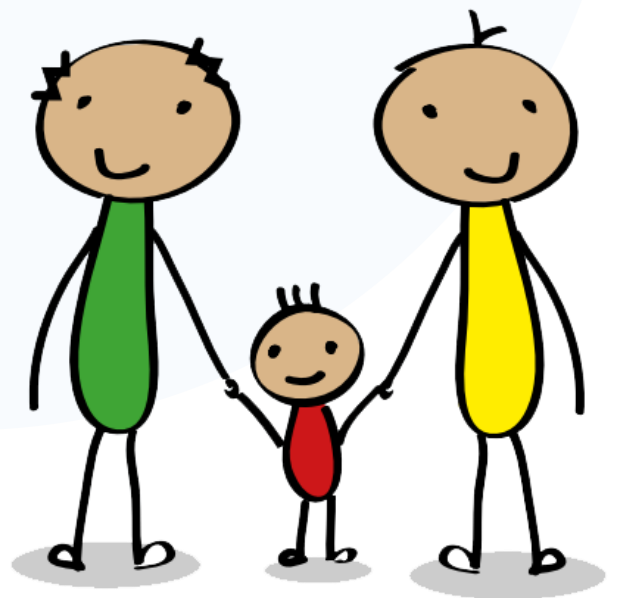


# How we Practice in Durham

**Information for Practitioners** (Fifth Edition)

Elaine Smylie, Laura Armstrong, Holli Meadows, Kerry Yendall





*‘It’s the difference that makes the difference’*

*‘Nothing about us without us’*

*‘Just because we haven’t and just because we don’t, doesn’t mean we shouldn’t and doesn’t mean we won’t’*

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## Welcome to 'How we Practice in Durham': Fifth Edition



In Durham everything we do is based on good strong working relationships with children and their families that understands their trauma and how best to respond to this. We have adopted Signs of Safety as our practice model to help us to do this. This practice guide will provide guidance and support and outline the expectations across each part of our service so that everyone is clear about what good looks like and what is expected of them. This is the Fifth Edition, so new sections have been added and improvements made based on your feedback from previous editions. We will continue to add to and revise this practice guide on a regular basis. If we haven't included your specific service area or an area of practice yet, then look out for it in the next edition.

We want to help our families to create a network of naturally connected people, who all have an understanding about the worries, the good things, and the plan. We want to give our families a vision for how they can talk to their children about the problems and the worries people have. We want to help mams, dads, carers, children, and young people develop pride in their family even in the difficult times.

This practice guide has been developed with practitioners and managers to make sure that it is relevant, clear, and applicable to all practitioners across the service. These discussions have informed the sections of this guide. This practice guide should be used by practitioners and managers as a working guide to support them in their day-to-day strengths based, trauma informed, relational practice and is the tool to be used along with the documents that are linked within it to enable good practice for our children to flourish.

In addition to this practice guide, practitioners and managers also work within the framework of The Children Act 1989 and other applicable statutory guidance.

We would like to take this opportunity to thank all of you for your continued hard work and particularly many thanks to those of you that have been involved in the ongoing development of this practice guide. We hope you all continue to embrace the way we work with children and their families in Durham.



Head of Service  
Children and Young Peoples Service  
Rachel Farnham



Head of Early Help  
Inclusion and Vulnerable Children  
Martyn Stenton

## Durham's Signs of Safety Vision

Signs of Safety will provide a consistent practice model to help us to support children and young people to remain within their families and important people wherever this is safe for them. When this isn't possible, we will help children to have a stable and loving home, help them to stay connected to their most important people and pets, and to succeed in line with their and our best hopes for them.

[Also see animation of the Signs of Safety Vision](#)

Keep the child/young person at the centre – by making sure that children and young people understand why we are involved, talking to them about their worries, wishes and the things going well in their lives and involving children and young people in our plans.



Be risk sensible - ask as many questions about what is working well as well as we would about worries and always bring this back to the impact on the child/young person.

Build good relationships with children, young people, families and colleagues – by listening, recognising their strengths and honouring their efforts.



**To help us  
achieve this we  
will all strive to:**



Be brave – give new ways of working a go, be creative and be upfront with families that we are still learning.

Involve the network – help families to find and strengthen their network of important people and involve them in creating plans.



Learn and share experiences together – practice SoS in Group Supervision, share what we have learnt and learn from what works well.

Use a questioning approach – by being curious, checking out what we think we 'know' from lots of different perspectives, seeing children, young people and families as the experts in their own lives.



Use clear and compassionate language – speak and write about children, young people, and families the way that we would want someone to speak and write about a child/young person that we have a connection to.



## Glossary of Terms

Appreciative Inquiry	A four-stage process based on the EARS model (Elicit, Amplify, Reflect, Summarise) that helps us to ask questions to explore what has gone well. This is to help people understand and think about what they have achieved and what they might have learnt for their future development.
Bottom lines	A 'non-negotiable' that the social worker and their manager says needs to happen to achieve the safety goal. This could include networks and Words and Pictures.
Contingency plan	This is our Plan B if the agreed plan does not work, or if the bottom line is crossed.
Danger statement	A written statement using family friendly language to outline what behaviour we are worried about and what will be the likely impact on the child/young person if nothing changes. The Danger Statement is used where we have a worry about safety.
Direct Work	Tools and approaches we use to help us to have a conversation with children about how they are feeling, what they are worried about, what is working well and what they want to happen. We use these tools to explore what children/young people think would work in their family and who are the best people to help. Example tools; Three Houses, Wizards and Fairies and My Safety House. Direct work also includes the support we offer to the child/young person to make life better for them.
Family Network Meeting	A family meeting attended by the family and their important people which is facilitated by the practitioner to help the family and their network develop a safety plan for the child/young person.
Genogram	A genogram is a drawing done with the family that explores family relationships, history, values, and beliefs.
Group Supervision	An activity that requires a facilitator, an advisor, the practitioner working with the family and observer/participants. The facilitator takes the practitioner through the process of developing a genogram, sharing background information about the child/young person and their family, and exploring what they would like help with, within the session. The purpose is to help the practitioner reflect and go away with tools/questions to help their work with families.
Harm / Worry Matrix	A tool to help us to understand current and past harm that informs our overall risk assessment. It's a tool to help slow down practitioners' thinking by bringing focus to the harm / worry analysis. It can help us to look at the behaviour that was harmful or worrying, how often the behaviour has happened, how severe the behaviour is and how the harmful or worrying behaviour has affected the child. We can use this tool when our worries increase.

Mapping	A tool to guide our assessment and planning, involving the allocated practitioner, the family, and the people who know them best, whereby information is explored and analysed in using 4 key questions: what are we worried about; what is working well; what needs to happen; and a scaling question.
Mobility Mapping	A tool to identify who the important people are in the family now and in the past. We use the tool to identify the child and parents' important people and to consider who is part of the network by distance, including previous places the family have lived and by emotional and practical connection.
Questioning Approach	Being curious and careful about what we think we know. We use questions from Solution Focused practice, Motivational Interviewing and Systemic Practice to motivate families to change and help them to think about their own solutions. We use this in assessments, plans, meetings, and reviews.
Safety Goal	A clear, behaviourally specific description using plain language of what we need to see to know the child/young person is safe enough to end our involvement. What will family life look like in behavioural and relational terms when the child / young person is safe?
Safety Planning	The process of engaging with the family and their network using best questions to support them to develop a safety plan for the child/young person. The safety plan needs to be clear on what actions the family will take to ensure the child/young person is safe even when the harm is present. The safety plan must address each danger statement. The aim is to empower families and help them to come up with their own plan. Safety plans are tested out over time so they can be strengthened.
Safety Object	This is an object (or word) chosen by the child, for example a toy that they can move, so that they can alert the adults around them when there is something that they are worried about, and they need the adult to check in with them about this.
Safety Journal	A diary, or electronic record, such as WhatsApp, that allows the Family Network to keep track of the safety plan, how well this is working and any tests of the plan.
Scaling Question	A question that asks someone to rate something on a scale of 0-10, where 10 is the desired outcome (for example, where any risk is being managed) and 0 is the worst outcome.
Success Goal	A Success Goal states how will we know that the child/young person is doing well across different areas of their life. We think about what best hopes, behaviour and relationships may look like.
Team Around the Family (TAF)	A meeting held with the child/young person, family, and practitioners when a child/young person is open to Early Help or on a Child in Need basis.

Timeline	A clear, agreed timeline and tasks of what will happen between 'now' and the end of our involvement. This is our workplan.
Words and pictures	A specific piece of work that helps children/young people to understand what the worries are and what everyone is doing to sort out these worries and keep the child/young person safe. This takes the form of a story board which is developed with mams, dads and carers and they then share this with the child/young person. As abuse is a syndrome of secrecy Words and Pictures is the starting point for safety planning.
Worry Statement	A clear statement written in plain language about the behaviour we are worried about and what will be the likely impact on the child/young person if nothing changes. This is used where there are worries about a child/young person's wellbeing.
Wellbeing Goal	A clear, behaviourally specific, description written in plain language of what we need to see to know the child/young person is healthy and well, even when our involvement ends.

## How Signs of Safety applies across the child/young person's journey

Munro, Turnell, and Murphy (2016) note that one of the most important developments in the Signs of Safety model has been to expand the approach to fit across the whole service from Early Help through to Child Protection and to Children in Care. Table 1 below shows the 'signs of' for each service area in Durham.

**Table 1**

Type of need	Signs of...
Early Help	Signs of Wellbeing
Children In Need	Signs of Wellbeing/Signs of Safety
Child Protection	Signs of Safety
Children in Care	Signs of Success/Healing/Belonging
Adoption	Signs of Healing/Belonging
Fostering	Signs of Success/Belonging
Children Leaving Care	Signs of Success/Belonging
Therapeutic Support	Signs of Healing

## Types of Meeting

### *'Nothing about us without us'*



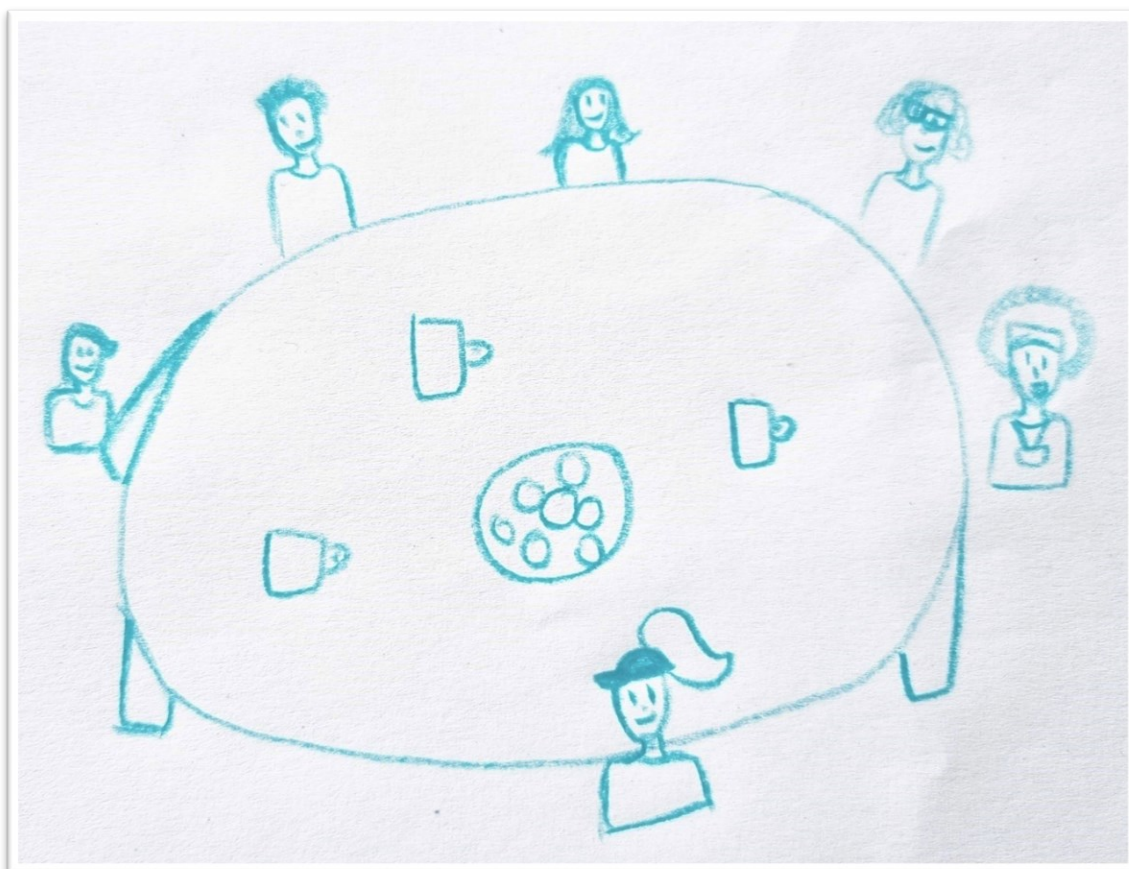
Signs of Safety is about putting children/young people, their families and the people that know them best at the front and centre of all our assessments, decision making and planning.

The signs of Safety approach emphasises the need to adopt open, honest and respectful relationships with families. This means social workers and other practitioners need to have hard conversations with families in a strengths-based, respectful and kind way.

In Durham, when we arrange any meetings to discuss worries about a child/young person, we will always involve family members and other important people in these meetings.

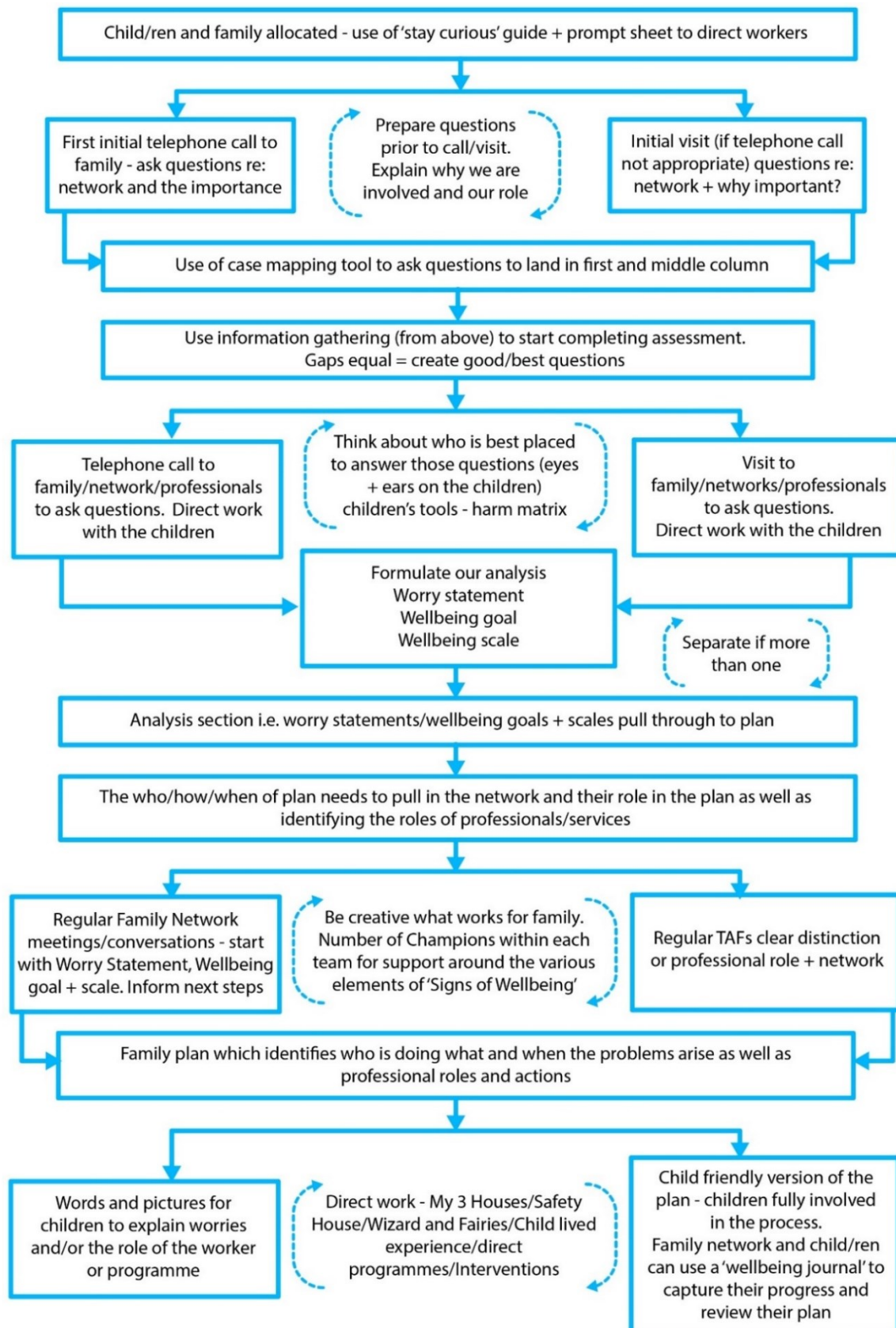
The only exceptions to this would be in Strategy meetings/discussions or Legal Planning meetings. In these circumstances the family should be notified in advance where possible of any meetings taking place and should be told of the outcome of the meeting as soon as possible.

Thought should be given to the timing of meetings to minimise the number of meetings that family members and others are attending. For example, reviewing a Family Network Meeting may take place at the start of a Team Around the Family (TAF) or Core Group meeting, with other practitioners joining later, or important members of the family network may join the TAF or Core Group.



## Child/Young Person's Journey: Early Help

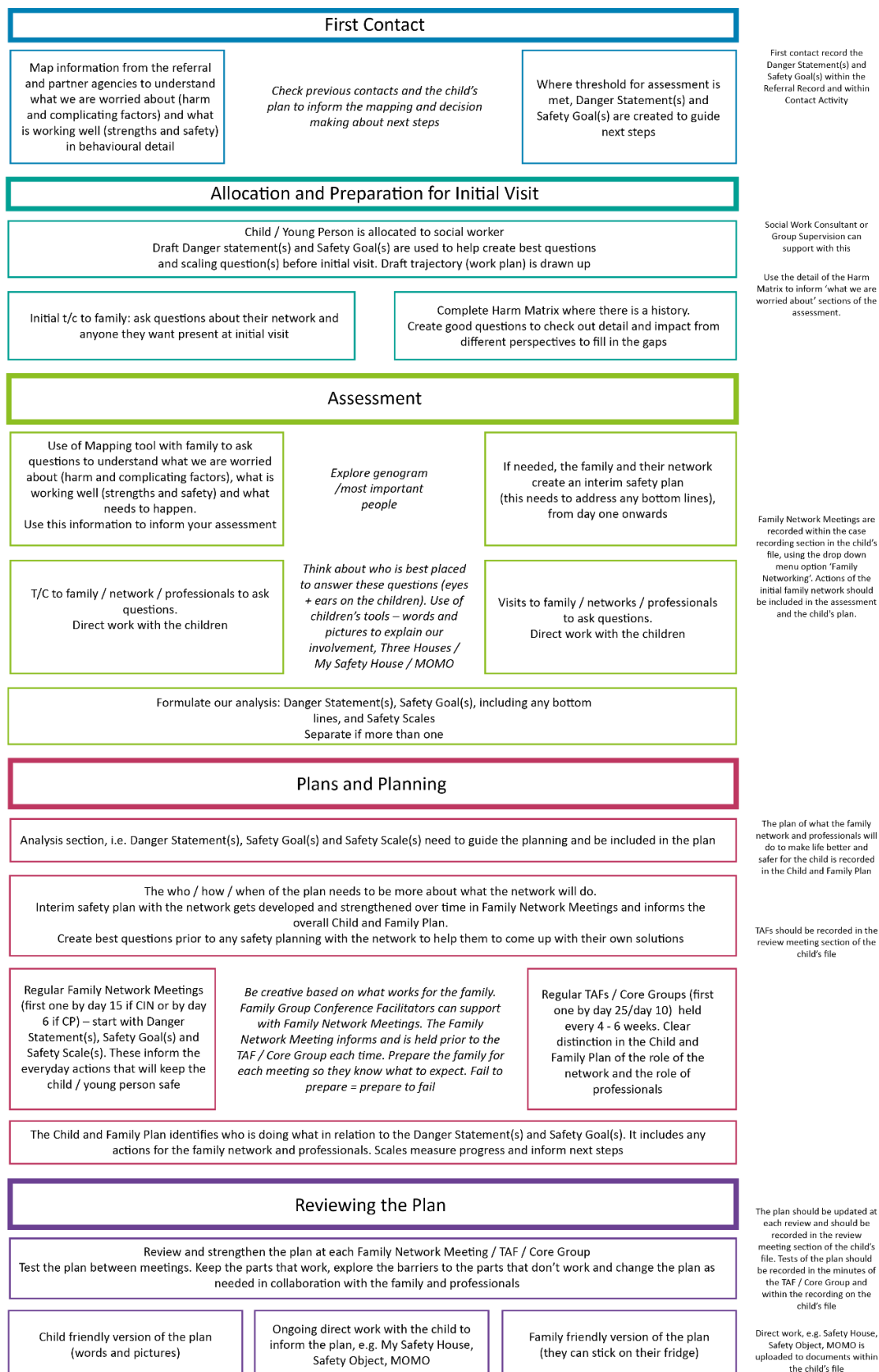
Families are unique so these can occur at any point, and they influence each other. We do what we need to when we need to.





