what is their capacity for change?  
What support or interventions can your organisation offer?  
Could this meet the needs of the child, young person or family, or is help needed from another family?  
What additional support or intervention is needed to help protect them?



The practitioner's approach to thresholds and the decisions to make a request for service/support should not reflect the anxieties or uncertainties of the requestor. Instead, it should focus on the needs and risks of the child and value the knowledge and relationship of those already in contact with the family. Consistency for families in relation to the people supporting them is an important factor in building resilience.

*Remember this is only a guide - individual cases need judgement and when in doubt you should contact your named or designated Safeguarding Lead Professional.*

# Spectrum of Need

Our approach to understanding need is underpinned by the **i-THRIVE Framework**.

The i-THRIVE Framework is a person-centred and needs-led approach to delivering services for children, young people and their families. The model identifies **five categories of need**:

- 1 Thriving:** *those who may need support to maintain high levels of wellbeing through effective prevention and promotion strategies.* Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support. They are considered to be in the Thriving group. They may however benefit from prevention and promotion activities and strategies.
- 2 Getting Advice:** *those who need advice and signposting.* Within this group are children, young people and families adjusting to life circumstances with mild or temporary difficulties. The best intervention is within the community with the possible addition of self-support.
- 3 Getting Help:** *those who need focused goals-based input.* Within this group are children, young people and families who would benefit from focused, evidence-based help and support, with clear aims and criteria for assessing whether these aims have been achieved.



**4 Getting More Help:** *those who need more extensive, specialised goals-based input.* Within this group are children, young people and families who would benefit from extensive intervention. This group might include children with a range of overlapping needs which means they may require greater input

**5 Getting Risk Support:** *those who have not benefitted from or are unable to use help but are of such risk that they are still in contact with services.* Within this group are children, young people and families who are currently unable to benefit from early help support but remain a significant concern and risk. This group might include children and young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference.

## The spectrum of support and the relationship between different levels of need

- A child's level of need is not static, it can move forward and backwards across the spectrum depending on circumstances. This highlights the importance of multi-agency working and integrated service delivery, ensuring continuity of care when a child moves between different levels of support and different services.
- It is key that there is always a lead practitioner in place to ensure there is a whole family approach to support, to coordinate support and act as a single point of contact for the family.
- In Stoke-on-Trent we acknowledge the wide range of support services that are available to our children, young people and families. Families with multiple or complex needs often require the support of multiple agencies. It is important that all services work together to provide a holistic package of care which meets the needs of the whole family.

### Thriving

1

No current needs requiring additional support, needs are met by our Universal Service offer.  
Children who make good overall progress in all areas of development.  
May benefit from prevention and health and wellbeing promotion strategies to maintain positive health and wellbeing.  
**Support services include:**  
Local Voluntary and Community Sector Services - see stoke community directory  
Health services  
Education providers

### Getting Advice

2

Children and young people are adjusting to life circumstances and may require advice, guidance and signposting to navigate these. Families are supported by community services and empowered to access self-help tools to meet their needs. Consider whether Early Help Assessment would support the family and ensure needs are identified at the earliest opportunity.  
**Support services include:**  
Local Voluntary and Community Sector Services - see stoke community directory  
Education providers  
Health services  
Family Hubs:  
Family Advisor  
Parenting groups  
Digital Family Hub  
Inourplace online learning  
Community lounges

## What is working well?

## Getting Help

3

Children whose health and wellbeing may be adversely affected and would benefit from focused, evidence-based support. Practitioners should consider the needs of the whole family and ensure that an Early Help Assessment has been completed by the most appropriate person.

Additional support may or may not require a multi-agency response, this will be established through completion of the early help assessment.

### **Support services include:**

Local Voluntary and Community Sector Services - see stoke community directory  
Health Services  
Education providers  
Family Co-Ordinator service – delivered by Locally Trusted Organisations (LTOs) Just Family CIC, YMCA, Alice Charity, Family Focus  
Family Hubs

## Getting More Help

4

Children and families with multiple and complex, additional needs. Children whose health or development is being impaired or there is a high risk of impairment.

Practitioners should consider the needs of the whole family and ensure that an Early Help Assessment has been completed by the most appropriate person.

The child, young person and family may require intensive, focused support.

Additional support will require a multi-agency response.

### **Support services include:**

Local Voluntary and Community Sector Services - see stoke community directory  
Supporting Families service

## Getting Risk Support

5

Children who are experiencing significant harm or where there is likelihood of significant harm.

