City of Stoke-on-Trent

Safeguarding Children Partnership STOKE-ON-TRENT

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 in Stoke-on-Trent

August 2022
This is the current operating version for Stoke-on-Trent, please use this version.

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Introduction

Welcome to the Stoke-on-Trent Children's Safeguarding partnership (SOTSCP) 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 wellbeing 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 SOTSCP 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 in Stoke-on-Trent. 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 consider the different stages of need and types of intervention which are available for children, young people and their families bearing in mind that children 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 depending on the level of identified need.

The service response is directed at reducing risk and vulnerability, promoting wellbeing 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.

[1] As set out in Working Together 2018

Universal Plus

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

What is Early Help?

"Early Help is everyone's business", working in partnership with children, families and communities is essential in building resilience and sustaining improved outcomes.

"Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be a multi-agency assessment (early help assessment). These early help assessments should be evidence-based, be clear about the action to be taken and the services to be provided. They should then 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 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.**

In Stoke-on-Trent our ambition is to provide consistent access to Early Help delivered by a coordinated partnership including the private, voluntary and independent sector as well as statutory partners as soon as needs are identified.

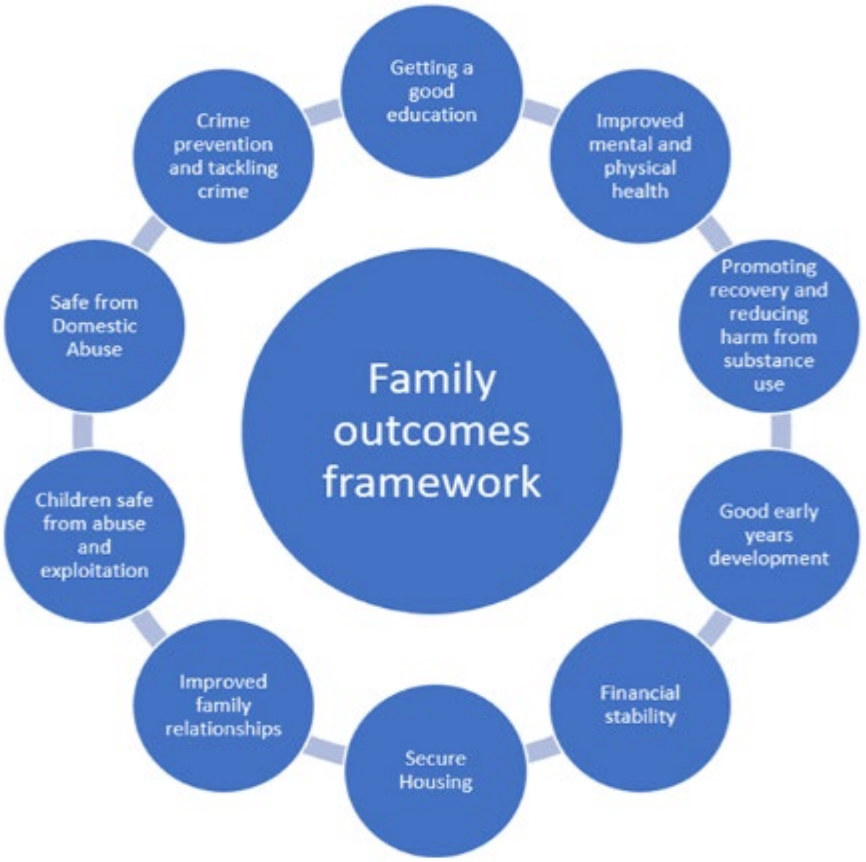
An Early Help Assessment can be used by all agencies to provide a holistic view of the needs within the family and can be used to inform statutory assessments where needs require targeted support/specialist intervention.

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 or significant harm.