# Child/Young Person's Journey: Families First

Families are unique so these can occur at any point, and they influence each other. We do what we need to when we need to.

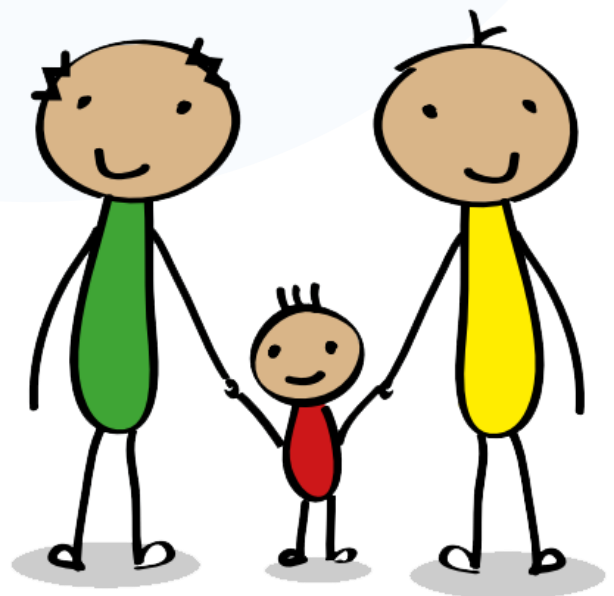


## Child/Young Person's Journey: Children in Care

Coming soon! Please continue to follow existing operating guidance.



# Practice Guidance and Expectations



## Things we “Must Do”

# Things we “Must Do”

## How we Practice in Durham



- 1** We will use kind and clear language in all that we do.



- 2** We will use creative tools in our direct work.



- 3** We will use mapping to inform our work.



- 4** We will help families find and use their family networks.



- 5** We will use the Harm Matrix when we have worries.

Behaviour	Timespan	Severity			Impact on the child
		First	Worst	Last	

- 6** We will create Words and Pictures by working with parents, to help their children understand what we are worried about.



- 7** Monthly Group Supervision will be held by every team.



- 8** Sometimes we must remove children from the care of their family. Where we can, we do everything we can to return children home, by creating a timeline for safety planning on the first day of removal.



## Assessment Principles

The following principles and expectations should **always** underpin our approach with children/young people, families, and partners.

Child focused	Is the child/young person's voice, day to day life and the impact of what is happening to them front and centre of the assessment? Have we had a conversation with the child about why we are involved? Does the child/young person's voice carry over to our Danger/Worry Statements and Wellbeing/Safety/Success Goals and has the child/young person been involved in creating their plan?
Questioning Approach	Have we been careful about what we think we 'know' and asked lots of curious questions to understand the behavioural detail, the impact on the child/young person/family and check out what has happened from different people's perspectives? Do we have reflective conversations with families and practitioners?
Behavioural	Do we explore what is happening in the child and family's life rather than using labels or making statements? Do we write about specific, observable behaviours?
Evidenced based	Have we checked out what mam, dad or carers, children and young people are telling us through observation and from the perspectives of the people who know the child/young person best so that our understanding and decisions are based on evidence rather than opinion or a single story?
Risk sensible	Are we balancing our exploration of the worries with what is working well to reduce the worries? Does the assessment go into behavioural detail about both and say what the impact is on the child/young person? Are we being clear about any critical worries/harm and existing safety, and what this means for the child/young person?
Valuing children and families as experts in their own lives	Are we asking questions about the child/young person's day to day life to the child and the people who know them best (family, friends, and partners)? Do we ask children, young people, mam, dad, and their important people for their version of events, what they want to happen and what their ideas are to make things better? Do we really listen to children/young people and act on what they are telling or showing us?
Exploring and involving the network	Have we been curious about who else is around this child and family who could offer support, even when families tell us that they don't have any one or they don't want to involve anyone else? Have we used tools to help with 'family' finding? Do we ask the network for their perspective as part of the assessment, and have we said what it is that they already do to help?
Honouring families	Do we appreciate how difficult it can be for families to be open about the things that they are most ashamed of and find ways to honour their struggle and work around this?

## Language

Is the assessment written in a way that makes sense to the child and family? Do we write in a way that would make families want to work with us, instead of them feeling 'got at' or judged? Do we use the words that children and families use, where appropriate?

## Valuing the family's culture and uniqueness

Are we curious about what life is like for this family, considering their culture, identity, family traditions and beliefs and how this makes life better or harder for them? Do we consider each child as an individual and think about how the impact of what is happening might differ depending on their age and development and what they have seen, heard or experienced?

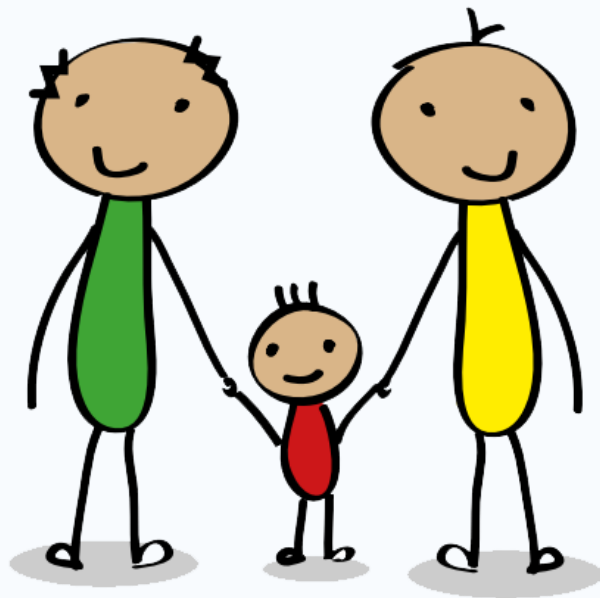
## Planning Principles

In Durham, we make sure that our plans and planning are **always** guided by the following key principles and expectations:

Child's Voice and Involvement	Is what the child/young person wants to happen and their involvement clear throughout the planning and plan? Do we explore with children what life will look like for them when they feel safe, well and are achieving; who they think would be good people to involve; and what they would like the adults around them to do differently?
Parent Involvement	Is it clear that mam, dad and/or carers have been involved in planning and the creation of the plan? Do we speak to them about what life will look like for their child when things have improved, who they think are helpful people to include in the plan and what their ideas are to make life better and safer for their child?
Clarity	Is it clear whose plan this is, why it is needed and how worried we are? Do we use the child's name? Is there a Wellbeing/Safety/Success Goal and a Scaling Question linked to every Worry/Danger Statement?
Plain language	Is the plan understandable to the child/young person, mam, dad, and other important people? Would a typical 8 year old be able to understand it?
Behavioural	Is there a focus throughout on specific behaviours and key issues that need to change and why? Does the safety plan show the step by step 'who does what' to keep the child/young person safe when things are difficult?
Child focused	Is there priority given to actions that directly improve the life and safety of the child/young person? Where there are other plans (EHCP, PEP for example) are they aligned with this plan and referred to? Does the planning and plan also show that more?
Informed Support Network	Does the document show clear involvement of the important people to the child/young person including mam, dad, carers, and the family network in active roles within the plan? Does it include the role of other practitioners, for example what school and health are doing.
Outcome focused	Are there clearly written goals that describe what life for the child/young person will look like when the plan has progressed, and things have changed? Do we use scaling to measure progress towards goals?
Time	Does the plan identify clear timescales for actions?
Risk Sensible Practice	Does the planning and the plan apply what we know from practice wisdom and research as well as building upon the identified existing strengths and existing safety for the child/young person?

Bottom lines	Are there any non-negotiables needed for the plan to work? Do we have a network? Bottom lines should be kept to a minimum
Has the plan been tried and tested?	How confident are we that it will work? How do we know that the plan works?
Contingency plan	Is it clear if this plan, or parts of the plan, don't work within the time it needs to, what will happen next? Do we have a Plan B, for example if a member of the network falls ill or the bottom line is crossed?

# The Front Door



## First Contact and Multi Agency Safeguarding Hub (MASH)

**Please continue to refer to the existing procedures via the following external link:** [MASH and First Contact Operating Procedures](#)

When we receive a referral, the Social Work Consultant looks at the referral to check whether this meets our threshold. See the following external link: [Threshold Guidance](#)

Where further information is needed, we allocate the referral to a social worker within First Contact. If the initial referral suggests that the child or young person may be at risk of harm and we need further multi-agency information, we allocate the child/young person to the Multi Agency Safeguarding Hub (MASH).

The social worker or the MASH then map information from the referral, our records and partner agencies to understand what we are worried about (harm and complicating factors) and what is working well (strengths and safety), in behavioural detail. This includes information from previous contacts and from the child/young person's last plan.

Where there is a history or there are concerns about neglect, we use the Harm Matrix to understand the detail of this and any gaps in our knowledge. This includes where a strategy is required for a child/young person, and it would be helpful to analyse the history. The Harm, Matrix is available as a standalone form on Liquid Logic, or the following link: [Harm Matrix](#)

The information from the mapping is recorded in the referral outcome on Liquid Logic. We create Danger statement(s) and Safety Goal(s) to guide next steps.

The Team Manager or the Social Work Consultant check the quality of the mapping and the rationale for the decision making before having a conversation with the Team Manager or the Social Work Consultant in the receiving team.

When no further action is needed, we send a letter to the referrer and the family to explain this.

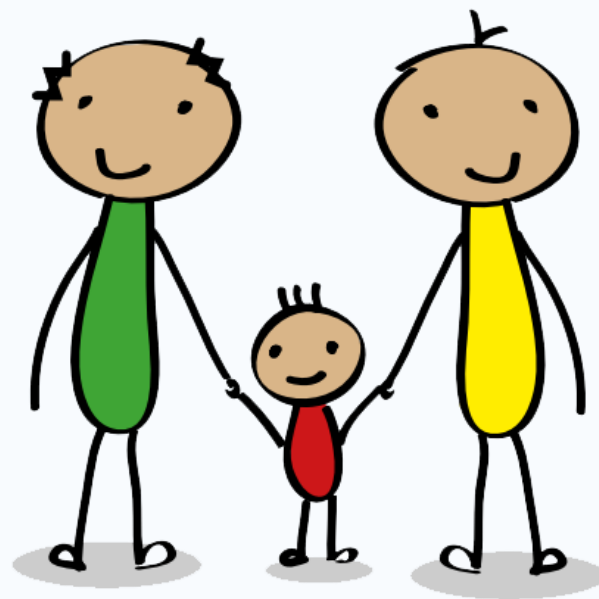
### Things we “Must Do”



We gather and analyse information using the 7 domains. We create Danger Statements, Safety Goals and Scaling Questions and these are included in every referral.



# Early Help



## Early Help: Expectations

### Signs of wellbeing expectations 2022/23

#### Family networks

Expectations	Where will we see this?	What will help you?
<ul style="list-style-type: none"> <li>First Contact, including Early Help Triage Workers will check the child's plan on LiquidLogic to see what plans are already in place supported by Family Network in order to keep the child safe and use this information to inform their decision making. Where Early Help Triage Workers are speaking directly with a family, they will start to explore their network</li> </ul>	<p>Actions agreed by the Family Network to be included in the child's plan on LiquidLogic (so they can be easily accessed by First Contact and EDT). The family version of the plan will be saved in the document store on Liquidlogic, included in case summary and closure form.</p>	<p>The family have a copy of their plan Practice Lead Sessions Share the Family Network leaflet with families at first home visit</p>
<ul style="list-style-type: none"> <li>On your first phone call or visit to any family you must start to identify who is in their network. Use of mapping tool to support next steps</li> </ul>	<p>Case notes Assessment checkpoints Mapping tool on Liquidlogic Case supervision Child and Family Plan</p>	<p>Group Learning Workshops Mapping, ecomaps SoS Share Point Resource SoS Knowledge Bank Practice Lead Sessions Champions Further bitesize sessions to be rolled out</p>
<ul style="list-style-type: none"> <li>During the assessment process all those identified in the Family Network will be spoken to.</li> </ul>	<p>Child and Family Assessment</p>	
<ul style="list-style-type: none"> <li>A Family Network Meeting to be arranged and carried out before the TAF meeting, (which is held on or before 25 days of consent in all IFS cases)</li> </ul>	<p>Recorded in Liquidloigic (within case notes and assessment, also in TAF minutes)</p>	

## Family networks

Expectations	Where will we see this?	What will help you?
<ul style="list-style-type: none"> <li>Within Family Centre's, Family Networks will be promoted and carried out depending on family need. Discussion to be held between Manager and Practitioner and the identified Family Network is articulated within the assessment.</li> <li>At the 28 day checkpoint for IFS team the Manager will check the Family Network has taken place and recorded on Liquidlogic under Family Network Meeting. (This will be IFS only)</li> </ul>		
<ul style="list-style-type: none"> <li>The identified network must be involved in creating and reviewing the child and family plan.</li> </ul>	<p>The actions agreed by the Family Network will be included in the 'how' section of the child's plan on EHM.</p> <p>The names of everyone in the network should be recorded within the "Who" section of the child's plan.</p> <p>Family version to be shared and saved in LiquidLogic document store</p> <p>Child and Family Plan to be shared at the TAF Meetings</p>	
<ul style="list-style-type: none"> <li>A review of the family safety plan to take place before the review TAF meeting and recorded in the Child and Family Plan.</li> <li>A member of the Family Network could be invited to the TAF to represent the Network.</li> </ul>	<p>The actions agreed by the Family Network will be included in the 'how' section of the child's plan on EHM.</p> <p>Family version available as required.</p>	

## Mapping

Expectations	Where will we see this?	What will help you?
<ul style="list-style-type: none"> <li>7 domains to be used to inform your assessment on your 1st visit</li> </ul>	Case notes. Mapping tool (case notes could then reference this rather than having to repeat it) Assessment	Prepare your best questions before your visit Group Learning Practice Leads Workshops Mapping tool Assessment guidance SoS Share Point Resource SoS Knowledge Bank Champions
<ul style="list-style-type: none"> <li>The Mapping tool is used with the identified Family Network in every case.</li> </ul>	Mapping tool will be attached as a document to Child's file	
<ul style="list-style-type: none"> <li>Direct work tool (such as 3 Houses) will be used to inform the mapping exercise</li> </ul>	Direct work will be attached as a document to Child's file	
<ul style="list-style-type: none"> <li>All assessments should be shared with families to share our thinking before it is finalised and signed by the family.</li> </ul>	Case notes and assessment analysis	
<ul style="list-style-type: none"> <li>Worry statements, well-being goals and safety scales that have been created with the family should be evident within assessments and child and family plans.</li> </ul>	Assessment Case notes Child and Family plan and TAF minutes	

## Words and Pictures

Expectations	Where will we see this?	What will help you?
<ul style="list-style-type: none"> <li>Words and pictures will be used and include the purpose of our intervention, (why we are involved) explanation of worries for the child or support a piece of direct work.</li> <li>When explaining the worries to the children this needs to be created with the family and network (not the child) to then be shared with the child /children</li> <li>When safety planning / planning around concerns for a child there needs to be a words and pictures version of this created for the child/ren</li> </ul>	<p>Final version of Words and Picture saved as a document on Child's file</p> <p>Child provided with a copy</p>	<p>Support from Practice Leads</p> <p>Workshops</p> <p>Group Learning</p> <p>SoS Guidance</p> <p>SoS Share Point Resource</p> <p>SoS Knowledge Bank</p> <p>Practice Leads Workshops</p> <p>Champions</p>

## A Questioning Approach

Expectations	Where will we see this?	What will help you?
<ul style="list-style-type: none"> <li>• Use of good questions in the middle column of the mapping tool to balance out what it is we are worried about with what's working well. Use of Appreciative Inquiry to strengthen the questioning approach. Remember EARS (Elicit, Amplify, Reflect, Start Over)</li> <li>• Managers/Practice Leads and Champions to role model Appreciative Inquiry within Supervision to support practitioners to use within work with children and families</li> <li>• Use of lots of relationship questions – Use of exception questions</li> <li>• Where we have concerns around thresholds use of harm matrix.</li> <li>• Use of scaling questions throughout the approach, including management oversight.</li> <li>• The use of best questions will highlight the behavioural detail in relation to the worries and 'what is working well?'</li> </ul>	<p>Mapping Tool Assessments Harm Matrix Direct work Supervision documentation. Case notes</p>	<p>Group Learning Harm Matrix Relationship questions, exception questions, coping questions to explore strengths and safety Workshops SoS Shared Resource SoS Knowledge Bank EARS - Appreciative Enquiry supervisions Practice Leads Workshops Champions Bitesize sessions</p>
<ul style="list-style-type: none"> <li>• The Harm Matrix will be used where there are lots of worries / professional anxiety, disagreement or concerns re thresholds.</li> </ul>	<p>Harm Matrix saved as a document on child's file Information from questions generated by the Harm Matrix will inform 'what we are worried about' in our assessments, plans and meetings</p>	

## Early Help Child and Family Assessment: Signs of Wellbeing

### How we complete our assessments

Once a family has consented to support from Early Help, the first thing we do is allocate the child/young person to a practitioner and discuss the information from the referral record including any draft Worry Statement(s) and draft Wellbeing Goal(s) from the Early Help Triage Worker, so we are clear about why we are involved and what needs to happen. The Team Manager records on the child's file giving clear direction to formulate thinking. We encourage the worker to begin to strengthen the network for the child, commence any planning and to use evidence-based tools such as Domestic Abuse Stalking and Harassment (DASH) risk assessment and Home Environment Assessment Tool (HEAT).

We take time to read the child/young person's file in its entirety to understand the history and how what has happened may have affected the child/young person. We develop a chronology to support with this.



### Preparing for visit

We create good, focused questions to explore what we are worried about, what is working well and what needs to happen. This may include questions from the Harm/Worry Matrix, such as exploring the detail of the first, worst and last incidents as well as times that these have been managed. The following external link takes you to the Harm/Worry Matrix Tool: [Harm/Worry Matrix](#).

We may use Group Supervision to help us think through our best questions before visiting the family.

When we first speak to the family, we ask about their network and anyone they want present during the initial visit. We check with the family that they are happy for this person/people to be present when we talk about the reason for our involvement.

## The initial visit

We explain why we are visiting the family and we are clear about what we can offer and how we can work together. We ask questions to explore what the worries are from different people's perspectives, what things are going well and what the family and their network are doing to keep the child/young person safe and well, even when things get tricky. So that the assessment is balanced we map using the three columns: What is working well? What are we worried about? What needs to happen?

We triangulate information from the mapping with the family and from the people that know the child/young person best (practitioners/partners and their family network) with what the child/young person is telling or showing us and what we observe about the worries and the strengths. During the assessment we speak to all the important people who know the child/young person best, as well as their mam, dad and/or carers for their views about the situation. This could include other family members, teachers, sports coaches, youth workers etc. We explore what they have done or are doing to make life better for the child/young person.