Practitioners should refer to the Integrated Front Door (IFD)

Where concerns relate to radicalisation or risk of radicalisation, a Prevent referral should be submitted (prevent referrals should not be disclosed to the child or young person or their family at the time of referral).

The child, young person and family may require focused risk support.

### **Support services include:**

Children's Social care  
Prevent Channel  
CAMHS

What are we worried about?

What needs to happen?

# The Supporting Families Outcome Framework

The Supporting Families Framework sets out 10 headline outcomes which represent 10 areas of need we may consider when working with children, young people and their families. The Supporting Families Framework aims to identify families who have multiple or complex needs and who may need a multi-agency approach to their support.

Supporting Families provides a holistic framework to assess a family's needs. Stoke-on-Trent's indicator of needs and threshold for intervention considers all of these areas, and our spectrum of support services provides intervention across all of these outcomes.

Practitioners should consider what is going well, what are we worried about and what needs to happen within each of these areas when assessing the needs of a family.

# Indicators of Need and Threshold for Intervention

Desired Outcome: **getting  
a good education**

*Please note, this is an illustrative  
rather than a comprehensive list of  
indicators.*

## Thriving

1

### **No additional action required.**

Access to appropriate education provision  
and/or training.

Regular attendance at nursery, school or  
training provision.

No concerns raised by teaching staff.

Meeting all developmental and educational  
milestones.

## Getting Advice

2

### **Advice, guidance and signposting.**

#### **Consider completion of an Early Help Assessment.**

Child/ young person or parent/ carer has  
raised initial concerns about educational  
provision or progress.

Emerging behaviour concerns but no  
current risk of suspension.

Emerging attendance concerns,  
attendance has dropped below 95%.

Historic gaps in schooling and learning.

School has identified some areas of  
limited progress.

Recent change of school or transition  
period.

Home-school link not well established.

Parent/ carers are considering home  
education and seek advice, guidance and  
support.

**What is working well?**



## Getting Help

3

**Complete an Early Help Assessment. Consider requests for agencies best placed to support the family.**

Poor punctuality, frequent absence from school, attendance below 90%.

Risk of fixed-term suspension.

Developmental delay.

Delay in developmental self-care skills.

Failure to make progress in learning.

School have identified mild to moderate learning needs in line with SEN code of practice.

Frequent School moves.

Poor home-school link.

Parents/ carers have made the decision to Electively Home Educate their child or young person.

## Getting More Help

4

**Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and request for support services.**

Persistent non-attendance, attendance significantly below expected levels.

Repeated short-term suspensions.

Significant delay in developmental milestone.

Progress significantly below expected level for age range.

Complex learning and/ or disability needs.

Additional SEND support, including EHCP.

Home-school link inadequate.

Child/ young person is home educated and there are concerns about vulnerability.

## Getting Risk Support

5

**Request for service to Children's Social Care.**

**Request support from additional specialist risk support services.**

Child is permanently suspended from school and there is a risk of family breakdown.

Child is missing from education and the family are not currently engaged with any services.

Complex learning difficulties and communication needs leading to safeguarding vulnerabilities.

NEET and there is evidence of additional risk factors.

Concerns around elective home educational and evidence of additional significant risk factors e.g. missing episodes, domestic abuse incidents, substance misuse concern.

What are we worried about?

What needs to happen?

## Desired Outcome: **good early years development**

### Thriving

1

#### **No additional action required.**

All antenatal appointments are kept, and medical advice followed.

All 0-19 mandated contacts are attended and positive (Antenatal contact, New birth contact, 6–8-week contact, 8–12-month assessment, 2-2.5-year assessment).

Child/young person is healthy and well, and development is age appropriate.

Child/young person has had all appropriate immunisations.

Parents provide secure attachment and caring parenting.

Guidance and boundaries in place to help child develop appropriately.

Parents provide access to consistent and positive activities.

Family have engaged positively with health visitor and statutory health visits.

Child is engaged in early years setting and attends regularly.

### Getting Advice

2

#### **Advice, guidance and signposting.**

#### **Consider completion of an Early Help Assessment.**

Some antenatal appointments missed and some concerns that medical advice is not always followed.

Child entitled to 2-year-old provision but not currently engaging with any early years setting.

Slow progress toward developmental milestones.

Emerging concerns around family relationships.

Parent has requested advice, guidance and/or support.

Family is isolated and has limited support networks.