Supporting Families Programme

All families supported by an Early Help assessment and plan are considered to meet the criteria needed to register with the national Supporting Families Programme (previously known as Troubled Families Programme) – led by the Department for Education and Department for Levelling Up, Housing & Communities

Eligibility is based on the family meeting three or more of the following criteria outlined within the revised Supporting Families Outcomes Framework 2022-2025:



Further detail about the criteria for each outcome area can be found here: Supporting Families Programme guidance 2022 to 2025 - GOV.UK (www.gov.uk)

Registration with this programme allows Stoke-on-Trent city Council to receive funding for each family that through support achieves positive, sustained change in the criteria areas they met prior to support. This in turn allows the Supporting Families Service to continue to meet, and support other EH partners in meeting, the needs of more children and families in Stoke-on-Trent.

Stoke-on-Trent's Early Help approach is to use an EH assessment, whole family plan and designated lead worker to coordinate support. This mainstreams the Supporting Families Programme into the local Early Help offer.

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)

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
- 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 Section 17.

A referral to Social Care 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, often in partnership with other professionals, to improve the wellbeing 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 duty 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**

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

Neglect

It can be particularly difficult for practitioners to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns. It is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk.

Children, including those unborn, need adequate food, water, shelter, warmth, protection and health care in order to thrive. They also need their carers to be attentive, dependable and kind. Children are neglected if these essential needs, the things they need to develop and grow, are persistently not met.

There are many signs that may indicate neglect as outlined below:

- Neglect may occur during or after pregnancy as a result of parental substances misuse (drugs or alcohol)
- A chaotic family environment which can include an absence of boundaries or routines.
- A parent/carer who has vulnerabilities, such as mental health difficulties or learning difficulties such that impacts on their ability to meet the needs of any children
- Inadequate parenting and/or understanding of what it means to look after a child safely including ensuring adequate supervision or using inadequate caregivers
- Ensuring access to appropriate medical care or treatment
- Ensuring that educational needs are met
- It may include neglect of, or unresponsiveness to, a child's basic emotional needs

Signs of neglect can include poor physical appearance, poor or inadequate hygiene, lack of appropriate clothing, the child being withdrawn or exhibiting antisocial or sexualised behaviors and the child's physical and emotional development being below the expected norms. In considering whether or not a child has been neglected, it is important to consider the quality of care they have received over a period of time, as this could vary to the extent in which it impacts on their development. It is also important to consider the age of the child and lived experience in relation to the nature of the neglect and the length of time for which the concerns have existed.

The above signs in isolation would not necessarily indicate for certain that a child is being neglected, however, children who are severely and persistently neglected may be in danger and neglect can also result in the serious impairment to their health or development.

Some adults lack the resources and support to properly care for their children, but some have more complex problems. In both cases help and support from professionals is essential. Deciding if a child is neglected can be very hard, even for a trained professional, so you may wish to refer to the Graded Care Profile 2 (GCP2) to support decision making.

The GCP is designed to be used by professionals working across the continuum of need where neglect is suspected or known. It can be used in a variety of situations where care for children is of interest. In child protection it can be used in conjunction with conventional methods in assessment of neglect and monitoring; It can be used to improve understanding about the level of concern and to target specific areas of work as it highlights areas of greater risk of poorer outcomes and should be used in all cases where neglect is suspected or identified. The GCP can be used with the family by individual workers, or groups of workers, to inform family action meetings and child protection Core Group meetings and plans for children and their families.

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, which may be through several discussions with a family, professionals must determine whether the child is likely to suffer significant harm without the provision of services.

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:

Stoke-on-Trent: 01782 235100

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

Level 1: Children and Young People with Universal Need
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
Health • Health and dietary needs are being met by universal services • Registered with a GP • Appropriate weight and height within expected norms – including speech and language • Physically/psychologically healthy • Pre-natal health needs are being met • Up to date immunisations and developmental reviews • Regular dental checks • Accessing optical care • No misuse of substances • Sexual activity/behaviour appropriate to age **Education and 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 and 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 different social situations • 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 **Self-care skills** • Age appropriate independent living skills	**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 and 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 and 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

Level 2: Universal Plus

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

- Some concern regarding rate or level of some areas of development
- Additional health needs
- Not registered with a GP
- Evidence of missed appointments for routine assessments and immunisations
- Persistent minor health problems
- Babies with low birth weight in proportion to the mother
- Pre-natal health needs
- Issues of poor bonding and attachment
- Minor concerns re healthy weight/diet/dental health/hygiene/clothing
- Disability requiring support services
- Signs of deteriorating mental health of child including self-harm
- Young people who are sexually active under the age of 16, where there are no concerns for this being as a result of exploitation
- 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 and 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/socialization
- 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
- Excessive use of internet which could indicate problematic, which lacks parental oversight.
- 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
- Limited support from family and friends

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 e.g. travelling families

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 coordinated action plan without the need for statutory social work intervention.