When other practitioners are worried, we check out the evidence base for their worries based on; their observations of the worrying behaviour, how often the worrying behaviour is happening, over what period of time, and what the actual impact is on the child/young person.

We speak to the child/young person to explain to them why we are involved and to explore what life is like for them day to day, what they are worried about, what's working well for them and what they would like to happen. We also ask who they think may be good people to help. We use tools such as the Three houses, Wizards and Fairies and Mind of My Own (One App and Express). These tools can be accessed via the following links; [Three Houses](#); [Wizard and Fairy](#); [Mind of My Own](#)






## Analysis: Worry Statement(s), Wellbeing Goal(s) and Scaling Questions


We create Worry Statement(s) with the family, that are written in plain language giving an example of who is worried? What they are worried about? And why? What's happened that has caused us to be worried and being clear about what the impact is on the child/young person if things don't change. For each Worry Statement we should have a matched Wellbeing Goal and Scaling Question. The Wellbeing Goal(s) states what life will look like when we no longer need to be involved or we are able to step down to universal services. Scaling Questions are devised from 0-10 where 10 is what things will look like when the situation is being managed and 0 is where things are so risky that the child/young person is unsafe. When creating Scaling Questions, we define our 10 according to our Wellbeing Goal(s) and our 0 according to our Worry Statement(s).


## Sharing Assessments

We share our assessments with the child and their family so that they understand our thinking before the assessment is finalised. We check out if there is anything we are missing and or have misunderstood and make any necessary changes before the family signs this. Where we need to share assessments, we always ask the family for their consent first.

## Things we “Must Do”

- 

We map with families to inform our assessment.
- 

We work directly and creatively with children/young people to understand their worries and their understanding of what other people are worried about, what they feel is going well and what they want to be different about the worries. This can include the use of direct work tools.
- 

We take photos of direct work and upload this to the child's file so that we can leave the original copy with the family.

## Early Help: Plans and Planning

### Family Networks

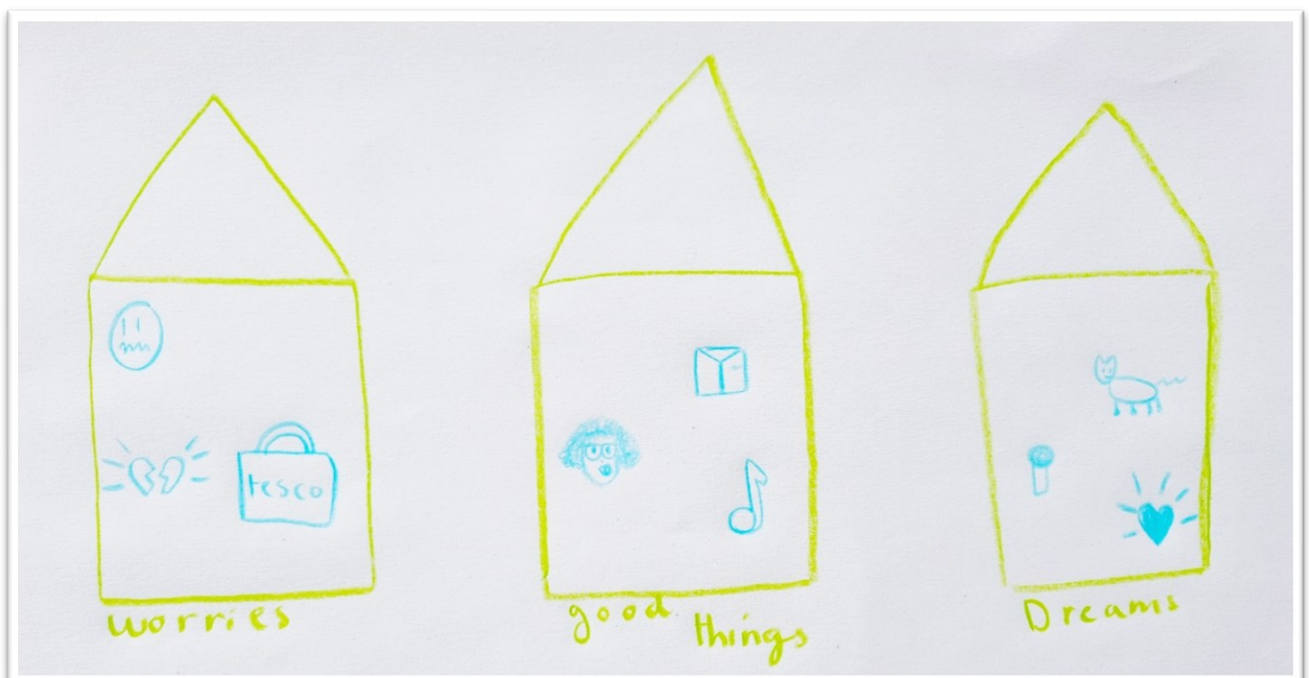
From the first contact with the family, the support network will be explored. The practitioner asks questions to help the family and their network think through what will work for them in their family to reduce the worries. We want to do everything possible to support the family to create their own plan without us imposing our ideas on them first. When we need to hold a Family Network meeting, for example when the family is being supported by an Intensive family Support Worker, the actions they agree will be included in the overall plan. The plan will be reviewed by the Lead Practitioner, the family and any other practitioners and updated with any changes.

### First Team Around the Family (TAF) meeting after allocation

We hold the first Team Around the Family (TAF) meeting within 25 days of consent. The Lead Practitioner is responsible for arranging the meeting.

We agree with the family who will be attending the meeting and what the purpose of the meeting is. This should be clear within the Worry Statements. We will also ensure that the child/young person understands who will be attending the meeting and why and we will ask child / young person if they would like to attend.

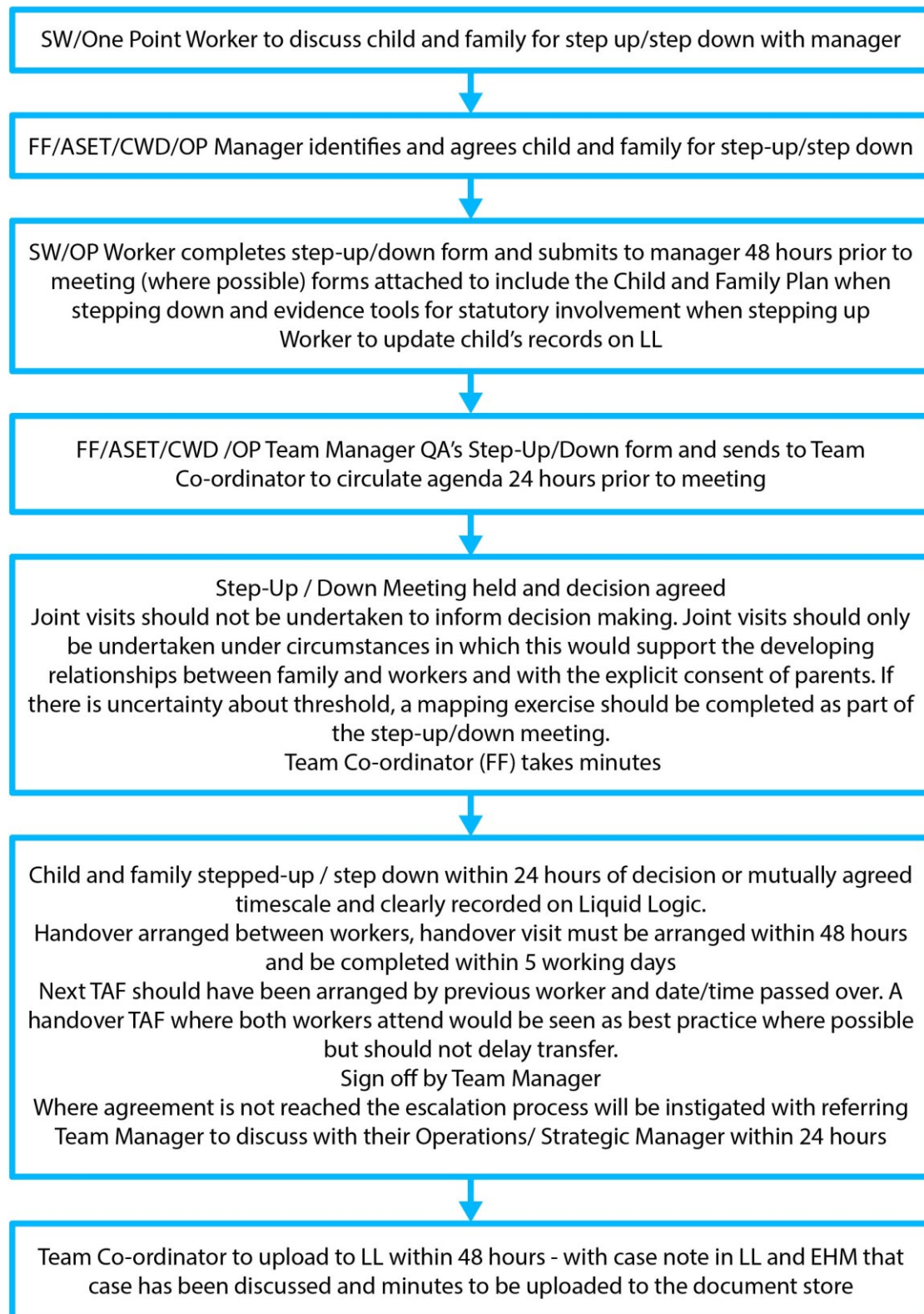
We should explore whether the child/young person wishes to be present for all or part of the meeting, or whether they wish to provide their views in another way, for example using the Mind of My Own Apps 'Prepare for a Meeting scenario', or direct work tools such as [Three Houses](#) and [Wizard and Fairies](#)



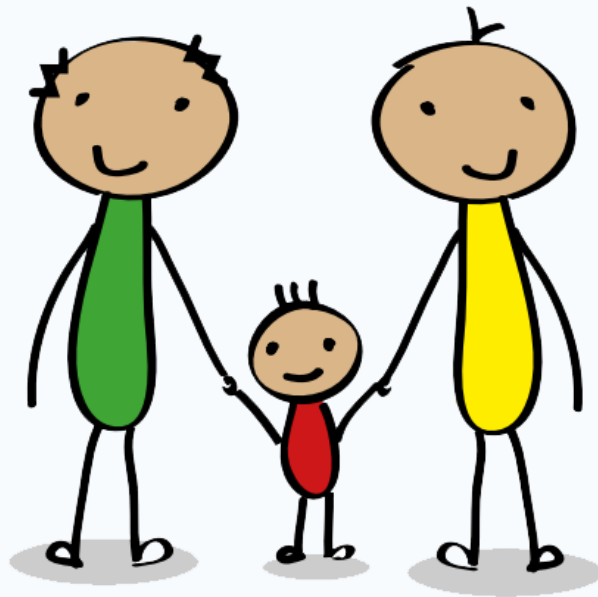
## Step Up/Step Down Flowchart

When we are looking to step family's up to Children's Social Care, or step family's down to Early Help, we follow the following flow chart:

Families First, ASET, Pre-Birth, Children with Disabilities and the One Point Service



# Families First



## Child and Family Assessments: Families First

### How we complete our assessments

We allocate the child/young person to a social worker and discuss the information from the referral record including the draft Danger Statement(s) and draft Safety Goal(s) from First Contact, so we are clear about why we are involved and what needs to happen. Danger Statement(s) and Safety Goal(s) are strengthened at this point if needed. We use these as a starting point to create our 'best questions' and to focus our assessment, before we first visit the family.

The Team Manager records on the child's file giving clear direction to formulate thinking. We encourage the social worker to begin to strengthen the network for the child, start any required safety planning and to use other tools where relevant, such as Domestic Abuse Stalking and Harassment (DASH) risk assessment and Home Environment Assessment Tool (HEAT).

We take time to read the child/young person's file in its entirety to understand the history and how what has happened may have affected the child/young person. This includes contacting the referrer. We develop a chronology to support with this. The chronology guidance can be accessed via the following link: [Practice Guidance Multi-agency Chronologies](#)

### Preparing for visit

We always visit the child and their family within the first 5 days of the family being referred. When we first speak to the family, we ask about their network of important people and anyone they want present during the initial visit. We check with the family that they are happy for this person/people to be present when we talk about the reason for our involvement. A booklet to support families to identify their networks can be accessed via this external link: [Our Network, Safety and Support for Children and Families Booklet](#). We can also use tools like cultural genograms, eco maps and Mobility Mapping with families to help identify their most important relationships.

### The initial visit

We explain why we are visiting the family and ask them for their version of what has happened, what has helped or is helping to reduce the worries, and what the family and their network are doing to keep the child/young person safe and well, even when things get difficult. The following link takes you to some example questions to help with this: [Example Mapping Questions Families First](#)

During the assessment we speak to the important members of the family network and practitioners involved with the child and parents for their views about the situation. Where their views are different to what the child and family have told us, we explore this with them. We ask about what they have done or are doing to make life better for the child/young person across different areas of their life and what they are doing to keep the child/young person safe.

When other practitioners or our partners are worried, we check out the evidence base for their worries based on what the child is telling us or showing us in their behaviour; practitioner's observations of the worrying behaviour, how often the worrying behaviour is happening, over what timeframe, and what this means for the child/young person's safety and wellbeing, their health and development (severity and impact).

We think about how research informs our thinking by considering how the research applies to **this** child/young person in **this** family, in **their** situation.

We may consider the Assessment Diamond when creating questions and analysing the impact of the adult behaviour on the child/young person, for example how the parents' behaviour is affecting the child's

development in either a positive or a worrying way. We only include information that is relevant. The following external link takes you to the Assessment Diamond: [Assessment Diamond](#)

## Exploring Strengths

Strengths are the things happening in a child/young person's life that help to reduce the worries. This can include the qualities of the child/young person themselves, for example what they are good at, their interests and what people like about them and who they feel close to. Strengths also include the people who love and care about the child/young person and how it is that they help with the worries or make the child/young person's life better.

## Exploring Safety

Safety is the action that someone (usually an adult) takes to keep the child/young person safe when the danger is present. This could include the child/young person contacting a trusted adult for help when they are worried. We build safety by having a network of important people around the child/young person and parents/carers, who will notice when things are going wrong and can step in to help at these times. We remember that safety is not a one off, it is demonstrated over time.

We take the time to explore strengths and safety in detail, including the difference this makes to the child/young person. This is how we build our relationship with the child and their family, and it is the starting point for our plan as we seek to build on what is already working.

## Exploring Harm

We can use the Harm Matrix to help us to analyse harm to a child/young person where there is a history of concerns, and this helps to inform our harm analysis as part of 'what we are worried about'. The Harm Matrix acts as a 'magnifying glass', over what is happening in the child/young person's life that is harmful to them and how it is affecting them. We may use the Harm Matrix when our worries for a child/young person increase for example when stepping up from Early Help to Children's Social Care, to evidence the threshold for non-urgent strategy meetings, and to inform Child Protection Reports.

When considering the harmful behaviour, this includes harmful adult behaviour, such as drug use or violence. This can also include things that parents/carers *don't* do, for example not feeding their child or missing important health appointments. This section may also include the behaviour of the child/young person that is harmful to them, such as drug use. We are careful to consider whether the behaviour of the child/young person is also their *coping response* to what is happening around them (impact), for example self-harm linked to abuse that is happening to them.

The 'Timespan' section explores how long the behaviour has been a worry and how often it is has happened, for example the number of incidents that we are aware of, or periods of behaviour. This could also include the number of referrals to Children's Services.

'First, worst, and last' incidents or periods help us to analyse the severity of the behaviour, and we include the dates (if known), context, and detail of these incidents so that we can analyse any patterns. The worst incident is often subjective and there may be times where there is more than one 'worst' incident, or different people have different views about this. We can use the tool flexibly to record more than one example, from more than one perspective.

The impact on the child/young person is the most important part, as this helps us to determine to what extent the behaviour is harming them. When exploring the impact on the child/young person, we are careful not to assume this, and we check it out based on where the children were at the time, what they are aware of, how the child/young person responded during or after an incident, what they are telling us or showing us in their behaviour and what life was like for them at that time. We always consider 'how do we



know this?’ and use information from our partner agencies, such as school, health, and police to help with this. We can explore the individual impact of the first, worst and last incidents on the child/young person to help us form a view of the impact on them over time.

We create some good, focused questions to explore any gaps in our understanding of the harm in more detail. If there is no evidence of actual harm or risk of significant harm, the issue is likely to be a complicating factor.

The Harm Matrix is available as a standalone tool on Liquid Logic, or it is available via the following link: [Harm Matrix](#).

## Complicating Factors

These are the things going on around the child/young person and the family that make life harder for them or make it more difficult to solve the problem, rather than causing direct harm to the child/young person. Complicating factors can include things that practitioners are doing that is making life more difficult for the family, for example, having too many practitioners involved. Complicating factors can also include gaps in our understanding and other issues that may not be directly within the family’s control, for example poverty.

## Bottom Lines

If needed, we support the family and their network of important people to create a safety plan from day one onwards. This needs to address any bottom lines to keep the child/person safe. A bottom line is a non-negotiable that must happen for the child to be safe. Involving a network is typically a bottom line. Other bottom lines may include a parent not being left alone with a child/young person or a parent not using drugs around a child/young person. We are careful to keep our bottom lines to a minimum so that these are more effective.

## Safety Plan

A bottom line is not a safety plan. The safety plan is the everyday actions that people take to keep the child/young person safe when the danger is present. One of the central organising questions of safety planning is *‘what do you think needs to be in place to show everyone that the children can be safe in your care?’*

If a bottom line is that a parent doesn’t use drugs around their child, then the safety plan may include things like who would look after the child if the parent *does* feel the urge to use drugs; how the parent manages any triggers to their drug use to stop this from happening or getting worse; what signs would the network notice that the parent might be using drugs and what would they do if they saw these signs in order to keep the child/young person safe; safe adults that the child/young person could talk to if they were worried and what these people would do, and so on. We include a paragraph outlining the safety plan within the assessment.

*Remember: a successful safety plan changes the everyday living arrangements and experiences of the child/young person so that everyone knows the child/young person is safe when things get difficult.*

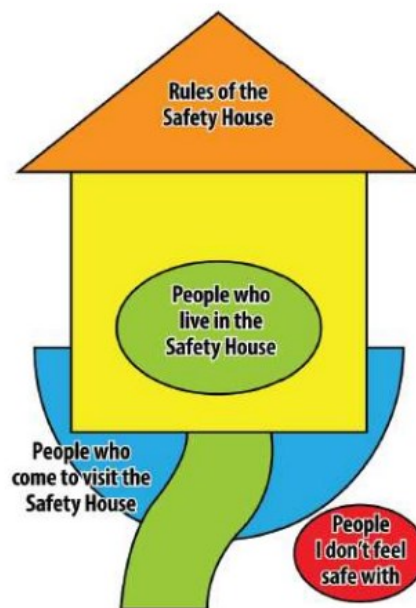
## Involving the child/young person

We speak to the child/young person from day one to explain to them why we are involved and to explore what life is like for them day to day, what they are worried about in their family or community, what’s working well for them in their family or community and what they would like to happen to make life better for them. We also ask who they think may be good people to help. We may use tools such as short form Words and Pictures, which explains what we already know so that we can speak to children about what has

happened to them. This tool can be accessed via the following external link: [Words and Pictures Short Form](#)

This helps us to then use other tools, which can be accessed via the following external links: [Three Houses](#); [Wizard and Fairies](#); [Mind of My Own](#) Express and [My Safety House](#). We are clear in our assessments about how the worries, what is working well and what needs to happen differs for *each* child/young person in the family, based on their own experiences of what they have seen and heard and their understanding of what has happened.

## The Safety House



### Three Houses

Child: .....

Date: .....

House of Worries	House of Good Things	House of Dreams



# Writing the Child and Family Assessment



## Reason for Assessment section

In this section we include details of who is in the family, where the child/young person lives and who has parental responsibility for the child/young person. We outline the key details of the referral here. We are careful not to cut and paste information from the referral, especially where the language may be unkind. We include the draft Danger Statement(s) and Safety Goal(s) from the referral in this section, as this helps to focus our assessment.