Child and/or parent display poor social skills.

## What is working well?

## Getting Help

3

**Complete an Early Help Assessment.  
Consider requests for agencies best  
placed to support the family.**

Repeated non-attendance at antenatal appointments.  
Lack of preparation for the birth.  
Erratic or inconsistent responses and care from caregivers.  
Delay in developmental milestones.  
Early identification of SEND which may require additional support.  
Delay in development of self-care skills and independence.  
Lack of engagement with health visitor, non-attendance at 2-year health check.

## Getting More Help

4

**Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and request for support services.**

Majority of antenatal appointments missed/ evidence that medical advice has not been followed causing risk of harm to the child (e.g., continued smoking, use of alcohol or drugs).  
Significant delay in developmental milestones.  
Speech, language and communication delays which have a significant impact on everyday life.  
Significant physical disability.  
Child displays aggressive or unpredictable behaviour towards parents/ carers leading to concerns about family attachments and relationships.

## Getting Risk Support

5

**Request for service to Children's Social Care.**

**Request support from additional specialist risk support services.**

Concealing or denial of pregnancy or unwanted pregnancy.  
Avoidance of prenatal care.  
Lack of cooperation with healthcare or non-compliance with medical treatment.  
Lack of understanding of the needs of an unborn child and inability to prioritise the needs of an unborn or newborn baby.  
Profound and/ or multiple disabilities with significant unmet needs.  
Disordered attachments which have severe impact on child and family.

What are we worried about?

What needs to happen?

## Desired Outcome: improved physical and mental health

### Thriving

1

#### **No additional action required.**

Physically well, physical care needs provided for, & health needs effectively promoted.

Child/young person's height & weight is measured for age and falls in ranges for age and sex.

Growth measurements for age & gender are within normal parameters.

Child has adequate, nutritious diet with access to range of foods.

Developmental checks and immunisations are up to date.

Additional needs are met e.g., additional medical appointments, speech and language therapy.

All health appointments are kept. Registered with GP and dentist.

Good quality early attachments.

Positive sense of self and abilities, demonstrates feelings of belonging and acceptance.

Engagement in education, employment and training is positive.

### Getting Advice

2

#### **Advice, guidance and signposting.**

#### **Consider completion of an Early Help Assessment.**

Emerging concerns regarding physical health  
Dental care/optical care/ immunisations are not up to date.

Child has some hygiene issues, has limited self-care and independence skills.

Young person requires support managing their periods/puberty.

Emerging concerns regarding healthy eating and weight, child is falling above or below expected weight ranges.

Child is not registered with a GP/ dentist.

Inconsistent opportunities for stimulation and socialisation.

Emerging concerns about emotional wellbeing.  
Child/ young person or family are adjusting to life circumstances which may have recently changed.

Child/ young person, parent or carer is experiencing mild or short-term worries around their emotional wellbeing

Child shows a lack of self-esteem/ motivation.

Child/ young person or parent/ carer requests advice and guidance around physical or mental health.

## Getting Help

3

**Complete an Early Help Assessment.  
Consider requests for agencies best placed  
to support the family.**

Child is overweight or underweight.  
Child does not have regular access to a  
healthy, nutritious diet.  
Inconsistent attendance at medical  
appointments.  
Susceptible to minor health problems, has  
regular periods of illness.  
Additional health needs are not consistently  
met or up to date.  
A&E attendance giving cause for concern.  
Home conditions and environment may  
impact on child's needs or safety.  
Difficulties in relationships with peer groups  
or adults.  
Struggles to manage emotions and this is  
beginning to impact education/ employment.  
Child, young person, parent or carer seeks  
support for their mental health.  
Child, young person, parent or carer would  
benefit from focused, evidence based  
emotional wellbeing interventions.

## Getting More Help

4

**Check if an Early Help Assessment is in  
place – if not, complete an Early Help  
Assessment, and consider enhanced  
support offer and request for support  
services.**

Chronic health problems with a severe  
impact on everyday functioning.  
Child's health needs are not addressed or  
poorly managed by parent/carer.  
Poor diet which is adversely affecting child's  
health, growth and/or development.  
Some evidence of disordered eating.  
Failure to access appropriate healthcare.  
Multiple A&E attendances causing concern.  
Unexplained minor injuries and/or delay in  
seeking medical or dental attention.  
Child, young person, parent or carer has  
serious mental health issues which are  
impacting their day-to-day functioning  
(e.g., access to education, employment or  
self-care).  
Parent/carer unresponsive to child's  
emotional needs, child may present self-  
harming behaviours or suicidal ideation  
or actions.