Child's Developmental Needs

Health

- Child has some chronic/recurring health problems; not treated, or badly managed
- Some missed appointments for serious medical condition
- Developmental delay 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 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)

Identity and Self-esteem

- Child/young person experiences persistent discrimination, internalised and reflected in poor self- image
- Alienates self from others

Family and Social Relationships

- Relationships with carers characterised by unpredictability
- At risk of family breakdown and in need of support
- Misses school consistently
- Previously had periods of Local Authority accommodation
- Young person is main carer for family member

Parents and Carers

Basic Care, Safety and Protection

- Parent/carer is failing to provide consistently adequate care or accept support.
- Parents have found it difficult to care for previous child/young person or accept the support which was offered.
- Domestic abuse, coercion or control in the home, where the protective parent is accepting of support.
- Parent's mental health problems or substance misuse affect care of child/young person, but parents are accepting of support.
- Child has no positive relationships
- Child has multiple carers; may have no significant relationship to any of them
- Young person's internet use which could pose a risk, which is not overseen by parents.
- Child at risk of Female Genital Mutilation and other harmful traditional/cultural practices e.g. 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, but the family are accepting of support.
- Community are hostile to family
- Emerging involvement in gang or other activities which risks future exploitation
- Young person displays physical violence towards parents

Housing, Employment and Finance

- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term substance misuse

Child's Developmental Needs	Parents and Carers
Social Presentation • Appearance reflects unkempt appearance and hygiene related health concerns. • Persistent presentation in unwashed/unsuitable clothing despite advice and support being offered **Self-care Skills** • Disability prevents self-care in a significant range of tasks • Child lacks a sense of safety and often puts him/herself in danger **Exploitation** • Indication of coercive behaviour • Medium risk of child exploitation – knowledge of a key risk that the child is currently being targeted but not actively involved/exploited e.g. sexual exploitation or criminal exploitation • Signs of young person exhibiting extremism; and / or where a parent/carer is actively engaged in supporting interventions. • Emerging concerns of online activity	**Family's Social Integration** • Family is socially isolated/excluded • Victimisation by others places child and family at risk • Has poor relationship/s with extended family **Community Resources** • Parents/carers do not access, or there is significantly poor access to, local facilities and targeted services to meet assessed need • Lack of community support/tolerance or hostility towards the child, young person or family

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

Health

- The child has suffered or is likely to suffer significant harm or neglect.
- Sexual abuse
- Physical abuse
- Emotional abuse
- 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
- Early teenage pregnancy
- Non-accidental injury
- Unexplained injuries
- Any bruising in a non-mobile baby.
- 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 Development

- Puts self or others in danger e.g. missing from homer, inappropriate relationships, characterized by exploitation.
- Severe emotional/behavioural challenges
- Young carer, significantly impacting upon development of self.
- Puts self or others at risk through aggressive behaviour

Behavioural Development

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

Basic Care, Safety and Protection

- Parent/carers mental health or substance misuse significantly affect care of child
- Parental disability seriously impairs ability to offer safe and consistent care.
- Parents/carers unable to care for previous children
- Parents who have previously been a looked after child / looked after child at the time of pregnancy.
- Basic care needs persistently unmet by parents/carers.
- Young child left unattended
- Failure to protect from risky adults
- Concealed pregnancy / deliberate attempt to evade services / late booking
- Pregnancy borne out of intrafamilial relations / sexual abuse.

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)
- Single missing episode during which the child/young person has been exploited.