## Child/Young Person section

Here, we describe what is happening to or around the child and we include what they tell us, for example, through direct work or our conversations with them. Where children don't feel able to speak to us, we are curious about what their behaviour might be telling us: *'if the behaviour could talk, what might it say?'* We write about this in behavioural detail, using examples. We avoid using labels, such as 'challenging behaviour' as this doesn't tell us anything about the context around the worries.

We include what is happening in each child's life and how this affects them individually so much of this section should be unique for each child. We use the child's own words to help us understand their perspective. This includes what the child/young person thinks are the best things about living in their family or community, what they don't like, and what they would like to happen to make family or community life better.

We include the views of the people who know the child/young person best (including the health visitor, teachers, school nurses, CAMHS etc) for their take on what has happened and how they see this affecting the child/young person, what they think helps to reduce the worries and what else they think needs to happen, including how else they could help.

We check out with the child/young person and the people who know them best if there is anything else they are worried about for the child that hasn't been included in the referral, and if so, we explore this here.

## Adult/Carer section

This is where we write about the parent/carers worries for their child, what they think helps with the worries or is going well for their child and what they think needs to happen to improve things for their child. We use the parent/carer's own words, wherever possible, however we may need to come to an agreement with them about the words we will use in the assessment, for example if parents/carers are describing their child in a very negative way.

We explore with parents/carers what has happened to them that is affecting them and their ability to care for their child. This includes any triggers to the worrying adult behaviour (past and present) that is affecting the parent/carer currently. So that our assessment is balanced we pay attention to and write in detail about those times that the worrying behaviour was managed even a little better, what the parents' role was in this, or who else or what else helped. We write about the things that parents/carers are doing well to care for their child and how this makes their child's life better.

We check out (triangulate) what the parent/carer is telling us with the practitioners supporting them (such as Humankind, Harbour, mental health services) and we include their views in this section.

## Family and Environment section

This is where we write about the people who love and care about the children and the parents/carers (the family network). We include their names and their relationship to the child or parents/carers.

We explore what different members of the network are worried about for the child/young person, what they think helps to reduce the worries and what they think needs to happen to make life better for the child/young person. We use their words wherever possible.

We include what the network are already doing to help, the difference this makes to the child and parent/carer's life, as well as their ideas about what else they could do to help.

We also include information here about housing, finances etc if this is relevant.

## Analysis: Danger Statement(s), Safety Goal(s) and Scaling Questions

Information in our analysis should not be new and should come from content that is explored in more detail in the main body of the assessment. We use the 7 sub-analysis categories of the mapping tool to help inform our analysis. For more information on mapping and the sub-analysis categories, see the following external link: [Mapping Tool Explained](#).

Our analysis of '[What we are worried about](#)' needs to clearly summarise any harmful behaviour and how this affects the child/young person. We can include information from the Harm Matrix here. Any complicating factors should be separated out. We use separate heading of 'Harm' and 'Complicating Factors' to make this clearer for the reader.

We strengthen our Danger Statement(s) based on conversations with the child and family and give them a title. We write them in plain language, giving an example of what has happened that has caused us to be worried and being clear about what the impact is on the child/young person if things don't change so that families understand *why* we are worried. Stronger Danger Statements include what the child/young person has told us about the worries and how it affects them, as hearing directly from the child/young person is more powerful and has a bigger impact on parents/carers.

Our analysis of '[What is working well](#)' includes a summary of the strengths that help to reduce the worries and what is happening to keep the child/young person safe. We use separate headings of 'Strengths' and 'Safety' to make this clearer. We include a paragraph about the safety plan here.

For each Danger Statement we should have a matched Safety Goal and Scaling Question. The Safety Goal states what life will look like, in behavioural and relational terms, when it is safe enough for us to no longer be involved, rather than a focus on services.

Scaling Questions are devised from 0-10 where 10 is what life will look like when the risk is being managed and the child/person is safe and well and 0 is where things are so risky that the child/young person is unsafe. When creating Scaling Questions, we define our 10 according to our Safety Goal(s) and our 0 according to our Danger Statement(s). The social worker, parents/carers, and the child/young person (where possible) should scale where they think things are at and this should be included in the assessment. Scaling helps to inform next steps from each person's perspective. See the following external link for tips on scaling questions: [Scaling Questions](#)

The following external link provides examples of Danger Statements, Safety Goals and Scaling Questions, with more tips on how to create these: [Danger Statements, Safety Goals and Scaling Questions](#)

**We limit the number of Danger Statements, Safety Goals and Scaling Questions to *no more than 4* so that the plan is more manageable for the family.**

**The Danger Statements, Safety Goals and Safety Scales are not a ‘set and forget.’ They need to follow the child on their journey, and they need to be revisited at every Family Network and review meeting so that we are measuring progress and making changes to the plan where this is needed.**

## Sharing Assessments

We share our assessments with the family so that they understand our thinking before the assessment is finalised. We check out if there is anything we are missing and or have misunderstood and make any necessary changes. With the family’s consent, we share the finalised assessment and plan with the other practitioners involved with the family such as school and health.

## Decision Making and Recommendations

When we are making decisions about next steps, we consider what the harm or worry to the child/young person and their family is, and how the impact of this can be managed. We consider the Threshold document and what level of support is required. This document can be accessed via the following link: [Threshold Guidance](#). We record this clearly in our assessment along with next steps.

Where we are taking no further action, it is important that those practitioners who remain involved in the child and family’s life are aware of this and they understand any final plan that has been agreed with the family, including the safety plan and who is doing what to make sure the child/young person is safe and well.

## Next steps

These are the immediate actions that will be taken to build future safety. We consider what we need to do next to move up the scale. We focus on behaviours and tasks that help to achieve safety, rather than a list of services. If a referral to a service is deemed helpful, we are clear about what the purpose of this service is.

## We think about



- Building good working relationships with the child/young person, their family, their network, and partners.
- Establishing and agreeing who is in the support network.
- Safety planning sessions with child/young person, parents/carers, their most important people, and members of the community.
- Starting words and pictures where this would help a child/young person to understand what is happening and why.
- Referrals to services where the child/young person and/or the family feel this is needed, and it will make a difference.

Examples of Child and Family Assessments can be found on the Signs of Safety Share Point site under Good Practice ‘Assessments’, via the following link: [SOS Good Practice Assessments](#)

An example of an Assessment Timeline (work plan) so that we are being clear with families about what the assessment will involve can be found via the following link: [Example Assessment Timeline](#).

## Assessment Checkpoints: the role of the Team Manager and Social Work Consultant

Our first assessment checkpoint takes place at allocation, then at days 10, 25, and day 40. At each checkpoint the Team Manager or Social Work Consultant has a discussion with the social worker to reflect on:

- the progress of the assessment, for example have we visited the child within 5 working days of the referral; have we explored the network and held a Family Network Meeting.
- our approach to the assessment, for example how we are building a relationship with parents/carers and the child.
- explore/hypothesise/analyse what might be happening and why, and the impact of this on the child/young person.
- rationale and decisions about next steps, such as whether a TAF or a strategy discussion is needed, or if there is no further action to be taken.

The Team Manager/Social Work Consultant *always* record this as management oversight on the child's file at each checkpoint. We complete assessments that are proportionate to the worries/needs, so the time taken to complete each assessment will depend on the individual circumstances of each child and family. All assessments are completed within a maximum of 45 working days.

### Things we “Must Do”

- ✓ We map with children/young people, families and practitioners to inform our assessment. We create Danger Statements, Safety Goals and Scaling Questions with the family and these are included in every assessment.
- ✓ We work directly and creatively with children/young people to understand what their worries are, what they feel is going well and what they want to be different. This can include the use of direct work tools. We take photos of direct work and upload this to the child's file.
- ✓ For Children In Need we aim to hold a Family Network Meeting within 15 working days and we hold a Family Network Meeting before every Initial Child Protection Conference.

## Assessing Domestic Abuse

[Please refer to the contents page for the chapter on Child and Family Assessments: Families First, for more information.](#)

Domestic abuse is the most common reason that children and families in Durham are referred to Children's Social Care. Where domestic abuse is a worry, we are curious in our assessment about the *type* of abuse that is happening. This could be:

### Coercive control ('intimate terrorism')

Where the perpetrator controls their partner in various ways, such as who they see, what they wear, their access to money, degrading their partner, threatening their partner, the children or their partner's family etc. There is always a power imbalance with coercive control, and violence or threats of violence may be used as a tactic to further control their partner.

### Couple situational violence

Where there is less of a power dynamic but when couples argue this often ends up in fights and physical violence. As men tend to be stronger than women, women usually end up worse off in these situations, however when we look at the couple's day to day life, there isn't the coercive controlling element in their relationship.

### Violent resistance

Where a victim/survivor of severe abuse retaliates and seriously hurts or kills their abuser.

When assessing domestic abuse, we build up to asking lots of curious questions to better understand what is happening in the relationship between the parent/carers/partners, and the children, and how this affects them day to day. This includes being curious about whether coercive control is present, as this isn't always immediately obvious. We do this by exploring what the victim/survivor is *unable* to do in their relationship for fear of the consequences, or by asking 'what would happen if...' questions to better understand how their partner would respond if the victim/survivor or the child does something that the perpetrator doesn't like, or they break a 'rule' the perpetrator has for them. The following external link takes you to some example questions to help us explore domestic abuse (including coercive control) and the impact of this in more depth: [Example questions Domestic Abuse and Coercive Control](#).

We make use of the DASH questionnaire, available via the following link: [DASH Risk assessment](#) to get a better understanding of the level of risk to victim/survivors and children where domestic abuse is a worry. We are careful to ask these questions in a sensitive way and work them into our conversation rather than using the DASH purely as a checklist. Even where police have completed the DASH, we may re-visit this with victim/survivors during our assessment, as their responses can change over time and as we build a trusting relationship with them.

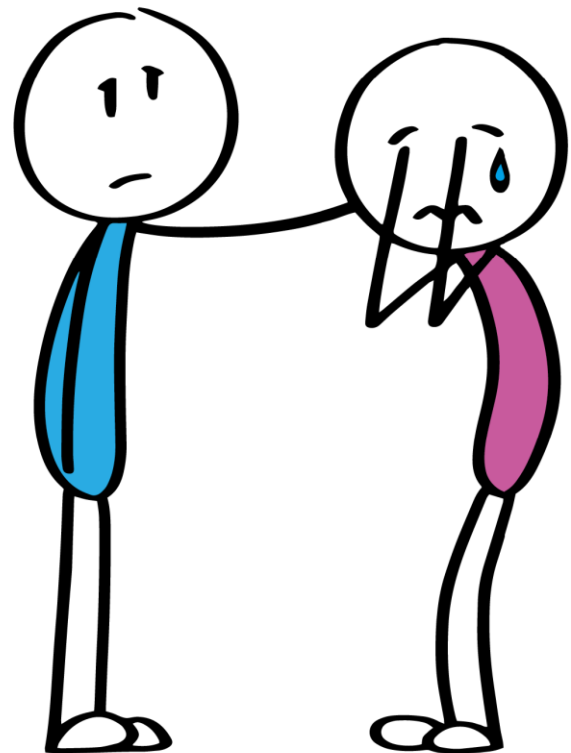
We are careful not to blame victims of abuse for what is happening to them, for example by holding victim/survivors solely responsible for the safety of their children rather than holding the perpetrator accountable for their behaviour. Where we have been trained in approaches such as 'Engage', we use these to start conversations with perpetrators so that they are better motivated to receive more specialist help and support.

Although women and girls can be abusive and controlling, domestic abuse is mostly carried out by men against women and female victims tend to be subjected to more dangerous levels of abuse and injury than

male victims. This means we find ways to involve male partners and dads in our assessments, build relationships with them and work with them to address their behaviour. [Please refer to the contents page of this guide for the chapter on 'Exploring Difference and Issues of Power', sub section 'Involving dads and male partners' for more information.](#)

When exploring safety, we are curious about the different ways that victims try to protect themselves and their children from the abuse, rather than framing this as 'failure to protect', for example, when a victim/survivor allows the perpetrator into the family home, we explore with them what led to them agreeing to this, as this could be their way of trying to reduce the risk to them and their children by trying to please the perpetrator.

Where victim/survivors are struggling with other issues such as their mental health, drink, or drug use, we consider how this may be linked to the trauma they have experienced or how they have learnt to cope with what is happening to them. We ask good questions to check out these hypotheses, rather than looking at these issues in isolation. We always think '*what has happened to this person?*' rather than '*what is wrong with this person?*'



## Harm Outside the Home

As children and young people reach adolescence, their world has grown through their relationships at school, with friends, in the wider community and online. When we are considering harm outside the home, we need to understand these influences on the child/young person's life and how others seek to exploit this.

Harm outside the home can involve various forms of exploitation, such as Child Sexual Exploitation (CSE); Child Criminal Exploitation (CCE); County Lines; Trafficking; Modern Day Slavery; Child Financial Exploitation and Radicalisation:

### Child Exploitation

Child exploitation is when someone uses a child/young person to gain something for themselves, such as money, sex, labour, or any other kind of personal advantage. Using cruel and violent treatment to force a child/young person to take part in criminal or sexual activities often leads to physical and emotional harm to the child/young person, and can affect their view of themselves, other people, and the world around them. This can lead to poor mental health and affect the child/young person's development into adulthood.

The child/young person and their family may not recognise that they are being exploited and the perpetrators may groom children and families to gain their trust. We remember that the child/young person is not making their own choices when they are being exploited.

*"The exploitation of children can take a number of different forms and perpetrators may subject children and young people to multiple forms of abuse at the same time, such as criminal exploitation (including county lines) and sexual exploitation."*

*The Home Office, 2019 (updated 2022)*

### Child Criminal Exploitation

Child criminal exploitation occurs where an individual or group forces, manipulates or deceives a child into taking part in criminal activity. The child/young person may still have been criminally exploited even if the activity appears to be something they have agreed to or consented to.

The perpetrator may take advantage of something that the child/young person needs or wants, to exploit them. Perpetrators may use threats or violence to get what they want from the child/young person and their family. Perpetrators may benefit financially from this or gain increased status in their communities.

### Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is a form of sexual abuse. In return for gifts, money, drugs, affection, and status, children and young people are forced, manipulated, and deceived into performing sexual activities. It is not just something that affects teenage girls or specific groups, and it can happen in and out of school. Children and young people can be tricked into believing they are part of a loving and consensual relationship that could be framed as friendship, mentoring or a romantic relationship. Children as young as 8 have been sexually exploited.

## County Lines

County lines are illegal drug dealing networks between cities, towns, and rural locations. The child/young person is forced, using intimidation, blackmail, and violence, to transport and sell drugs, cash, and weapons across the country via dedicated mobile phone lines which may be referred to as “deal lines”.

## Trafficking

Trafficking is the movement of people, including children and young people, from one place to another, to exploit them for labour, slavery, or sex. It is one of the fastest-growing areas of organised crime and has devastating effects on the victims.

## Modern Day Slavery

Modern Slavery is the exploitation of people who have been forced or deceived into a life of labour and servitude. It is a crime hidden from society, where victims are often abused, degraded, and have their basic human rights taken away from them.

## Child Financial Exploitation

Child Financial Exploitation involves using a young person’s bank account to move money that has been obtained illegally. Criminals use the young person’s account details to launder money into the banking system, to make it appear as if it has come from a legal source.

## Radicalisation

Radicalisation refers to the way the child/young person has come to support terrorism and extremism, and in some cases, become a part of a terrorist group. This includes the things that the child/young person says as well as the actions they take. It may be online or in person. The child/young person may be exposed to different radical or extreme views and receive information from different sources inside or outside of the home and our assessment needs to explore this.

Radicalisation may involve grooming online or in person, exploitation including sexual exploitation, psychological manipulation, or the child/young person seeing or hearing violent material and other inappropriate information. At its worst, the child/young person may be at risk of physical harm or death through extremist acts. Radicalisation may happen gradually and the child/young person and/or their family may not realise that they are being drawn into this.

At any point where there is information to suggest that a child/young person is involved in extremism, we speak to the child/young person and their family about a referral to the Prevent Programme, and with their consent we follow this up: [Prevent Referral](#)

The Prevent Programme includes representation from police and other agencies, and they complete an assessment of the child/young person to see if they meet the threshold for support. This assessment runs alongside and feeds into our own Child and Family Assessment which follows the Signs of Safety Mapping process.

*The above terms are how professionals describe different forms of Child Exploitation however young people may not recognise themselves in this language. This means we talk with the young person about their experience and what terms we are both more comfortable with using, and us this in our assessment.*



## Assessing Harm Outside the Home

The following principles and expectations reflect the Tackling Child Exploitation principles and should **always** underpin our approach with children/young people, their parents, families, and partners where we have worries about a child being harmed outside the home.

Child focused	Do we put children and young people first and treat them as children, first and foremost, when we have worries about exploitation?
Questioning Approach	Are we being curious, evidenced based and knowledgeable? What do we know, and how do we know it? What don't we know and how are we trying to understand this better?
Behavioural detail	Do we explore what is happening across the child/young person's life, at home, school, with friends, in the community and online, rather than using labels or making general statements? Do we write about specific, observable behaviours and include what the child/young person says?
Evidenced based	Are we basing our decisions and plans on what is happening in the child/young person's day to day life so that this reflects their reality?
Strengths based / Relational / Risk sensible	Are we being strengths-based and focusing on relationships with the child/young person, their family and important people? Do we explore existing strengths to reduce our worries and inform our plans? Are we being clear about where the harm to the child/young person comes from and any existing safety?
Valuing children and families as experts in their own lives	Do we respect the voice, experiences and expertise of children and young people? Do we work alongside parents/carers as partners? Are we respecting what the child/young person is telling us, listening to them, and acting on what they are telling us or showing us? Do we give the child/young person some choice in what happens?
Exploring and involving the network	Have we been curious about safe spaces and safe people for the child/young person? What are we doing to create safer spaces for them? Have we involved the family network to be 'eyes and ears' in the community and do we include partners, such as police, so that they target and interrupt the actions of perpetrators?
Honouring the child/young person and their family	Do we recognise and respond to trauma the child/young person has experienced? When the child/young person finds it hard to trust us do we find creative ways to work around this rather than labelling them as 'not engaging'. When we are feeling stuck, do we go back to honouring and exploring strengths?
Language	Do we avoid language that blames children and families for harm outside the home? Is the assessment written in a way that would make the child/young person and their family feel listened to and understood? Do we use the child and family's own words, wherever possible?

## Valuing the family's culture and uniqueness

Do we recognise and challenge inequality, exclusion and discrimination against the child/young person and their family? Do we try to understand the child/young person's culture, identity, and beliefs, including the things we can't always see (for example, sexual identity, gender identity etc.) Do we challenge ourselves and others to stand up for the child/young person and their family where they are being discriminated against? Do we respect and accept the child/young person for who they are?

## How we complete our assessments

When we are assessing children and young people who are experiencing harm outside of the home, the focus of our assessments shifts to who they are spending time with, or are influenced by, for example online or in the community, and the places where young people spend their time; exploring any 'push and pull factors' that could be influencing what is happening inside and outside of the home; and thinking about how we can best interrupt the actions of the perpetrators who are causing harm to the child/young person. We recognise that without a perpetrator, the child/young person would not be experiencing harm outside the home.

'Push' factors are those things that make it harder for the child/young person to spend time at home, for example difficulties in the relationship between the child/young person and their parents, or parents who are struggling to give their child the care they need. We recognise that children/young people who experience harm outside the home may also have struggles or be coming to harm at home too, although this is not always the case. In many instances where children and young people are being harmed outside the home, there won't be these 'push' factors.

'Pull' factors are things that the child/young person needs that encourages them to spend time away from home that people exploiting them can take advantage of. This could include needing food or somewhere to sleep or having someone around them who takes an interest in the child/young person and appears to care about them, even if their intention is to exploit them.