## Getting Risk Support

5

**Request for service to Children's Social  
Care.  
Request support from additional specialist  
risk support services.**

Unhealthy eating causing severe concerns  
or impairments to child's health/evidence  
of faltered growth.  
Sudden weight loss or extreme weight gain  
Eating disorder.  
Child or unborn child has significant unmet  
or outstanding health needs.  
Consistent poor basic care which  
compromises general wellbeing.  
Lack or absence of basic care or supervision  
causing harm or risk of significant harm.  
Lack of self-care skills is adversely impacting  
on child's health and development.  
Suspected non-accidental injury, abuse or  
neglect.  
Child, young person or parent has acute  
& serious mental or physical health needs  
or behavioural difficulties including life  
threatening self-harm or suicide.  
Child or young person is a risk to  
themselves or others due to their mental  
health & may require risk management or  
inpatient intervention.

What are we worried about?

What needs to happen?

Desired Outcome:  
**promoting recovery  
and reducing harm  
from substance use**

### Thriving

1

**No additional action required.**

No one in the family is currently using substances.

Child, young person and parent/carer have an understanding of the risks of drug and alcohol use.

Child or young person is actively and positively involved in education, employment or training.

### Getting Advice

2

**Advice, guidance and signposting.**

**Consider completion of an Early Help Assessment.**

Parent/carer has emerging concerns about their own substance use and requests advice and guidance.

Parent is seeking advice about young person's substance use.

Child, young person or parent/carer has a low level of substance use which is not currently causing noticeable harm.

Child is seeking information about substances.

Child is socialising with peer group known to engage in substance use.

Child or young person known to socialise in areas of high drug availability or high levels of neighbourhood crime.

What is working well?

## Getting Help

3

**Complete an Early Help Assessment.  
Consider requests for agencies best placed to support the family.**

Child, young person, parent or carer has an issue with substance misuse and there are emerging concerns around health.  
Substance misuse is impacting daily routines, e.g., sleep routines, eating habits.  
Child, young person or parent/carer has attended A&E in relation to substance misuse.  
Concerns that substance use may be having an impact on education or employment e.g., non-attendance, lack of motivation and engagement.  
Parents or carers are known to have a history of substance misuse.

## Getting More Help

4

**Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and request for support services.**

Persistent excessive drug or alcohol use which is having a severe impact on everyday life.  
Lack of meaningful engagement with substance misuse services.  
Substance misuse is having a severe impact on health and emotional wellbeing.  
Repeated A&E attendance in relation to substance misuse.  
Unmet or undiagnosed needs being met by substance misuse.

## Getting Risk Support

5

**Request for service to Children's Social Care.  
Request support from additional specialist risk support services.**

Class A/Serious drug misuse.  
Unwillingness to engage in support services.  
Failure to comply with medical intervention around substance misuse e.g., methadone.  
Significant substance misuse has a severe impact on parenting capacity and parent/carer is unable to prioritise the needs of the child.  
Child's substance misuse dependency putting them at such risk that intensive specialist resources are required.

What are we worried about?

What needs to happen?

## Desired Outcome: improved family relationships

### Thriving

1

#### **No additional action required.**

Family relationships are stable and affectionate, with evidence of good quality attachments.

Parents are positive during pregnancy and making plans for becoming a parent.

Child or young person displays feelings of belonging and acceptance.

Parents are able to meet the child's needs and know how and where to access support should they need it.

Home environment is positive and stable, conflict is resolved in a positive way.

Parents are always emotionally responsive to needs and behaviours of the child.

### Getting Advice

2

#### **Advice, guidance and signposting.**

#### **Consider completion of an Early Help Assessment.**

Family has limited support networks.

Unresolved issues arising from parents' relationship, divorce, separation, step-parenting or death of parent or significant carer.

History of conflict in parents' previous relationships.

Parent has requested advice and guidance to support their parenting.

Child's disability can make parenting challenging at times.

Parent and/or child displays poor social skills. Expectant parent who may require additional support.

Child, young person or parent/carers requires advice and guidance due to a family bereavement.

What is working well?



## Getting Help

3

**Complete an Early Help Assessment.  
Consider requests for agencies best placed to support the family.**

Parental vulnerability or behaviour prevents them from always being emotionally responsive to the needs and behaviours of the child.