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, drug cultivation, drug dealing.
- Family known for prostitution or illegal activities

Housing, Employment and Finance

- Homeless - or imminent if not accepted by housing department
- Family at risk of homelessness through the action/inaction of parents
- Housing dangerous or seriously threatening to health
- Physical accommodation places child in danger
- Extreme poverty/debt impacting on ability to care for child
- Family who have no recourse to public funds / no rights to remain in the UK / unsettled status – requiring the need for section 17 assistance and support

Child's Developmental Needs	Parents and Carers
Behavioural Development Continued • 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 e.g. 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 • 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	**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

Child's Developmental Needs	Parents and Carers
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 • Modern Slavery	

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 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."

www.gov.uk/government/publications/working-together-to-safeguard-children--2

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

Restorative Practice

Stoke-on-Trent Children's Services 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.

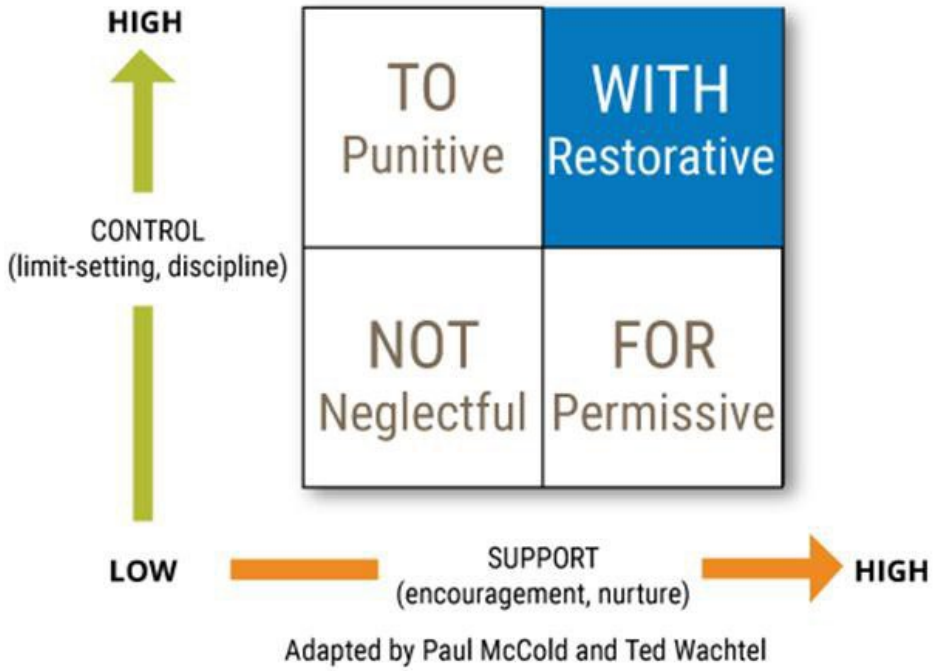
What Does It Mean?

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."



Stoke-on-Trent's Children's advice and duty service (ChAD) was launched on the 2nd February 2021. Written referrals (MARF's) are only accepted in exceptional circumstances, i.e outside of working hours, instead we focus on early conversations with professionals and families leading to earlier support. The ChAD will offer consultation and discussion with the referrer to establish the most appropriate service to best meet that child/young person's needs. The consultant social workers will send a summary of the discussions and agreed actions to the referrer via email following the call, this can be used for partners internal audits where appropriate. This will be recorded on the child's file.

The ChAD service make a decision on all new 'contacts' / concern for a child, within one working day and process a referral through to assessment within one working day, these therefore capture any child who meets the need for s17 or s47. If the decision is made not to refer through for statutory intervention, such as early intervention, provision of advice and information, information requests, then we have a maximum of 3 days to complete this contact. The referrer will be notified during the call of the decision and actions agreed.

Click here to view the Resolving Inter-agency
Click here to view the Disagreement Protocol
Click here to view the Early Help Process
Click here to view Stoke-on-Trent: Section C02
Click here to view Undertaking Assessments and Investigations

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 and ensuring that the needs of the child/ren remain at the centre of discussions.