We are careful not to fall into victim blaming when children and young people are being exploited and we don't use terms such as 'the young person put themselves at risk...'. We remember that it is people in a position of power who are responsible for exploiting children and young people, so we work with our partners, such as the police, to do everything possible to hold them accountable for their behaviour. Please see the following external link for more guidance on language when we are working with exploited children and young people [Appropriate language: Child Exploitation](#)

## Chronology

We start or continue a multi-agency chronology in relation to the child/young person at the first Team Around the Family/Core Group meeting. To help with this, we read the child's file so that we understand their history and we include important positive events in the child's life. We review any completed Child Exploitation Matrices (if relevant) and previous Harm Matrices along with any missing from home incidents and Return Home Interviews and include the most important events in our chronology so that we can explore any patterns and consider which areas we need to better understand in our assessment. Further guidance on completing chronologies can be accessed via the following link: [Practice Guidance Multi-agency Chronologies](#)

## Child Exploitation (CE) Matrix

Where we have worries about a child or young person being exploited, we complete the CE Matrix, which can be accessed via the following link: [CE Matrix](#). This tool helps us to evidence whether a child/young

person is at risk of exploitation or if they are currently being exploited (no risk, low, medium, or high risk). We involve the child/young person in completing the tool wherever possible and we explore online risks as part of this. We review this tool as part of our Child and Family Assessment and at key points during our involvement with the young person, including at closure and step down.

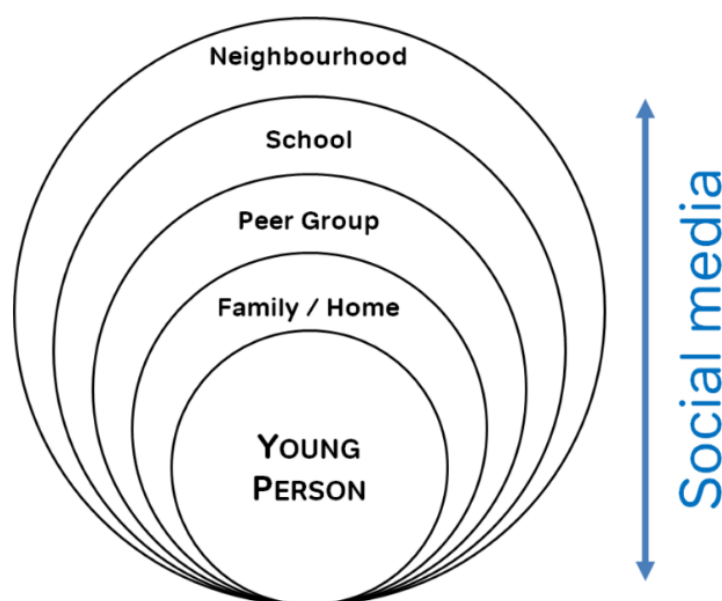
## Harm Matrix

We use the Harm Matrix to help us understand and analyse the detail of *what has already happened* to the young person inside or outside of the home or online, and what the impact of this is on them. This includes the context of the first, worst and last periods of exploitation, radicalisation, or other forms of abuse. The Harm Matrix can also be used to explore the behaviour of the young person themselves that is harmful to them, such as drug use or self-harm.

Where we have gaps in our knowledge, we create some good, focused questions to check this out. Where we have worries about behaviour that the young person is showing, or behaviour that is happening between young people, we use language that does not blame or shame the young person for what is happening to them. The Harm Matrix is available in Forms on Liquid Logic and a template can be accessed via the following link: [Harm Matrix](#)

## Preparing for visits

We create questions to explore what is happening in the child/young person's life that is working well, the worries, and what needs to happen to make life better. We explore this across their life at home and with family, with friends, in school and in the community. We use the reason for referral, such as exploitation, homelessness, radicalisation, etc as our starting point. We make sure to ask lots of questions to explore the strengths and what is already working to help reduce the worries for the child/young person. We ask these questions to the child/young person, their parents/carers, the people who know them best, and partners such as police and school so that we get a richer understanding of what life is like for them. We use the child/young person's words and the words of the people who know them best (where appropriate) when we are writing our assessment. Examples of curious questions to help us map Harm outside the Home can be found via the following link: [Example questions Harm outside the Home](#).



Adapted from Firmin, C., 2013.

## The initial visit

When assessing children and young people who are at risk outside of the family home, we aim to piece together a clear picture of the child/young person's situation and what is happening around them in the community by talking with the child/young person, their family and other people who know them best. The main aim of our initial visit is to get to know the child/young person, the family, and their strengths so that we build good, strong relationships from day one and we start to identify what is working well for the child/young person in their life.

One of the first things we do is to create a genogram, eco map or peer map with the child/young person and their family so that we understand who the most important people are to them, what their role is and how it is that they help. This includes people who the child/young person is in touch with, in the wider community, such as friends or youth workers. When exploring relationships, we also pay attention to those people the child/young person is in contact with, who we have worries about. We use this information to inform 'peer mapping' with our partners so that the child/young person's views are included. This information helps to inform 'what is working well' and 'what we are worried about' in our assessment.

We explain why we are visiting the child/young person and their family and what can be expected from us. We update any draft Danger Statements from the referral and share these with the child/young person and their family so that they are clear about what we are worried about and why from the outset. We may write our Danger Statements directly to the young person if this is more helpful.

We ask questions to explore what the worries are, what things are going well and what everyone is doing to keep the child/young person safe and well, from different people's perspectives.

We are clear about the difference between harm and complicating factors. Complicating factors are those things happening in the child/young person's life that is making life harder for them rather than causing them direct harm, or the things that can make it harder for us to find solutions to the problems, for example fall outs with friends, difficulties at school, having too many people involved in their plan, or gaps in our information.

Strengths include the positive qualities of the child/young person and their parents/carers, the people who love and care about the child/young person and the things that people are doing to try to sort out the worries. Safety is the action that someone takes to keep the child/young person safe in the face of danger. Safety isn't a one off, rather, it is demonstrated and tested over time.

Safety includes the everyday actions taken by the young person themselves, the family network, the police, and other partners to disrupt the activity of those harming the child/young person, for example parents checking in with neighbours and friends when their child has gone missing, or the police arresting and charging perpetrators and putting bail conditions in place to protect the child/young person. Safety is also about how we make the spaces that the child/young person spends their time, such as school and their neighbourhood, safer for them to be.

During the assessment we speak to all the important people who know the child/young person and their family best for their views about the situation. We always explore what they have done or are doing to make life better and keep the child/young person safe and well.

### When our partners are worried, we check out the evidence base for their worries based on:

- what the child/young person, parents/carers, brothers, sisters, friends, the wider family, and partners are telling us about the worries.
- their observations of the child/young person and their family,
- how often the worrying, harmful or stressful behaviour is happening,
- over what timeframe and how this is affecting the child/young person (developmentally, socially, emotionally).

We write our assessments in behavioural detail, by describing the *context* of what has happened to the child/young person. This means we move away from focusing purely on the behaviours of the child/young person into describing what is happening *to* them and *around* them at home, school, with their friends, in their neighbourhood and online.

We describe strengths and safety in as much detail as the worries so that we have a better understanding of the things that are making a positive difference to the child/young person's life. This includes what our partners, such as schools and police, are doing to increase safety for the child/young person at school and in the community.

We use the words that the child/young person and the people who know them best use, unless the child/young person is being spoken about in a negative way. In these situations, we agree what words we will use to describe what is happening to and around the child/young person.

### Involving the child/young person

We complete 'Safety Mapping' with the child/young person and the people who know them best, about places where they feel safe, places where they sometimes feel safe and places where they don't feel safe. We do this by going with the child/young person to these places so that we can understand their world and offer our perspective, and we include this in our assessment.

This 'Safety Mapping' of safe and unsafe spaces also includes the child/young person's online world, for example which social networking sites they are on and who they are communicating with. We look at this from a range of perspectives, including the child/young person, their family, and partners, and we use this information to help guide our safety plan. Safety planning includes work with partners such as police, schools, and youth clubs to help create safer spaces for the child/young person in school, in their neighbourhood, and online.

When exploring what we are worried about, this can also include any behaviour by the child/young person themselves that is causing us to be worried about them, for example, drug use or extreme views. We always consider the context that these worries are happening in, (for example at home, with friends, at school, in the community and online) and how this is influencing the child/young person's behaviour.

Sometimes we may not know what is happening in the child/young person's life, such as where they are going or who they are spending time with, and this can cause us to be worried about them where there are other indicators of harm. We always explore with the child/young person what is going well in their life, who they feel their most helpful people are and what it is that they are already doing to keep themselves safe when they are away from home, so that our assessments are balanced, and we are actively safety planning with them.

## Assessing the actions of the perpetrator

We are clear in our assessment about any harm to the child/young person from inside their home, as well as the actions of the perpetrator that is causing them harm outside of the home. We explore the actions of the perpetrator in more detail, including how they target the child/young person, how they contact them (in person, online, or through a third party), any grooming behaviour from the perpetrator to the young person and any action that police and other agencies are taking to protect the young person from harm, such as arrests, cautions and charges, Child Abduction Warning Notice (CAWN) and other actions available to the police, probation and Youth Offending Service that contribute to the safety plan.

We work closely with the police to share intelligence and report any crimes that have taken place. The Partnership Information Sharing form is available via the following link: [Partnership Information Sharing](#)

We remember that a child/young person who is being exploited (and their family) are not responsible for the harm outside of the home. The responsibility lies with the perpetrator, so our assessment and planning explore and address this.

## Bottom Lines

We support the child/young person and their network to create a safety plan from day one onwards. This needs to address any bottom lines to keep the child/young person safe. A bottom line is a non-negotiable that must happen for the child/young person to be safe. Involving a network is typically a bottom line to keep the child/young person safe from harm both within and outside the home.

## Safety Planning with the Family Network and Community

We safety plan with the child/young person, their important people and wider community by helping them to understand signs that the child/young person may be in danger and support them to think about who will do what to help them to stay safe. We may use the safety planning template to help us with this: [Safety Planning Template](#)

We talk with the child/young person and their family about involving other people who care about them so that they can be 'eyes and ears' on the child/young person when they are away from home, for example a family friend who contacts the parents if they see the child/young person when they are missing. We use information from the 'Safety Mapping' (mapping of safe and unsafe spaces and people) with the child/young person to think about who else can be part of wider safety planning in the community, for example, bus drivers, shop keepers, security guards, school etc, as they can also look out for children and young people and step in to help when needed. Police have a key role to play in interrupting the actions of the perpetrator to keep the child/young person safe and in creating safer spaces for children and young people in their communities.

We may also offer the family a Family Group Conference, either to build on the plan from an initial Family Network Meeting, or where there are tricky family dynamics, and more time is needed to mediate between members of the network before bringing people together.

We include a paragraph outlining the initial safety plan in our assessment. We review and strengthen the safety plan through ongoing Family Network Meetings and TAF/Core Groups/Care team meetings.

## Analysis: Danger Statement(s), Safety Goal(s), and Scaling Questions

Information in our analysis should not be new and should come from content that is explored in more detail in the main body of the assessment. We use the 7 sub-analysis categories of the mapping tool to help inform our analysis. For more information on mapping and the sub-analysis categories, see the following external link: [Mapping Tool Explained.](#)



Our analysis of 'What we are worried about' needs to clearly summarise any harmful behaviour, both inside (if relevant) and outside the home and how this affects the child/young person. We can include information from the Harm Matrix here. Any complicating factors should be separated out. We use separate heading of 'Harm' and 'Complicating Factors' to make this clearer for the reader.

We strengthen the draft Danger Statement(s) by co-creating these with the child/young person and their family. We write these in plain language, giving an example of what has happened that has caused us to be worried and being clear about what the impact is on the child/young person if things don't change so that everyone understands *why* we are worried. Stronger Danger Statements include what the child/young person has told us or shown us in their behaviour about the worries and how it affects them. We may choose to write our Danger Statements directly to the young person to help explain why we are worried.

Our analysis of 'What is working well' includes a summary of the strengths that help to reduce the worries and what is happening to keep the child/young person safe. We use separate headings of 'Strengths' and 'Safety' to make this clearer. We include a paragraph about the safety plan here.

For each Danger Statement we should have a matched Safety Goal and Scaling Question. The Safety Goal states what life will look like when it is safe enough for us to no longer be involved. The Safety Goal is focused on the behaviours that we will see when the risk to the child/young person is being managed, rather than referrals to services.

Scaling Questions are devised from 0-10 where 10 is what life will look like when the risk is being managed and the child/young person is safe and well and 0 is where things are so risky that the child/young person is unsafe. When creating Scaling Questions, we define our 10 according to our Safety Goal(s) and our 0 according to our Danger Statement(s).

We use scaling questions in our assessment to check out the views of the child/young person, their family, and the social worker and what they feel needs to happen for things to improve. Scaling helps to inform next steps. See the following external link for some further tips on scaling questions: [Tips on Creating and using Scaling Questions](#)

The following link provides examples of Danger Statements, Safety Goals and Scaling Questions, with more tips on how to create these: ['How To' Guide Danger Statements, Safety Goals and Scaling Questions](#)

We limit the number of Danger Statements, Safety Goals and Scaling Questions to *no more than 4* so that the plan is more manageable for the child/young person, their family and us.

The Danger Statements, Safety Goals and Safety Scales are not a 'set and forget.' They need to follow the child/young person on their journey, and they need to be revisited at every Family Network Meeting and TAF/Core Group/Care Team so that we are measuring progress and making changes to the plan where this is needed.

## Sharing Assessments

We share our assessments with the child/young person and their family so that they understand our thinking before the assessment is finalised. We check out if there is anything we are missing and/or have misunderstood and make any necessary changes. With the young person and/or their family's consent, we share the finalised assessment with the other practitioners involved with the child/young person, such as police, school, and health.

## Decision Making and Recommendations

When we are making decisions about next steps, we consider what the harm or worry to the child/young person and their family is, and how the impact of this can be managed. We consider the Threshold document and what level of support is required. This document can be accessed via the following link: [Threshold Guidance](#). We record this clearly in our assessment along with next steps.

### Next steps

These are the immediate actions that will be taken to build future safety. We consider what we need to do next to move up the scale. We focus on behaviours and tasks that help to achieve safety, rather than a list of services. If a referral to a service is deemed helpful, we are clear about what the purpose of this service is.

### We think about



- Building good working relationships with the child/young person, their family, their network, and partners.
- Establishing and agreeing who is in the support network.
- Safety planning sessions with child/young person, parents/carers, their most important people, and members of the community.
- Starting words and pictures where this would help a child/young person to understand what is happening and why.
- Referrals to services where the child/young person and/or the family feel this is needed, and it will make a difference.



## Plans and Planning: Child in Need and Child Protection

### The Child and Family Plan

- The plan should be created *with* the child/young person, their family and partners and be written with them, in a way that makes sense to them, using plain, jargon free language.
- The plan is clear about the key issues from the Danger/Worry Statements, for example drug use, domestic abuse, and is specific about who needs to do what tasks or actions and in what time frame, for things to improve. This could include headline actions such as holding a Family Network Meeting to create a safety plan; any additional support that school puts in place for the child (for example a Thrive group to help them with their feelings) or referrals to services, such as Humankind or Harbour.
- We involve services with the agreement of the child/young person and their family. Where other practitioners are involved, the actions in the plan are clear about the support that they are providing, the purpose of this and the timescales for this.
- The Child and Family Plan references any other plans that the child/young person may have, for example Education and Health Care Plans (EHCP).
- We use scaling questions to get an understanding of where things are at from the point of view of *everyone* involved in the plan and what each person thinks needs to happen to move even just a point up the scale. This means we create plans with actions that are realistic about what can be achieved from one review to the next. This helps to build hope and motivation for families and allows us to remove actions when they have been completed.

*The Child and Family Plan on Liquid Logic is currently being updated and tested to better capture this information.*



## Family Network Meetings (Children in Need and Child Protection)

Planning should happen with the family network as they are the people who love the children and parents, and who will be around when practitioners aren't.

### Family Network Meetings

The Family Network Meeting is attended by the people who are most important to the child/young person and their family. This could include family members, friends, neighbours, or community members, for example youth workers, church leaders etc.

For all children/young people who require an assessment as a 'Child in Need,' wherever possible, we hold a Family Network Meeting within 15 working days of a referral. We aim to hold a Family Network Meeting before every Child Protection Conference. This is to produce a family-owned safety plan, or to manage a specific issue. Where there are difficulties identifying or pulling together a family network, we continue to explore this with the family throughout our involvement. We can use some curious questions to help us with this, available via the following link: [Questions to help find Networks](#).

We prepare for a Family Network Meeting by ensuring that the family and their important people know the purpose of the meeting beforehand; we agree with them the best place for the conversation to take place so that they feel comfortable; and we prepare some focused questions to take to the family so they can think through the issue and come up with solutions that work for them as a family. We use Family Network Meetings to help us increase safety and support for children and parents.

Not all families who are being supported under Child in Need will need a safety plan. Instead, we explore how often the family network see the children and what help they can provide / the role they play. A template to guide and record this conversation is available via the following link: [Family Network Support Plan](#). *A version of this document is currently being built into Liquid Logic.*

The practitioner asks questions to help the family and their network think through what will work for them in their family. We build on what people are already doing to help and explore what else they might be able to offer. We want to do everything possible to support the family to create their own plan without us imposing our ideas on them first.

### Safety Planning

When safety planning, we usually focus on one key issue at a time (linked to each Danger Statement), so we do not overwhelm the family. We share the Danger Statement and the Safety Goal so that everyone is clear about what the worry is and where we need to get to. This means that everyone will know what life will look like when we no longer need to be involved.

We are clear with the family about any bottom lines needed to ensure safety, for example if a parent is unable to have time alone with their child, whilst we create and test out the safety plan. We check out with families what they feel the bottom lines should be so that this is collaborative wherever possible.

Where families need a safety plan, we ask questions to help the family network think through the detail of their plan. For example, how would they know if a parent or child was struggling (warning signs), or a child was worried, and what they would do if they noticed these signs; what are the triggers to the harmful behaviour and what are everyone's best ideas about how to manage these so that the child/young person is kept safe? A safety planning template is available via the following link to support this conversation: [Safety Plan template](#). *A version of this document is currently being built into Liquid Logic.*

## Strengthening and testing the plan

We encourage the network to use a 'safety journal' or alternative such as a WhatsApp group or a diary to keep a record with each other of how well the plan is working between meetings, how the plan is being put into practice and any struggles that need to be overcome in future planning sessions. This is about giving the family ownership over their own plan and how to improve it. We may also rehearse parts of the plan, for example calling a member of the network late at night to see if they respond.

We typically would hold more than one Family Network Meeting to test out and strengthen the plan over time.

## Involving Children in Safety Planning

We include children in safety planning, for example we speak to children/young people about who they think would be helpful people to include in their plan and we share their views about what they are worried about, what they think is working well and what they think needs to happen to help them be safe and to feel safe. This can include what the child/young person thinks the rules for the adults should be. We use tools like the Safety House to help us with this. This tool can be found via the following external link: [My Safety House](#)

## Safety Object

Where children are old enough, we may talk to them about identifying an object, for example a toy, that they can move or place somewhere, such as their teacher's desk or somewhere in the family home, if they are feeling worried and need an adult to check in with them. The network decides *with* the child/young person about who should do what when the safety object is moved so that the child/young person feels heard and the adult takes responsibility for helping with the worry. Sometimes we may use a safety word instead of a safety object. Identifying a safety object allows us to involve children in testing out their plan, for example, by getting them to move their safety object to see who notices and how they respond.

We include children/young people in their Family Network Meetings wherever possible or where they are not able to or do not wish to attend, we make sure that their views are shared.

Examples of family led safety planning and support planning can be found on the Signs of Safety Share Point site, via the following links: [Example Safety Plans](#); [Example Support Plans](#).

## Family Group Conference

In more complex situations, for example where there is a difficult relationship between the family and practitioners, or where there are tricky family dynamics that need to be worked through, a Family Group Conference can be held to allow someone independent from the situation to meet with the family and build relationships, prior to the family coming up with their plan. A Family Group Conference may also be held after an initial Family Network Meeting, to widen the network and further develop the initial plan.