Parents struggling to meet child's or young person's needs without support.

Child or young person is exposed to conflict within the family home.

Relationships between parents is difficult and often result in conflict.

Sibling relationships are unstable and inconsistent.

Child or young person is a young carer and requires additional support.

Parent provides poor home routines and inconsistent boundaries.

Family has history of involvement with statutory services.

Child or young person requires support following a family bereavement.

## Getting More Help

4

**Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and request for support services.**

Inappropriate parenting strategies exposing the children to inconsistencies in care.

Child and parent relationship is at risk of imminent breakdown.

Persistent, high levels of parental conflict which remain unresolved.

Parents do not set effective boundaries and cannot influence child or young person's behaviour.

Family at risk of breakdown relate to child's behavioural difficulties.

Chaotic lifestyle including frequent moves, changes in family dynamic.

History of parent refusal to engage in support for identified needs.

Child included in parental conflict, may be emotional.

## Getting Risk Support

5

**Request for service to Children's Social Care.**

**Request support from additional specialist risk support services.**

Persistent absence of resources to provide basic care for child.

Parent/carer unable or unwilling to provide even basic care needs to child.

Breakdown of relationship between parent and child e.g., family no longer wants to care for the child.

Asylum seekers, unaccompanied children, families with no access to public funds, missing family or children.

Parents emotionally unresponsive to child's needs and behaviours, child living in high criticism, low warmth family.

Non-engagement with professionals, services or disguised compliance.

Lack of effective parental boundaries leading to adverse consequences to child.

**What are we worried about?**

**What needs to happen?**

Desired Outcome:  
**children are safe from  
abuse & exploitation**

## Thriving

1

**No additional action required.**

Child displays age-appropriate physical, sexual and emotional development.

Strong family networks and friendships.

Stable and affectionate relationships with parent/carer.

Child has a good level of practical, emotional and independent living skills appropriate to age.

Home conditions and environment are appropriate and adequate for the child's needs/ safety.

Child has appropriate level of confidence in social situations and is aware of 'safe' and 'unsafe' relationships.

Child has appropriate guidance in relation to online use and risk, parents set appropriate boundaries.

Child/ young person is positively and actively engaged in education, employment or training.

## Getting Advice

2

**Advice, guidance and signposting.**

**Consider completion of an Early Help Assessment.**

Parents/carers identified a need for advice and guidance around boundaries and consequences.

Young person is vulnerable to unsafe relationships due to lack of awareness of 'healthy' and 'unhealthy' friendships and relationships.

Child/young person or parent/carer requires support to understand online risks.

Parents struggle to enforce boundaries around online activity.

**What is working well?**

## Getting Help

3

**Complete an Early Help Assessment.  
Consider requests for agencies best placed  
to support the family.**

Frequent accidental injuries/concerning patterns of injuries which indicate a lack of parental supervision.

Inappropriate parenting/behaviour management strategies which resort to physical punishment.

Difficulties with family relationships.

Parents/carers are unable to support the child in maintaining healthy relationships with significant adults.

Home conditions and environment may impact on child's needs/safety.

Attendance at sexual health services or agency where age or other factors indicate vulnerability.

Child has limited guidance or boundaries relating to online risks.

Regularly coming home late, staying out overnight without parental oversight.

Emerging concerns about child/young person's dress, presentation, money.

Emerging concerns around child's peer relationships, including bullying/controlling behaviour.

Family has history of involvement with statutory services.

Disruptive/challenging behaviour, including in school or early years settings likely to result in exclusion.

Concerns about sexual development and Behaviour.

Inappropriate relationships with adult or Peers.

## What are we worried about?

## Getting More Help

4

**Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and request for support services.**

Escalating patterns of accidents causing injury.

Environmental factors which place child at risk of physical harm.

Child/young person demonstrates significantly low self-esteem and lacks confidence.

Child has significant emotional and/or behavioural challenges.

Child is emotionally/physically harmed by Bullying.

Clothing is regularly unwashed and ill-fitting; poor hygiene which is not addressed.

Unacceptable or deteriorating provision of basic care, care arrangements or level of supervision.

Sexualised language or behaviour which is not consistent with the child's age.

Associating with unknown adults or evidence of a relationship with a power imbalance.

Child is withdrawn or isolated, displaying self-harm behaviours and/or suicidal statements or actions.

Evidence of inappropriate online activity, exchanging images, vulnerable to online exploitation.

Escalating missing episodes.