## Review Meetings - Team Around Family (Child in Need meetings) and Core Groups

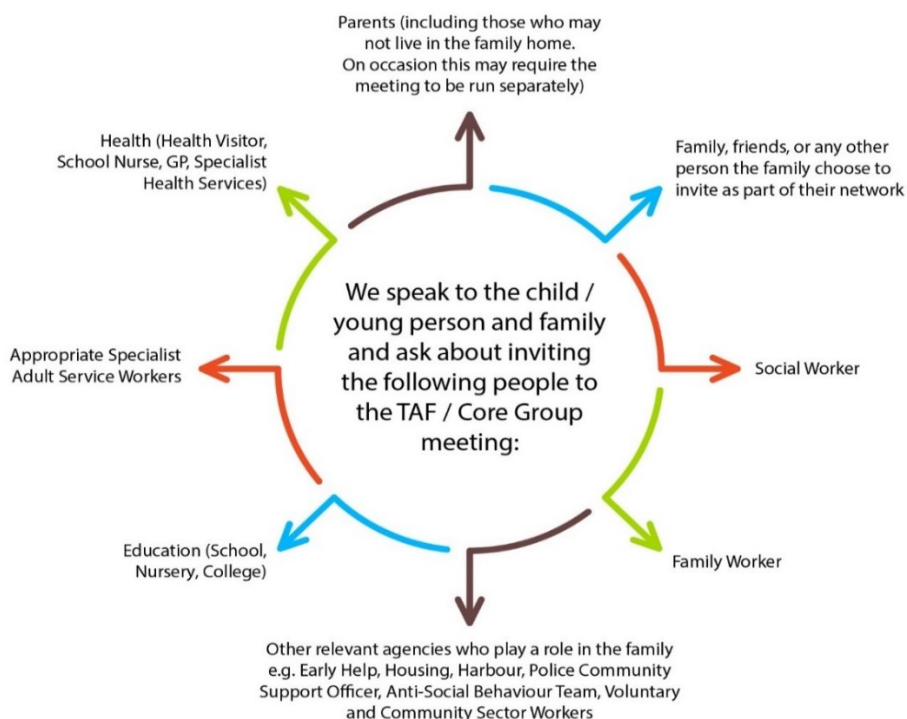
### First Team Around the Family (TAF) / Core Group meeting after allocation

For all children and young people that are to remain open to the team for 25 working days or more, a TAF meeting is arranged by day 25. The TAF is the Child in Need meeting and is chaired by the social worker and attended by the family and other practitioners involved with them. The social worker arranges these meetings with the support of the team co-ordinator. All children/young people subject to Child Protection Plans have a Core Group within 10 working days of the Initial Child Protection Conference.

Wherever possible, we agree with the family beforehand who will be attending the meeting, where the family would like this to take place and what the purpose of the meeting is.

We talk to the child/young person about who will be attending the meeting and why. We will ask the child/young person if they would like to attend and discuss whether the child/young person would like an advocate and where appropriate make a referral to NYAS (see following external link: [NYAS](#).) We explore whether the child/young person wishes to be present for all or part of the meeting, or whether they would like to provide their views in another way, for example using the Mind of My Own Apps or direct work tools such as Three Houses, Wizards and Fairies or My Safety House. These can be accessed via the following external links: [Three Houses](#); [Wizard and Fairies](#); or [My Safety House](#)

We speak to the child/young person and family and talk to them about inviting the following people to the TAF/Core Group meeting:



Wherever possible, we seek agreement from the family about who attends the TAF/Core Group and introductions by all practitioners are made to the family beforehand. This is the responsibility of individual practitioners and agencies to arrange. We talk to the family about who is the best person to attend from the agencies involved with them. This would usually be the person who knows the child and their mam, dad, or carer best. Where parents/carers are reluctant for a particular service to attend, we explore why this is and how we can gather information in other ways if this would be a barrier to parents attending.

## Nothing about me, without me!

This means we include the family in all meetings, unless there is a very good reason not to. Where families are reluctant to attend, we do our best to understand the barriers and work through these. We consider any feelings of shame or blame, the family's history, or relationship with services and what we may need to do differently to involve and welcome them.

We include parents who don't live in the family home. Sometimes this might mean we need to run the meeting in two parts, however we speak to parents and their important people about how they can come together to think about what their child needs to be safe and well, so they can create plans with our support. We do not bring parents together where there are restrictions on this, for example where a restraining order is in place or where we have worries about coercive control. However, in these situations we continue to work with both parents and plan together in their child's best interests, for example, when we focus on each parent's best hopes for their child, we can often identify some common goals.

We facilitate the meeting and ensure that there is a record of this meeting which will be circulated to all the people who need to know. This may mean that another member of the TAF/Core Group takes the minutes whilst the practitioner chairs the meeting.

### The purpose of the meeting is:

- To listen to the child/young person and what they want to happen for them to be safe and feel safe.
- To build strong relationships with the child/young person, their family and other practitioners so that we can create the best plans for children/young people and give them a voice.
- To share the worries for the child/young person and their family and agree what safety and wellbeing will look like.
- To strengthen and update the plan from one meeting to the next, including who will do what to help.
- To ensure that the most up to date plan is evidenced on the child/young person's file.

We share and work from the existing plan in each meeting. The key actions of the safety plan are reviewed at the TAF/Core Group along with any actions that are required of the social worker and other practitioners. We are clear in our plan what role the family and their network will play and what role the practitioners will have.

Wherever possible, a 'boss' of the plan should be identified within the family network and referred to in the plan, as it is their role to make sure that the family network does what they say they will do. This helps to empower the family and prepare them for a time when children's services are no longer involved.

The plan will be strengthened, tested, and developed over time. The TAF/Core Group should agree how often the meetings happen. This should be at least every 4-6 weeks.

The TAF/Core Groups is about progressing the plan. This means that we focus on what is and isn't working in the plan, we think creatively about what else we can do if parts of the plan aren't working, and we remove actions that have been completed. We may use scaling linked to each key issue from the Danger

Statements and Safety Goals at the beginning of the meeting to understand where things are at from each person's perspective, what they think is working (why they rate that high) and what else they think needs to happen between now and the next meeting, so that the plan is more manageable and achievable. Once we have reviewed the plan, we can discuss any other updates.

Where any services are required as part of the plan, for example Harbour, Humankind, then we invite them to any review meetings, and we are clear in the plan about the timescale for accessing these services. We are specific about what support they will be offering.

The plan is clear about any bottom lines (non-negotiables) needed to achieve safety, and the safety plan is developed, tested, and reviewed over time with key members of the family network.

The plan needs to include contingency plans for the child/young person. This is a plan B that states who will do what if the plan isn't working to keep the child/young person safe and well.

Handwritten notes can be copied and shared in the meeting where possible to help provide everyone present with the agreed actions in real time.

We send copies of the plan and minutes to the family and all practitioners who have attended the meeting so that everyone has a record of this. We make sure that the family has a copy of the plan that they can easily understand, for example using the safety planning template. [Please refer to the contents page for the chapter on Family Network Meetings \(Child in Need and Child Protection\) for more information.](#)

## Reviewing the Team Around the Family (CIN Meeting) or Core Group

We plan and coordinate subsequent TAF/Core Group meetings with support from the team co-ordinator. We share the family's existing plan at each review meeting and agree next steps for the following 4-6 weeks. We agree a date for the next TAF/Core Group in advance.

We speak to the family about where is best for them to hold the meeting, for example the family home, school, community venue or virtually. We make sure we include mam, dad, or carers, including those who do not live in the household. Where it is not appropriate that mam, dad, or carers attend together the meeting should be run to allow them to attend separate parts of the meeting.

At each TAF/Core Group we use the plan as the basis for the discussion. The actions are updated at each TAF/Core Group so that the plan is realistic and achievable from one review to the next.

As a minimum each meeting should consider and record the following:

- Introductions and a summary of the key issues from the Danger Statement and Safety Goal(s)
- Review of how well the agreed plan is working since the last meeting and what, if anything, is getting in the way of the actions we have agreed.
- Discussion with each person present about what else (if anything) they think is needed to keep the child safe and well, including what the child/young person thinks needs to happen for them to be safe. The plan should be updated to reflect the agreed actions, from one meeting to the next and be informed by the Family Network Meetings and any support being offered by services.
- Any significant events which should be added to the chronology. Where there are new worries which aren't linked to the existing Danger Statement(s) and Safety Goal(s), wherever possible this is discussed with the family beforehand and a new Danger Statement and Safety Goal is created before the meeting, so that actions can be agreed to address this the key issue.

Record taking in the form of TAF/Core Group minutes is a responsibility shared by all practitioners. TAF/Core Group minutes are recorded on the child/young person's file. The minutes and plan are typed, and quality assured by the team manager or social work consultant. A copy is securely shared with all TAF/Core Group members including those who were not able to attend, within 10 working days. It is the responsibility of TAF/Core Group members to highlight any disagreements/inaccuracies within the minutes and the plan and make the social worker aware of this.

## Closure / Step Down

[Please refer to the contents page to access the Step-Down section of this Practice Guide for more information.](#)


When our worries for a child/young person reduce or are being managed and we are ready to end our involvement, we speak with the team manager/social work consultant, the family and other practitioners involved with the family about what has worked well enough for us to get to this point and what will happen next. We hold a closure meeting, and the social worker uses Appreciative Inquiry with the family and other practitioners to celebrate success and reflect on what we have learnt. For more information on Appreciative Inquiry see the following external link: [Appreciative Inquiry Guide](#)


Next steps could include the family receiving ongoing support from their family network, as agreed in the plan, so that the family are empowered to keep the child/young person safe and well. Wherever possible, we identify a 'boss' of the plan within the family network who is responsible for checking in and making sure that people do what they say they will.


Where children and families still need some additional support from other agencies, we step down to Early Help or universal services such as health and school and we identify who the best person is to lead this work (the Lead Practitioner). We share the final plan, including the safety plan and who is the 'boss' of this plan, with the practitioners who will continue to support the child and family so that everyone is aware of who is doing what once children's services end our involvement.

We complete a closure summary outlining any previous involvement, the Danger Statement(s), Safety Goal(s) and the current safety plan. We ask parents for their views and record what has worked well enough for us to be able to end our involvement. The team manager reviews the file and reflects with the social worker, using Appreciative Inquiry, about what has gone well and what the social worker is most proud of.

## Things we "Must Do"

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Our co-produced Danger Statements and Safety Goals should inform our planning with children, families and other practitioners.
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We always create and review our safety plans with an informed network of family, friends and community resources. We are clear about any bottom lines to keep the child/young person safe and we keep these to a minimum.
- 

The plan will be clear about what it is that the family are doing and what support other practitioners are offering.



## Strategies and Section 47 Enquiries

The Harm Matrix is the tool we use to help determine whether the threshold for a non-urgent strategy discussion has been met. There may be times when we require an urgent strategy discussion, for example, bruising to a child/young person. Urgent strategies should take place within 24 hours of the issue being identified. In these instances, the Harm Matrix can inform the discussion. The Harm Matrix has been built into the Strategy Request Form and this is available via the following external link: [Strategy Request Form](#)

We explore the Harm Matrix tool within the strategy discussion by checking out the detail with the social worker and partner agencies in attendance, so that we have a range of perspectives, and we are clear on the impact on the child. In the strategy discussion, we always explore the strengths and existing safety that helps to mitigate the harmful behaviour.

The social worker shares their Danger Statement(s) and Safety Goal(s) within the meeting. Danger Statements should always include what it could mean for the child/young person if the things that we are worried about don't change. Strong Danger Statements include the child's voice and how what has happened has affected them.

Non-urgent strategy discussions should normally take place within 2 working days. Prior to a non-urgent strategy discussion, wherever possible, we speak to children/young people about what has happened, what life is like for them and any worries they have. We also talk to children/young people about who or what helps to reduce their worries and make life better for them. We talk about this during the strategy discussion so that the impact on the child/young person is clear and their voice informs our decision making.

Wherever possible, we speak to parents and carers before the meeting, about their perspective on the situation and who their most important people are so that we understand who is in the family network and how they help. We talk about this during the strategy discussion as this helps us to frontload our information so we can make better decisions about what happens next.

We ask scaling questions to each person in attendance to help us make a judgment about thresholds and next steps. When answering scaling questions, we consider how any existing strengths and safety balance the worries or harm to the child/young person so the rating we give reflects this.

When deciding on next steps, we need to be clear about what specific actions are required to keep the child safe given their unique family situation. We are clear about any bottom lines needed to keep the child/young person safe, for example if a parent is unable to have time alone with the child/young person. The Strategy Discussion Script is available on the Durham Children's Procedures Manual to via the following external link: [Strategy Discussion Script](#)

We build on the information from the strategy discussion in the Section 47 by using the Mapping tool. We pay attention to the 7 analysis categories (past harm; complicating factors; strengths; safety; danger statements; safety goals; next steps). This information is then included in any subsequent Child Protection reports.

As part of this process, we speak to the child/young person, their mam, dad, carers, and their important people, including other practitioners that are or have previously been involved.




We weigh up the evidence of any suspected or actual harm, and balance this with any existing safety for the child/young person. This could include actions that the network will take to keep the child/young person safe.

Where we need to proceed to an Initial Child Protection Conference, we decide how best to run this, by checking out with the family and the Independent Reviewing Officer (IRO) about whether this should be in



person or virtually. Wherever possible, we encourage everyone to attend in person so that we are giving the conference our full attention.

## Things we “Must Do”

-  We always use the Harm Matrix to prepare for non-urgent strategy meetings and use this to guide our strategy discussions
-  We always explore any existing strengths and safety that help to reduce the harmful behaviour.
-  We always use a scaling question to guide our decision making about next steps and we are clear about what needs to happen next to keep the child safe.

## Preparing for Conference

Prior to an Initial Child Protection Conference, a pre-review discussion is held between the Independent Reviewing Officer (IRO) and the social worker. During these discussions, the IRO will check that the mapping has taken place with the child, family, and other practitioners, that there are clear Danger Statements and Safety Goals and that the family network has been identified and spoken with to create an initial safety plan.

During this discussion, the social worker should make the IRO aware of any potential issues that might arise during the conference so that the IRO is prepared for this and can think through how best to manage the situation.

The social worker speaks to the family and the IRO about whether the conference should be in person or virtually. Wherever possible, we encourage everyone (including partners) to attend in person so that we are giving the conference our full attention.

We use the mapping tool and information from the strategy and Section 47 Enquiry to inform our Initial Child Protection Report, paying attention to the 7 analysis categories (past harm; complicating factors; strengths; safety; Danger Statements; Safety Goals; next steps). The Child Protection report clearly outlines what behaviour is causing *harm* to the child so that the key issues leading to the child/young person being at risk of significant harm are prioritised and addressed in the plan.

We speak to children/young people about what has happened that has led to the Child Protection conference and for their take on this; to understand what day to day life is like for them; what they are worried about, what is working well or helps to reduce their worries and what they would like to happen. We talk to the child/young person about what will happen at the Child Protection Conference and how they would like to be included or have their views shared.

Wherever possible, we co-produce our Danger Statements and Safety Goals with children and their parents /carers. We make sure that we share these with the family and other practitioners before the initial conference unless there is an exceptional reason not to. This ensures that everyone understands the reasons why we are holding a Child Protection Conference and what life needs to look like for us to be able to end our involvement.

We identify who the most important people (the family network and key practitioners) are to the child/young person and their mam, dad or carer before the conference and include their views in the Child Protection Report. This includes any help they are currently providing.




Wherever possible, we hold a Family Network Meeting prior to the Initial Child Protection Conference to create an interim safety plan. We invite key members from the family network to the initial conference so they can contribute to the planning.

Where we have been unable to pull together a Family Network Meeting before the initial conference, we do our best to identify key members of the network and invite them to the conference. We are clear in our Initial Child Protection Plan what actions are currently being taken to keep the child/young person safe even where we have been unable to hold a Family Network Meeting. This could include any bottom lines to guide future safety planning, such as one parent not being left alone with the child until this work has taken place.

The Child Protection Plan needs to be developed with the child/young person, their mam, dad, and their most important people alongside any support offered by the social worker and other agencies. We do not include any actions in the Child Protection Plan that have not been discussed and agreed with the child/young person or their parents/carers, unless there is a very good reason not to.

The IRO develops questions prior to the conference based on the mapping (Child Protection Report) and the proposed plan, to explore any gaps during the conference.

## Things we “Must Do”

-  We always speak to the child/young person prior to the conference about their worries, what they feel is working well and what they want to happen.
-  We always map with the child, family, their important people and practitioners prior to conference. This builds on information gathered during the strategy discussion, and Section 47 Enquiry and the detail of this informs the conference report.
-  We always hold a Family Network Meeting prior to the Initial Child Protection Conference to create an interim safety plan

## The Initial Child Protection Conference

We talk to families about how we can make the conference as comfortable as possible for them. Where possible we hold our conferences at the venue that is close to the family's home. When we need to use technology, we talk to families about what would work best for them and we consider what value this could add, for example a family member being able to take part when they live further away. We encourage families and partner agencies to attend in person, wherever possible, so that our attention is focused on the conference and building relationships.

We always speak to families and each other in a respectful way throughout the conference and we listen to each other when we are speaking.

If the child/young person or their mam, dad or carers need a break at any point during the conference, we allow time for this to happen.

We invite the child/young person to their conference so that they can tell us what life is like for them, if they wish. Where the child/young person is unable to attend for any reason, or does not want to speak, the IRO ensures that the child/young person's views are shared within the conference. This could include sharing their direct work such as My Three Houses or Mind of My Own 'Prepare for a meeting scenario.' A link to using Mind of My Own in child protection is available via the following external link: [Mind of My Own](#).

Where the child/young person may need to step out of the conference for any reason, we arrange in advance for where they can go and who will be with them at this time.

We also consider who may be best to represent the child/young person's views if they are not present in the meeting. Ideally, this would be someone that the child/young person knows well, and they have a good relationship with. We do this towards the beginning of the conference, since this is the child's conference, and it is about them.

The IRO explains the concept of Danger Statements and Safety Goals to everyone present. The IRO checks out with mam, dad and/or carers what their worries are for their child/young person, what their understanding is of the things that practitioners are worried about, and whether they agree with these worries or not.

The social worker shares their 'Danger Statement(s) and Safety Goal(s). Any bottom lines needed to ensure the child's safety are made clear, for example the need for a family network to help with safety planning or a parent not being left alone with a child.

The IRO asks the social worker to focus on the family's strengths and their wider family network, including family members, friends, and community support. Genograms and eco maps can be used to help with this.

The IRO checks in with the other practitioners present about any additional worries. These should not be a surprise to the family. The IRO uses good, focused questions to check out the impact of any worries on the child/young person, to ensure that the threshold for significant harm is met, and our approach is risk sensible rather than risk adverse. The Danger Statement(s) and the Safety Goal(s) are strengthened if needed and limited to no more than four, so that the plan is manageable.

Where families are not in agreement with the worries, the IRO asks questions to encourage the family to reflect on the situation, for example, '*what would you be worried about if you were me?*' '*What can you do to reassure us that we don't need to be worried?*'

The IRO asks questions of mam, dad or carers, key members of the network, the social worker, and other practitioners about what the family are doing to care for the child/young person and to keep them safe.

This means we explore the worries, strengths, and safety *with* the family rather than telling them what to do.






The IRO keeps the focus on the Safety Goal(s) and how we get there so that the meeting is strengths based and everyone is clear about what life will need to look like for the child/young person to no longer be subject to a Child Protection Plan.

The conference is used to check out the robustness of the initial safety planning. The IRO asks questions to explore who is doing what to keep the child/young person safe when the danger is present.

Where other practitioners are offering support, the plan is specific about the help being offered and the purpose of this. The agreed plan is clear about what needs to happen following the conference, for the child/young person to be safe and the risks to reduce.

An overall scaling question is asked to everyone present, to help form a judgement about decision making. We revisit the same scaling question in the Review Child Protection Conference so that we can track progress over time.

### Things we “Must Do”

-  We always include the family's most important people in the Initial Child Protection Conference. The IRO asks the child/young person, their mam, dad or carers for their views first.
-  The social worker shares the Danger Statement(s) and Safety Goal(s) to set the scene for the conference.
-  The IRO explores the worries (including evidence of harm), what is working well and the role of the family network in increasing the safety and wellbeing for the child/young person.
-  During the conference the everyday actions to keep the child/young person safe will be reviewed and the plan will be clear about what needs to happen following the conference to increase the child/young person's safety and wellbeing
-  The IRO asks everyone a scaling question to help inform judgements about decision making and next steps.

## The Review Child Protection Conference

[Please refer to the contents page to access the chapter on The Initial Child Protection Conference for more information.](#)

The Review Child Protection Conference report is informed by the existing Danger Statement(s), Safety Goal(s) and mapping to evidence what has or hasn't changed since the Initial Child Protection Conference, or to explore any new worries since the last conference.

Following introductions, the IRO opens the conference and invites the family or the social worker to update the review conference with the child/young person's views, including how they have been involved in any safety planning since the Initial Child Protection Conference and the difference this has made. This could include the use of The Safety House, the Island, Safety Objects, or other approaches that have been taken with the child/young person to include them in planning.

The social worker shares the Danger Statements and Safety Goals so that we are clear about the reasons the family came to conference and what life needs to look like for the Child Protection Plan to end. The IRO keeps the focus on the Safety Goal(s) so that the meeting is strengths based and everyone is clear about what we are working towards.

Planning is the journey from the Danger Statement to the Safety Goal. The Review Child Protection conference focuses on the plan and what has changed since the initial Child Protection Conference. The IRO asks good, focused questions to the family and then to other practitioners to check how well the plan is working to keep the child/young person safe. This includes any tests of the plan and how we know that it is working.

Where there are any barriers to the plan progressing, these are addressed with the family and the practitioners present so that the plan can be strengthened.

Safety planning with the family network should now typically include what the triggers/stressors are that make the worries more likely to happen and the warning signs that someone needs to step in to keep the child/young person safe. The safety plan will be clear about who will do what when the triggers and warning signs happen.

The IRO asks the same scaling question from the Initial Child Protection Conference to everyone present to help form a judgement about decision making and next steps, including whether the threshold for Child Protection is still met.

### Things we “Must Do”

- ✓ We hold a Family Network Meeting prior to the Review Child Protection Conference and include the family's most important people in the conference
- ✓ We remember that this is the child/young person's review conference, so we find ways to make it comfortable and inviting for them and their family to take part.
- ✓ Safety planning is strengthened by considering the triggers/stressors and warning signs so that these inform the final plan.
- ✓ The IRO asks everyone scaling questions to help form a judgement about decision making and next steps.

## Children with Disabilities

Please refer to the contents page for the Child and Family Assessments: Families First and the Plans and Planning section of this Practice Guide.

We change the language we use to best fit the circumstances of the child and family. Where we have a 'child in need', we use the language of Worry Statements and Wellbeing Goals. Where there are worries about a child/young person's safety, we use the language of Danger Statements and Safety Goals.

When we are talking to families about the worries, we consider that this could include things that they are finding stressful or more difficult to manage because of their family situation.

Assessments of families where children have a disability need to consider what family life is like for any brothers and sisters and explore whether they take on any kind of caring role. We need to consider who will support them, and this could include a referral to Bridge Young Carers where they would find this helpful. You can access more information via the following external link: [Durham Young Carers](#). If a carers assessment is completed, a young carers assessment for brothers and sisters needs to be considered.

We consider who else is around the family and the support that they offer. This could be emotional or practical support. There may times when families tell us that they don't have any one or they don't want to involve anyone else. We need to be sensitive to the fact that many families with children who have disabilities are more isolated, whilst at the same time continuing to explore who else is around or how we can increase their network of support. This could include linking mam, dad, and children with Voluntary Community Services (VCS) and parent support groups such as 'Making Changes Together', 'Rollercoaster', and 'Little Treasures.'

We explore with mam and dad whether they would benefit from a Carers Assessment in their own right, and where this is helpful, we involve the Family Support Worker to do this. We reference whether the Carers Assessment is happening, or any detail from this if when we have it, in the Child and Family Assessment.

### Allocation

When a referral is received about a child/young person with disabilities, the Team Manager from the Children with Disabilities Team and the First Contact Team Manager have a discussion to agree that the child/young person meets the eligibility criteria.

Once agreed we allocate the child/young person to a social worker within the Children with Disabilities Team (CWD) and discuss the information from the referral record including the draft Danger/Worry Statement(s) and draft Safety/Wellbeing Goal(s) from First Contact so that we are clear about why we are involved and what needs to happen. The Team Manager records on the child's file giving clear direction to guide thinking.

We take time to read the child/young person's file in its entirety to understand the history and what the impact of the disability may be on the child/young person and their family. We develop a chronology to support with this. The chronology guidance can be accessed via the following external link: [Practice Guidance Multi-agency Chronologies](#)

## Preparing for visits

We create some good, focused questions to explore the worries, stresses, or harm in more detail and questions to explore strengths and safety that reduce the worries and stresses. We explore how families are managing despite the difficulties.

When we first speak to the family, we ask about who their important people are, including any support they may be receiving from community and voluntary services. We ask if the family would like anyone present during the initial visit so that we are involving the network from day one. We check with the family that they are happy for this person/people to be present when we talk about the reason for our involvement.

## The initial visit

We explain why we are visiting the family and what can be expected from us. We ask them about what life is like for them and their child/young person. In doing this, we ask questions to explore what the worries or stresses are from different people's perspectives, what things are going well and what the family and their network are doing to keep the child/young person safe and well and to support their health and development, even when things get difficult. So that the assessment is balanced we map the information across the 7 domains (past harm/critical worries, complicating factors, future danger, strengths, safety, goal(s) and next steps). The Mapping Tool is available on the Durham Children's Services Procedures Manual and is explained via the following external link: [Mapping Tool Explained](#)

During the assessment we speak to all the important people who know the child/young person and their mam, dad, or carers best for their views about the situation and we consider how this compares to what the child and their parents/carers have told us. We explore what they have done or are doing to make life better and keep the child/young person safe, well and support their development.

When other practitioners are worried, we check out the evidence base for their worries based on:

- their observations of the child/young person and family,
- how often the worrying, harmful or stressful behaviour is happening and over what timeframe,
- how this is affecting the child/young person (developmentally, socially, emotionally)
- what any brothers, sisters or the wider family are telling us about the worries.

We think about how research informs our thinking and how this applies to [this](#) child/young person in [this](#) family, in [their](#) situation. Where a child/young person has a diagnosis, we explore what that means for this child/young person in their everyday life, rather than making assumptions.

## Involving the child/young person

We speak to the child/young person using their preferred communication method and with assistance from the person who knows the child/young person best. We should also use people who know the child/young person but have some independence from the family, particularly when we have worries about a child/young person being harmed. We explain to the child/young person why we are involved and explore what life is like for them including what they are worried about, what's working well for them and what they would like to happen. We also ask who they think may be good people to help. We are creative in the way that we work with children/young people to gather their views, in a way that best suits their communication style, interests and understanding. We may use or adapt tools such as Words and Pictures, PECS, Makaton, and Mind of My Own. See the following external link for more information [Mind of My Own](#)






## Family Network Meetings

We pull together a Family Network Meeting when we want to create a safety plan or when we want to support the family to come up with a plan that can help them to manage at the most stressful times. [Please refer to the chapter on Family Network Meetings \(Child in Need and Child Protection\) for more information about holding Family Network Meetings.](#)

Wherever possible, we include children in safety or support planning by speaking to children/young people using their preferred communication method or by using the people who know the child best. We ask them who they think would be helpful people to include in their plan and we share their views about what they are worried about, what they think is working well and what they think needs to happen to help them be safe and well cared for. We include children/young people in their Family Network Meetings if possible or where they are not able to or do not wish to attend, we make sure that their views are shared. A booklet to support families to identify their networks is available on Durham Children's Services Procedures Manual and is available via the external link [Our Networks: Safety and Support for Children and Families](#)

### Things we “Must Do”

-  We map with children, their family and practitioners to inform our assessments.
-  We talk to children using their preferred method of communication or using the person who knows the child/young person best.
-  We discuss a Carers Assessment and make a referral where required.

## Pre-Birth

[Please refer to the contents page for the Child and Family Assessment: Families First and Plans and Planning chapters of this Practice Guide for more information.](#)

### Building Relationships

We recognise that many parents who are involved with the Pre-Birth and Families First teams may themselves have experienced a great deal of trauma. When building relationships with parents who have experienced trauma, we are careful to honour their struggles, and we recognise their strengths. We are kind and compassionate in our conversations, particularly when we have to say hard things and make difficult decisions.

### Holding the baby in mind

The focus of pre-birth assessment and support, whether this is with the pre-birth or Families First teams, is first and foremost on the baby and how the baby can be best cared for now and in the future. Wherever possible, we work with parents and their wider family network so that the child can remain in the care of their family, however there will be times where this isn't possible, and we aim to support children to have a sense of belonging through adoption.

Throughout our assessment and planning work, we need to 'hold the baby in mind' and consider how what is happening in the parent's life either helps to provides good, safe care for the baby and supports the baby to develop well; or how what is happening for the parents increases our worries for the baby's safety, wellbeing, health, and development. We consider the parents' ability to provide good care for their child and how safety can be increased by including the wider family network as 'eyes and ears' on the situation. This means that the network of family and friends can step in to provide help and support at the times parents are struggling the most, so that the baby is always well cared for and safe, no matter what.

### Allocation

Referrals are progressed at an early stage to ensure that parents have every opportunity to make changes to enable their baby to be brought up in their care. We speak to the referrer to get more information about the referral.

If either parent does not currently have their child living with them and care proceedings have been held, we ask for the previous legal bundle via Durham's legal team.

We allocate the unborn child to a social worker within the Pre-Birth or Families First Team and discuss the information from the referral record, including the draft Danger/Worry Statement(s) and draft Safety/Wellbeing Goal(s) from First Contact so that we are clear about why we are involved and what needs to happen. The Team Manager records on the child's file giving clear direction to guide thinking.

One of the first things that we do is to review the history of any children that have been removed from their parent's care. We start a chronology. The chronology guidance can be accessed via the following link: [Practice Guidance Multi-agency Chronologies](#)

### Preparing for Visits

We use the Harm Matrix to help us to analyse how long the parental behaviour has been a worry; the first, the worst and the last incidents and the impact on the unborn child. Sometimes, there may be several 'worst' incidents, depending on the history. We create some good, focused questions to explore any gaps in our knowledge with parents and practitioners and we triangulate any information we receive. The Harm Matrix is available as a form in Liquid Logic or via the following link: [Harm Matrix](#)

We also ask good questions to explore any strengths and safety that reduce the worries. Examples of questions to support mapping are available on the Durham Children's Services Procedures Manual via the following link: [Example Questions Pre-Birth](#)

When we first speak to the family, we ask if they would like anyone present during the initial visit so that we are involving the network from day one. We check with the family that they are happy with this person/people to be present when we talk about the reason for our involvement.

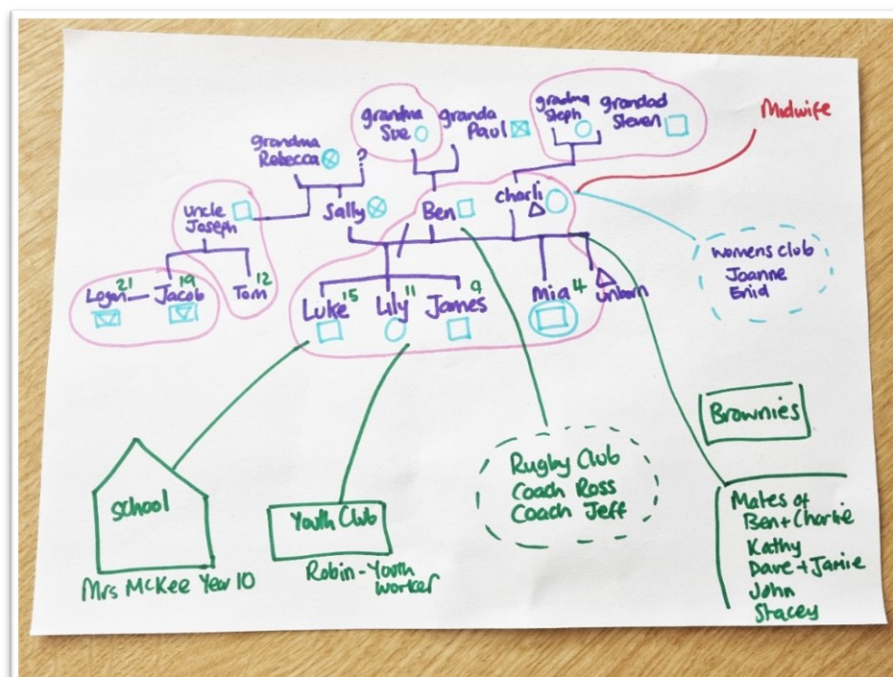
We identify at the earliest point if a PAMS (Parenting Assessment Manual Software) or ParentAssess is needed, for example, where a parent has a learning disability or difficulty. The 'good practice guidance on working with parents with a learning disability' should be followed. This can be accessed by the following external link: [Good practice guidance on working with parents with a learning disability](#).

A request for an Early Help Practitioner or a Family Worker will be made for pre-birth support to start.

An initial Child and Family Assessment will be completed within 25 working days. This will outline what needs to happen and the plan for the family. An in-depth Child and Family Assessment will be completed between 27-29 weeks of the pregnancy.

## The Initial Visit

We visit families within 5 days and visit at a minimum of 2-week to 4-week intervals following this. We explain why we are visiting the family and what can be expected of us. We start a genogram/ecomap with families so that we can identify who their most important people are. This could include friends and community resources alongside family members.



We start to map with families from the initial visit, and where parents have previously had children removed, we focus on what has changed in their life since then. We ask questions to explore what the worries are from different people's perspectives, what things are going well, and what the family and their most important people could do to keep the child safe and well. So that the assessment is balanced, we map the information across the 7 domains (Past Harm/Critical Worries, Complicating Factors, Future Danger, Strengths, Safety, Goals and Next Steps). The Mapping Tool is available on the Durham Children's Services Procedures Manual and is explained via the following link: [Mapping Tool Explained](#)

We triangulate information from parents with what the wider family network and practitioners who know them best are telling us. We explore what parents and their network have done or are doing to make life better for themselves and how they could keep their child safe and well in future, and we consider how they can meet their child's needs. We check out what we already know against observations of what life is like for the parents now.

When other practitioners are worried, we check out the evidence base for their worries based on:

- How well the baby is developing in the womb (current impact)
- their observations of the parents and wider family
- how often the worrying, harmful or stressful behaviour is happening
- over what timeframe the worrying behaviour has happened and how this is affecting, or could affect the child (developmentally, socially, emotionally, their wellbeing and their safety)
- what the family are telling us about the worries.

We think about how research informs our thinking and how this applies to **this** unborn child in **this** family, in **their** situation.

## Subsequent Visits

We continue to map with families as part of the assessment during home visits and we add to this during the initial TAF (Child in Need Meeting).

Where an Early Help practitioner or a Family Worker has been allocated, the Social Worker introduces them to the parents within a joint home visit. During this joint visit we discuss with mam and dad what support can be offered and what they would find most helpful.

The Team Manager reviews the court bundle to consider whether the threshold for proceedings is met, if there are any potential risks to staff and if any specialist assessments are required. This includes being curious around any additional vulnerabilities or needs of the parents, such as whether they have a learning difficulty or disability, and if they may need a more specialist approach or assessment.

Where there are lots of worries about the baby's safety, we hold a legal planning meeting to consider entering PLO by weeks 16 to 20 of the pregnancy. This includes preparing the PLO letter, information from mapping, the Harm Matrix and full chronology.

## Family Network Meetings/Family Group Conferences




All families are offered a Family Group Conference to explore what support can be offered by the wider family network. These plans are reviewed and strengthened if needed, every six weeks. This can include safety planning with the family network around key issues, triggers, warning signs and who will do what if the triggers or warning signs are present. This is to make sure that the baby is always safe and well cared for and for the parents to have support at the times they struggle the most.

As part of this process a 'boss of the plan' will be identified from the wider network. Their role is to make sure that people do what say they will do so that the family has more ownership of the plan and it being a success.

Where a family has refused a Family Group Conference, we continue to explore this option with them throughout the pregnancy.

We check out at the earliest point whether there is anyone in the family's network who may wish to be assessed as connected carers for this child. This is to prevent any drift and delay should the child not be able to remain in their parents' care.

## Things we “Must Do”

-  We map with mam, dad, their wider family and other practitioners to inform our assessments.
-  We gather and analyse information using the 7 domains. We create Danger Statements, Safety Goals and Scaling Questions with the family and these are included in every assessment.
-  We hold an initial Family Group Conference by week 20 of the pregnancy wherever possible.

## Private Fostering

[Please refer to the contents page for the chapter on Fostering and Connected Carers for more information.](#)

A child/young person is privately fostered when they are cared for by someone other than their parent or close relative (parent, grandparent, aunt, uncle, brother, sister or step-parent) for 28 days or longer, where there are no other orders in place that make them a 'looked after' child. Parents continue to have Parental Responsibility for their child/young person. Private fostering arrangements can occur for a range of reasons, for example when the relationship between a parent and their child breaks down; family illness; children moving to the UK from abroad, etc. Durham Children's Services should be informed either 6 weeks in advance or as soon as the private foster carer becomes aware of the arrangement.

We complete an assessment of all children/young people who are privately fostered, using the Private Fostering Arrangement Assessment on Liquid logic, so that we understand how well the carer is looking after the child/young person and that their home is a suitable place for the child/young person to live. We arrange to see the child/young person at least once every 6 weeks for the first year of the private fostering arrangement. Where necessary, we offer any support needed for this arrangement to be a success or safe, for example, through a Child in Need plan or a Child Protection Plan.

### Preparing for a visit

We consider who we need to speak to as part of the assessment, including the child, the foster carer(s), the parent(s), and we arrange to see them. We also speak with other practitioners who know the child/young person best, such as school and health, to get their views about the private fostering arrangement and better understand any support they are providing.

We think through our best questions before we meet with the potential carers we are assessing. This includes questions about what they do well, as well as questions to explore how they overcome or manage difficult situations. Where we have worries about a potential carer, we explore these worries with them. We are honest about what our worries are so that we give people as much chance as possible to make changes. Where we have some worries about private foster carers, we write clear Worry Statement(s), Wellbeing Goal(s) and Scaling Questions and share these with the potential carers and their network so that we can create a plan together to manage the worries.

We consider the circumstances that have led to the child/young person becoming privately fostered so that we pay attention to this in our assessment. When there are worries that have led to the child/young person no longer living with their parents, we explore how these worries will be managed by the carer(s).

### The initial visit

We visit the foster carer(s) at their home, where the child is due to live. We speak to everyone living in the home, including other children, for their views about the situation and to check how suitable and safe the home is for the child/young person. This includes background checks on other adults in the home and making sure that the child/young person has a suitable place to sleep.

During the assessment, we explore who is in the foster carer(s) wider network and what support they offer. This could include family, friends, neighbours, and community resources. We also talk to the carer(s) about identifying two people who know them well, who can act as referees for them.

Where the child/young person isn't yet living with their carer(s), we talk with their carers about how they plan to care for the child/young person across all areas of their life, such as relationships, education, and health, and how they will keep the child/young person safe. This includes how the child/young person will

be supported to stay connected to their family, culture, class, or religion. We speak to the foster carer(s) about any worries they have for the child/young person, or anything that they might be struggling with that could get in the way of them being able to fully care for the child/young person, and what they think needs to happen to help with this.

Where the child/young person is already living with their foster carer, we explore everything that is working well in the care of the child/young person, any issues or worries that have arisen since the child/young person has lived with their carer(s) and what needs to happen to reduce the worries and increase the likelihood that the arrangement will be a success. This could include supporting the child/young person to register with a new school or doctor, or safety planning where there have been worries about a child/young person's behaviour.

## Involving the child/young person

We always speak with the child/young person to understand what they feel is going well for them in their life, any worries they may have, and what they want to happen, including their views about living with their carer(s). We involve the child/young person in any planning, including who they think are helpful people to have involved in their plan, and what they think needs to happen to help them to settle, feel safe, and feel as though they belong in their new home.