Potential indicators of child exploitation with escalating concerns around substance misuse, criminal activity, peer group.

Parents/carers use physical punishment to manage behaviour and do not recognise the risks/refuse to engage with services (parenting programmes, early help support).

## What needs to happen?

## Getting Risk Support

5

**Complete an Early Help Assessment.  
Consider requests for agencies best placed  
to support the family.**

Disclosure of abuse from a child or other.

Evidence that a child has suffered  
emotional, physical, sexual abuse or  
neglect.

Physical harm has occurred/is suspected/  
non-accidental injury.

Female Genital Mutilation (FGM) occurred  
or suspected.

Environment is not safe for the child, there  
is a risk of significant harm.

Risk of physical and emotional abuse from  
domestic abuse.

Little or no confidence, self-esteem and  
self-image affecting all areas of life.

Frozen watchfulness.

Complete rejection by parent/carer.

Child displays sexually inappropriate  
behaviour for their age which is considered  
harmful.

Significant evidence that a child is at risk of  
or experiencing child exploitation.

Concern that a child/young person is at risk  
of radicalisation/extremism.

Child presents as severely neglected.

Frequent and prolonged missing episodes

Peer-on-peer exploitation, abuse or

Bullying.

Criminal behaviour linked to, or because of  
exploitation.

**What needs to happen?**

## Desired Outcome: crime prevention and tackling crime

### Thriving

1

#### **No additional action required.**

Family has no history of criminal activity.  
There is no evidence or concerns about current antisocial behaviour/criminal activity.  
Family has positive relationships in the community.  
Child/ young person has positive relationships with peers and is aware of 'safe' and 'unsafe' relationships.  
Child/young person is actively and positively engaged in education, employment or training.

### Getting Advice

2

#### **Advice, guidance and signposting. Consider completion of an Early Help Assessment.**

Parent/carer seeks advice and guidance around parenting, boundaries or consequences.  
Child/ young person has had a recent change in presentation which may be linked to a change in circumstances or peer group e.g., change in behaviour, school attendance, motivation.  
Child/ young person is not engaged in any positive activities, may spend time in community locations which causes concern.  
Family is isolated in the community.

What is working well?

## Getting Help

3

**Complete an Early Help Assessment.  
Consider requests for agencies best placed  
to support the family.**

Difficulties in relationships with peer groups  
and/or adults.

Impulsive or lacks self-control.

Parent has received a custodial sentence.

## Getting More Help

4

**Check if an Early Help Assessment is in  
place – if not, complete an Early Help  
Assessment, and consider enhanced  
support offer and request for support  
services.**

Regularly missing from education,  
employment, or training.

Young person regularly involved in antisocial  
Activity.

Young person regularly involved in violent or  
risky behaviour.

Child displays elements of harmful sexual  
Behaviours.

At risk of permanent suspension.

Disruptive/challenging behaviour at school,  
in their neighbourhood and at home.

Child's peers are known to be involved in  
risk-taking activity and/or criminal activity.

History of criminal activity within family  
and/or wider family, evidence of  
intergenerational criminal behaviour.

## Getting Risk Support

5

**Request for service to Children's Social  
Care.**

**Request support from additional specialist  
risk support services.**

Young person is NEET and has additional,  
significant risk factors.

Child/young person has been permanently  
suspended from school.

Frequent and prolonged missing episodes.

Parent does not take appropriate action if  
child/young person is missing.

Child/young person involved in multiple  
criminal incidents/activity.

Child/young person displaying behaviour  
that would constitute criminal activity.

High level of concern about radicalisation/  
extremism.

Parents actively involved in criminal  
behaviour and/or parent has history of  
serious criminal offences.

What are we worried about?

What needs to happen?

## Desired Outcome: **safe** **from domestic abuse**

### Thriving

1

#### **No additional action required.**

Family relationships are strong, stable and affectionate.

Parental conflict is managed positively and resolved.

Strong family networks and friendships outside the family home.

Child/young person displays positive self-esteem.

Child/young person has strong and stable attachments with significant adults

Child/young person demonstrates feelings of belonging and acceptance and is able to express their own needs.

### Getting Advice

2

#### **Advice, guidance and signposting.**

#### **Consider completion of an Early Help Assessment.**

Poor socio-economic situation (e.g. housing, finances).

Family is isolated in the local community with poor social networks.

**What is working well?**



## Getting Help

3

**Complete an Early Help Assessment.  
Consider requests for agencies best placed to support the family.**

Suspected/occasional low-level domestic abuse.

History of or emerging domestic abuse, neglect, abuse.

Over-protective care which inhibits child's social and emotional development.

Relationship difficulties identified during pre-birth appointments.

Parental vulnerability or behaviour prevents them from always being emotionally responsive to the needs and behaviours of the child.

Historic domestic abuse which is continuing to have emotional impact on child/young person or parent/carer.

## Getting More Help

4

**Check if an Early Help Assessment is in place – if not, complete an Early Help Assessment, and consider enhanced support offer and request for support services.**

Family characterised by conflict and chronic relationship difficulties.

Some concerns regarding domestic abuse/suspected domestic abuse identified at pre-birth appointments.

Threats of physical abuse and violence from parent, carer or sibling.

Child/unborn child exposed to domestic Abuse.

Controlling home environment.

Destructive relationships with wider family including historical and intergenerational issues.

## Getting Risk Support

5

**Request for service to Children's Social Care.**

**Request support from additional specialist risk support services.**

Current domestic abuse/significant risk of abuse from previous partner identified at pre-birth appointments.

Long-term and serious domestic abuse or parent unable to restrict access to home by dangerous adults.

Case referred/heard at MARAC.

Risk of physical and emotional abuse from domestic abuse.

Assault and/or injury because of domestic abuse.

Non-engagement with professionals or disguised compliance.

What are we worried about?

What needs to happen?

## Desired Outcome: **secure housing**

### Thriving

1

**No additional action required.**

Family has long-term, suitable accommodation.

Accommodation provides appropriate facilities and is in full working order.

Family is integrated in the community and has strong, positive social networks.

### Getting Advice

2

**Advice, guidance and signposting.**

**Consider completion of an Early Help Assessment.**

Family have sought advice regarding unsuitable housing.

Recent change in family circumstances which may impact on stability of housing, e.g. poor finances.

**What is working well?**

## Getting Help

3

**Complete an Early Help Assessment.  
Consider requests for agencies best placed  
to support the family.**

Housing causing family stress.

Family experiencing frequent housing  
moves.

## Getting More Help

4

**Check if an Early Help Assessment is in  
place – if not, complete an Early Help  
Assessment, and consider enhanced  
support offer and request for support  
services.**

Barely adequate/poor or temporary  
accommodation.

Victimisation of family in their local area.

Family at risk of eviction.

## Getting Risk Support

5

**Request for service to Children's Social  
Care.**

**Request support from additional specialist  
risk support services.**

Accommodation places child at serious risk  
of harm.

Children negatively affected as a result of  
overcrowded living conditions and potential  
homelessness.

Family are homeless/young person has  
been excluded from family home and as at  
risk of homelessness.

What are we worried about?

What needs to happen?

## Desired Outcome: financial stability

### Thriving

1

#### **No additional action required.**

Parents have reasonable income over time with resources used appropriately to meet individual needs.

Parents able to manage working or unemployment arrangements adequately and do not perceive them as excessively stressful.

### Getting Advice

2

#### **Advice, guidance and signposting.**

#### **Consider completion of an Early Help Assessment.**

Difficult to obtain employment due to poor basic skills.

Low-level debt/in need of financial advice.

Low income/financial hardship.

What is working well?

## Getting Help

3

**Complete an Early Help Assessment.  
Consider requests for agencies best placed  
to support the family.**

Children negatively affected by their  
family's low income or unemployment.  
Parents experience continuing stress due to  
unemployment or 'overworking'.  
Difficulties managing household finances.  
Lack of affordability for basic amenities  
including household fuel and food.

## Getting More Help

4

**Check if an Early Help Assessment is in  
place – if not, complete an Early Help  
Assessment, and consider enhanced  
support offer and request for support  
services.**

Long-term unemployment due to significant  
lack of basic skills.  
Significant rent arrears causing family to be  
at risk of eviction.

## Getting Risk Support

5

**Request for service to Children's Social  
Care.**

**Request support from additional specialist  
risk support services.**

Extreme debts/poverty impacting ability to  
meet family's basic needs.

What are we worried about?

What needs to happen?

# Support from Children's Social Care

If you think a child is in immediate danger, call the police on **999** or **101**.

If the child is not in immediate danger, but you're still concerned that they need risk support, you can make a referral to the Integrated Front Door for Stoke-on-Trent Children and Family Services on **the portal**.

If you have reasonable cause to suspect that a child has suffered or is likely to suffer Significant Harm you can call the Integrated Front Door on 01782 235100 (Mon-Thurs, 8.30am – 5pm and Fri, 8.30am – 4.30pm), or call our Emergency Duty Team on 01782 234234 if you're calling out of office hours, at weekends or on bank holidays.

**You can also discuss your concerns with a professional you trust who works with children and families. This could be a health visitor, school nurse or teacher (all schools have a teacher in charge of child protection, someone from the family hub, or someone from your trusted local organisation.**

For further information about Children's Social Care please visit: [Stoke-on-Trent Children and Families](#)

# Consent and confidentiality

The update to matters of Consent is reflected in Working Together 2020 in response to the **Data Protection Act 2018** and **General Data Protection Regulation (GDPR)**. This includes guidance about appropriate information sharing of safeguarding and child protection concerns.

‘Data protection legislation does not prevent the sharing of information to keep a child safe and consent is not required when sharing information for safeguarding and protecting the welfare of a child’ (p.19 Working Together Guidance 2020).

In making decisions about appropriate information sharing, the guidance recommends using GDPR lawful bases for sharing, i.e. legal obligation (the exercise of official authority) or public task (a task performed in the public interest).

It is also stated that, while encouraged, the agreement of the child and parents is not required to share information. Further information about this is available in the new appendices (Appendix B).

***“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 inability to gain consent could place a child at risk”***

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Wherever possible, and in line with the restorative practice approach to working with families, you must 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 are clear 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 2018](#)





# Resolution of professional disagreements relating to the safeguarding and protection children – Multi-agency escalation process

When working with children and families there may be times when practitioners have differing views on the best course of action relating to the safeguarding and protection of children. Professional disagreements always require constructive management and timely resolution. Stoke-on-Trent Safeguarding Children Partnership's escalation policy sets out the resolution of professional disagreements relating to the safeguarding and protection of children. It outlines the steps to be taken when there are disagreements between practitioners (from different agencies) in relation to concerns about the safety and welfare of a child or young person, and/or action being taken to safeguard them. Following this process will ensure that all professionals have a quick and straightforward means of resolving professional differences to safeguard the welfare of children. The escalation policy can be found on the Stoke-on-Trent Safeguarding Children Partnership website - [Resources](#)

# Useful Links and phone numbers

S-O-T safeguarding children partnership

[Stoke-on-Trent Safeguarding Children Partnership](https://safeguardingchildren.stoke.gov.uk/)  
<https://safeguardingchildren.stoke.gov.uk/>

Stoke-on-Trent Community directory

[Stoke Community Directory](https://stokecommunitydirectory.co.uk/) <https://stokecommunitydirectory.co.uk/>

Register your Early Help

[Professionals](#)

Digital Family Hub

[Digital family hub – Family Hub](https://familyhub.stoke.gov.uk/) <https://familyhub.stoke.gov.uk/>

Inourplace (Online learning: free courses and resources for families)

[Free wellbeing online courses in Stoke-on-Trent – inourplace](https://inourplace.co.uk/stoke-on-trent/)  
<https://inourplace.co.uk/stoke-on-trent/> access code - Oatcake

Prevent and Channel

[Stoke-on-Trent Council Prevent and Channel guidance](https://www.stoke.gov.uk/info/20010/adult_care_and_wellbeing/508/prevent_and_channel)  
[https://www.stoke.gov.uk/info/20010/adult\\_care\\_and\\_wellbeing/508/prevent\\_and\\_channel](https://www.stoke.gov.uk/info/20010/adult_care_and_wellbeing/508/prevent_and_channel)

Young Carer referral

[Request Early Help / Children Social Care](#)

Children's Social Care Integrated Front Door (office hours):

for emergency safeguarding referrals

01782 235100

For non urgent risk referrals

[Request Early Help / Children Social Care](#)

Children's Social Care Emergency Duty Team (outside office hours)	01782 234234
Staffordshire Police	<b>999</b> (in an emergency) or 101 (non-emergency calls)
Combined wellbeing (mental health services)	<a href="https://combinedwellbeing.org.uk/">Combined Wellbeing https://combinedwellbeing.org.uk/</a>
Crisis Care Centre (mental health crisis)	0800 0328 728
<a href="#">Stoke-on-Trent Integrated 0-19 Health Visiting and School Nursing Service</a>	Freephone 0808 178 3374
SEND Local Offer	<a href="#">SEND Local Offer – SEND Local Offer</a>