## Involving parents

We remember that we are co-parenting children, so we find ways to develop and strengthen relationships with parents and other people who are important to the children so that they remain part of their children's lives. This is also about ensuring that our children have a sense of belonging, know their identity and so that we nurture lifelong connections.

Wherever possible, we meet with the child/young person's parents, to get their views on the situation and involve them in their child's plan. Where we are unable to meet with parents, we make other attempts to contact them, for example via phone or letter. We may also explore with parents whether their child can remain in their care, with additional support to help with any worries.

We may work with the parent(s) and the carer(s) to help them create a words and pictures explanation for the child/young person about why they have a social worker in their life and for the child/young person to understand their plan. [Please refer to the contents page for the chapter on Words and Pictures for more information.](#)

## Networks

Where we have worries about a child/young person in a private fostering arrangement, we offer to hold a Family Network Meeting with the child/young person, the carers, and their most important people to create a plan together to manage the worries. This means that we work with any barriers that might get in the way of a child/young person living with their carers, particularly with people where they have an existing relationship, where this is in the best interests of the child/young person. A booklet to support families to identify their networks is available on Durham Children's Services Procedures Manual and is available via the following external link [Our Networks: Safety and Support for Children and Families](#)

During the Family Network Meeting we share any Worry Statement(s), Wellbeing Goal(s), and Scaling Questions. We invite the network to scale, and we ask curious questions to help the network to develop a plan that addresses the worries.

## Setting up an agreement

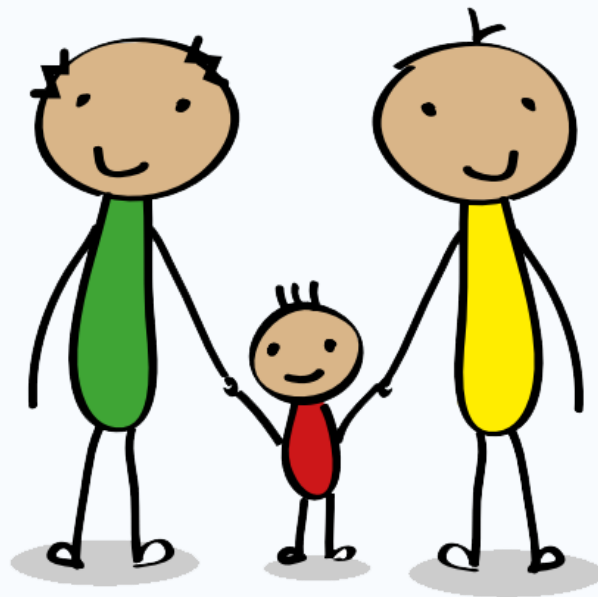
We consider how long the private fostering arrangement is likely to be in place and this is agreed by the parent(s) and the carer(s). We encourage parents to create an agreement, in writing, with the carer(s) that includes who is responsible for what in relation to the care of the child/young person and what they expect from each other. This would typically include any financial arrangements for the care of the child/young person, for example who receives child benefit, and any arrangements for the child/young person to spend time with their parents, brothers, sisters, and wider family. Parent(s) should provide carer(s) with written consent to cover any medical treatment, and this should be shared with the child/young person's doctor/dentist/optician and a copy kept on the child/young person's file.

## Reviewing the arrangement

We review the private fostering arrangement 91 days after we have become aware of a child/young person being privately fostered. This review is led by the Independent Reviewing Officer to check how the well the arrangement is working and that everything is in place for the arrangement to be a success. Following this, we hold a review once a year for as long as the child/young person is privately fostered. Where a privately fostered child needs additional help or support through a Child in Need plan or a Child Protection Plan, then we follow the guidance for these plans. [Please refer to the contents page for more information on Plans and Planning.](#)



# Legal



## Public Law Outline (PLO)

The purpose of the PLO is to work in partnership with families to give parents a final opportunity to make changes to their care of their children so that children can remain safely at home, or with other family members. Where this isn't possible, the PLO process allows us to make decisions in the best interests of the child/young person in a timely way, so that information is frontloaded for court.

### Legal Planning Meeting

The Team Manager talks with the social worker. They should decide together whether the threshold is met to request a Legal Planning Meeting to consider whether we need to enter pre-proceedings (PLO) or issue care proceedings. We can use the Harm Matrix to help evidence this. The Harm Matrix is available as a form in Liquid Logic or via the following external link: [Harm Matrix](#)

Wherever possible, we hold a Family Network Meeting before the Legal Planning Meeting, to explore what other support and safety the people who are most important to the parents and child/young person can offer.

The Legal Planning Meeting provides an opportunity to discuss the worries, what support and help has been offered to the family and what has got in the way of this being successful in making life safe for the child/young person. We discuss what needs to happen to increase safety so that the child/young person can remain in the care of their parents or the family. Decisions will also be made about whether the child/young person can remain in the care of their mum and/or dad, or whether they need to be looked after outside of their parents' care.

The Local Authority solicitor attends the Legal Planning Meeting and is there to advise on whether the threshold for entry into PLO or care proceedings has been met.

### Letter before proceedings

If the decision is taken to enter pre-proceedings, we send a letter before proceedings to invite anyone who has parental responsibility for the child/young person to a pre-proceedings meeting. When writing a letter before proceedings, we do the following so that parents are prepared, and so that we get the most out of the process:

- We are honest with families and write in a kind and respectful way.
- We make sure that the letter uses straightforward language and is jargon free.
- We think about how we write the letter so that parents don't feel judged and are more likely to want to work with us.
- We are clear about what we are worried about that has led us to PLO and the impact on the child/young person.
- We are clear about what safety for the child/young person looks like to be able to exit PLO.
- We explain what the meeting is about.

A template for the letter before proceedings is available via the following external link: [PLO Letter](#)

We make sure to include an information leaflet for parents, which is available via the following link: [PLO Parent Information Leaflet](#) We also send information about solicitors who specialise in family law.

## Pre-proceedings meeting

We invite everyone who has parental responsibility for the child/young person to a pre-proceedings meeting to discuss what we are worried about alongside any strengths and what needs to happen to keep the child/young person safe.

During this meeting, we check in with parents to make sure that they understand the letter they have received and the reasons why we are meeting. When exploring the worries, we are curious what about has been getting in the way of parents being able to safely care for their children up to this point, from their perspective.

We focus on how we can work together to create some immediate safety for the child/young person, using the family's existing strengths and considering what other support they may need. We focus on what life needs to look like for the child/young person to allow us to exit PLO and what we need to do to get there.

We discuss and agree any other assessments, such as Parenting Assessments and Connected Carers assessments, as part of this process. These assessments consider whether the parents and/or wider family can care for the child/young person in a timeframe that works for them.

## Agreeing a timeline with the family

We work with everyone present to agree an updated plan for the child/young person, that sets out what the parents and others involved in the child's plan will do to keep the child/young person safe. This includes any bottom lines needed for the child/young person to be safe in their parent's care.

We create a timeline within a set timescale (usually no longer than 16 weeks) of key tasks that need to be achieved for the PLO process to end and to avoid proceedings.

If the agreed plan doesn't work, we are clear about the Plan B (contingency plan) at the end of this process so that everyone knows what will happen next. This includes continuing to explore who else in the family could care for the child/young person if they are unable to remain in their parent's care.

We review the agreed plan within 4-6 weeks to check how well this is progressing and decide on next steps. Any extension to the PLO process is agreed at the Legal Clinic.

## Outcome of Pre-Proceedings

At the end of the PLO process, we are clear about what needs to happen next. The draft summary is agreed by the Team Manager to be considered at the Legal Clinic. This could include extending the process, for example if more time is needed for external assessments; to continue to build on any changes or for parents with a learning disability who may need more time to understand information and put this into practice. We may end the process where enough safety has been achieved or we may decide to issue care proceedings if the child/young person is at risk of immediate harm. We only issue care proceedings as a last resort, after all other safe carers have been explored.

## Starting Care Proceedings

If, following the PLO process, the parent's care of child/young person hasn't improved enough to keep the child/young person safe, we consider whether to start care proceedings. This decision is made in a Legal Planning Meeting. We talk to parents and their solicitor(s) about the decision to start care proceedings and we follow this up with a letter. There may be times where we need to issue care proceedings outside of the PLO process, for example, when a child has suffered a serious non-accidental injury and we have had no previous involvement.

At this point, the social worker and our solicitor prepare the following information for court: the Social Work Evidence Template (SWET); the chronology; the genogram; any relevant assessments; and the care plan.

Following this, a Case Management Hearing (CMH), an Issues Resolution Hearing (IRH) and the Final Hearing are scheduled, and we continue to work in partnership with children, young people, and their families throughout the court process.

Where a child/young person has a change to their living arrangements, we work with parents and the wider family to create a words and pictures explanation to explain this change to the child/young person and what will be happening next. [Please refer to the contents page to access the Words and Pictures chapter in this guide for more information.](#)

## Parenting Assessments

### How we complete our assessments

We think about how it feels to be assessed, so we arrange to see parents in a place where they feel most comfortable. We take time to build a relationship with parents and we check in with them about how they are feeling during the process, so that the assessment is less likely to be trauma inducing.

We are clear with parents from the outset about the number of sessions, dates, and times, where these will take place and the content so that they know what to expect beforehand. These sessions are informed by the key issues to be explored. The initial session would typically include a cultural genogram or alternative such as Mobility Mapping to explore family history and how this is relevant to their parenting today, as well as who is most important to the parents and the child/young person and what support they offer. This helps us to understand who can support with any safety planning and suggests people who could be assessed as potential connected carers for the child/young person should this be needed.

Danger Statements bring focus to our conversation, and we outline these at the beginning of our assessment, using language that parents can easily understand. We create some good, focused questions to explore the issues in the Danger Statement in more detail, so that we understand the context, history, behavioural detail, and impact of these issues on parenting. We may also use tools such as the Harm Matrix to help with this. The Harm Matrix is available as a tool in Forms on Liquid Logic and can also be accessed via the following external link: [Harm Matrix](#)

So that the assessment is balanced, we ask lots of questions to explore everything that is positive in the parenting of the child/young person, and we pay particular attention to those strengths that help to reduce the worries or increase safety for the child/young person. We also take the time to explore parents' best hopes for their children.

We can use creative tools to support reflective conversations with parents and we consider their learning preferences and sensory needs. We may use resources such as Parenting Patchwork (see the following external link: [Safe Hands, Thinking Minds](#)) or Kids Needs cards, as parents may find it easier to talk with us this way rather than through direct questioning. Using these tools can allow parents to take the lead in the conversation and this can help to build the relationship to the point where trickier issues can be discussed.

The Graded Care Profile (see the following external link: [NSPCC Graded Care Profile](#)) may also be used where there are worries about the child/young person being neglected. This tool explores care across 4 areas: physical care; development care; safety and emotional care and highlights the worries and strengths in parenting in these areas. Practitioners must be trained and accredited to use the Graded Care Profile.

We make sure that we observe parents with their children wherever possible, and we pay attention to how they interact and respond to each other, so that our assessments are based on direct evidence of their relationship.

We identify at the earliest point if a PAMS (Parenting Assessment Manual Software) or ParentAssess is needed, for example, where a parent has a learning disability or difficulty. The 'Good Practice Guidance on Working with Parents with a Learning Disability' should be followed. This can be accessed by the following external link: [Good practice guidance on working with parents with a learning disability](#)

**The Parenting Assessment is recorded on the Child and Family Assessment form on Liquid Logic.** So that we don't repeat ourselves, we refer the reader to any previous assessments or documents for court (such as the SWET) for more information about the child/young person. We include any relevant, additional information about the child/young person that hasn't been covered in other assessments or court documents.

We include any harm statements, for example where the child/young person has told someone directly about the abuse. We include the detail of what the child/young person has said and how this has affected them.

Our analysis needs to concisely record the past and current harmful parental behaviour and what this means for the care of their child, alongside the impact of any strengths and safety that reduce the worries for the parenting of the child/young person. This could include any input from the wider family network. Any complicating factors that are making life harder for the parents should be separated out from harmful behaviour, for example difficult relationships or worries about money. Information in our analysis should not be new and should come from content that is explored in more detail in the main body of the assessment.

We outline the Safety Goals, which state how things will have improved for the parenting of the child/young person in relation to the Danger Statements outlined at the beginning. We provide an analysis of the parent's ability to meet each Safety Goal, informed by scaling each Safety Goal.

Scaling Questions are devised from 0-10 where 10 is what life will look like when parenting is 'good enough' in relation to the issue and 0 is where things are so risky that the child/young person is unsafe in their parent's care. When creating Scaling Questions, we define 10 according to the Safety Goal(s) and 0 according to the Danger Statement(s). The social worker and parents should scale the situation so that any difference can be explored. Scaling helps to inform our overall recommendation and next steps.

An example of a SOS informed Parenting Assessment can be found on the Signs of Safety Share Point site under Good Practice 'Assessment', via the following link: [SOS Good Practice Parenting Assessments](#)

## Sharing Assessments

We share our assessments with the parent(s) so that they understand our thinking before the assessment is finalised. We check out if there is anything we are missing or have misunderstood and make any necessary changes before sharing the Parenting Assessment more widely.

## Assessments of Brothers and Sisters: Together or Apart?

Each office has a copy of Coram BAAF's book: 'Beyond Together or Apart: Planning for, Assessing and Placing Sibling Groups'. Please refer to this resource for more information about assessments of brothers and sisters.

**We record our assessments of brothers and sisters on the Assessment of Brothers and Sisters Template, which can be accessed via the following link: [Assessment of Brothers and Sisters Template](#)**

### Belonging and connection

Brothers and sisters who have grown up together can have relationships that last a lifetime. Like all relationships, the relationship between brothers and sisters can create opportunities for shared understanding and interests, joy, and affection, as well as love and support. However, these relationships can also be fuelled by jealousy, fall outs and other difficulties.

When we consider whether brothers and sisters should live together or apart, we keep the child/young person at the centre of this and we value the uniqueness of these relationships. We think about what these relationships look like now, as well as how they might change and grow in the future. We consider what will help a child/young person to have a sense of belonging and support their identity, as well as what is needed to help them grow up safe and well.

We make every effort to support brothers and sisters to grow up together, where this is in their best interests. However, there may be times where we need to carefully consider whether to separate brothers and sisters and support them to have a relationship with each other whilst they live apart. Where children are separated, we consider if they can live with other family members or members of the wider family network in the first instance so that we can support these relationships in the most natural way possible.

When we decide to separate brothers and sisters, we continue to nurture these relationships through good quality family time. We speak to brothers and sisters about how they would like to spend time together and we find ways to do this as informally and naturally as possible, for example spending time together at each other's houses doing the usual things like eating and watching TV or sharing special occasions like birthday parties. We look for opportunities for brothers and sisters to spend time together outside of their family time with their parents.

### When we complete our assessment

We complete assessments of brothers and sisters if we are considering separating them as part of their long-term plan. This is a court ordered assessment, for example where children of different ages may benefit from different plans. There may be other times where we need to make decisions about whether brothers and sisters live together or apart that are supported by other assessments, for example where children have different dads and due to worries about a child's safety a child may live with a different parent, or where we may be struggling to find a carer who can look after all the children together. We make every effort to find a carer for brothers and sisters together before deciding to separate them if a suitable carer can't be found.

### How we complete our assessment

We think through some good, focused questions to help us explore the relationship between brothers and sisters, both now and in the past. We are curious about what day to day life is like for each child/young person; how well brothers and sisters get along together; what has happened to each child/young person up until this point that could be influencing their relationships and their behaviour with each other (including if they have been treated differently by their parents, seeing or hearing domestic abuse and how

this might influence their behaviour etc); what each child needs to be able to succeed in their relationships and be well cared for now and in the future.

We take the time to observe how brother(s) and sister(s) behave and relate to each other and what this tells us about their relationship: *'If the behaviour could talk, what would it say?'* We are careful to observe brothers and sisters together in different settings, for example at home, at school and in the community, as well as on their own, so we can better understand how they manage together and apart.

We talk to the people who know and have known the children/young people best, such as mam, dad, carers, wider family, and other practitioners, including teachers and family time workers, for their views on the relationship between brothers and sisters. We explore what they think is working well, what their worries are, and what they think needs to happen for things to get better.

## Involving the child/young person

We speak to each child involved about their relationship with their brother(s) and sister(s), for example what they like about each other, how they support each other and show each other that they care, what helps them to get along; what they struggle with or don't like about each other, what makes it harder to get along, and what they want to happen. We may use tools like My Three Houses, Strengths Cards, and Worry Monsters to help with this.

We remember that older children may have been carers for younger children, and we consider this when making decisions about whether they should have different long-term plans, as the impact of interrupting these relationships may be huge.

## Analysis

We weigh up any past harm that brother(s) and sister(s) have suffered, alongside any current worries, with evidence of strengths and safety in these relationships and use this information to make a prediction about whether it is better for brother(s) and sister(s) to stay together or apart. Where there are difficulties finding a carer for all the children, the lifetime loss of the experience of growing up together needs to be balanced with any advantages of finding a permanent home earlier on. We consider the consequences (both positive and negative) of a decision to remain together or apart and how any negative consequences can be reduced. This could include offering support to improve or repair the relationship between brother(s) and sister(s); supporting carers to manage any worrying behaviour and strengthen relationships; or providing good quality family time.

## Family Network Meetings

We hold a Family Network meeting to agree what support is available from wider family and friends, particularly when there are lots of brothers and sisters living together, and to plan for times when the children and carers struggle the most. This could include exploring practical help, for example with shopping or cleaning, that could free up time for the carers to give more attention to the children, or emotional support when the children or carers need someone to listen to them.

The Family Network Meeting is attended by the people who are most important to the child/young person and their carers. This could include the children and carers themselves, family members, friends, neighbours, or community members.

We prepare for a Family Network Meeting by ensuring that everyone attending knows the purpose of the meeting beforehand; we agree with them the best place for the conversation to take place so that they feel comfortable; and we prepare some focused questions to take to the network so they can think through the issue and come up with solutions that work for them. We may also use Family Network Meetings to help us



create safety plans, for example where one child is targeting another child. This could include any bottom lines needed to increase safety, such as one child not being left alone with another child.

The social worker asks questions to help the child/young person, the carers, and the network to think through what will work for them. We want to do everything possible to support them to create their own plan without us imposing our ideas on them first.

We encourage the network to use a journal or alternative such as a WhatsApp group or a diary to keep a record with each other of how the well the plan is working between meetings, how the plan is being put into practice and any struggles that need to be overcome in future planning sessions. This is about giving the network ownership over their own plan and how to improve it.

We would typically hold more than one Family Network Meeting to test out and strengthen the plan over time.

## Words and Pictures

We work with parents and carers to create a Words and Pictures explanation for the children that explains what is happening, why this is happening, where they will be living and how they will continue to keep in touch if they are separated. We do this to help children/young people understand the decisions we make in a way that makes sense to them, so they don't blame themselves, or become resentful.

Where we have worries about the relationship between brother(s) and sister(s) and we think they would be better off living apart, we think about how to explain this in a strengths-based way. For example, 'we think that for now you need some time on your own with your carer, but you will still see (insert names of brothers and sisters)'.

[Please refer to the contents page for the chapter on Words and Pictures for more information.](#)

We remember the importance of taking pictures of brother(s) and sister(s) together if they become separated. We look for opportunities to do this, such as during family time and we include these photos in any life story work.

## Reuniting brother(s) and sister(s) who have lived apart

When brothers and sisters have been separated, we continue to look for opportunities for them to live together in future, where this is in their best interests, for example as part of a Return Home Timeline.

The Return Home Timeline outlines the key tasks that need to happen over an agreed timeframe for brothers and sisters to be able to live together again. We use this tool to build hope and to increase buy in from everyone involved. The timeline will depend on how close the relationship between brother(s) and sister(s) is, and what needs to happen to safely increase the amount of time they spend together, towards overnight stays and ultimately brother(s) and sister(s) living together again. This could include support to improve the relationship between brothers and sisters and safety planning to help manage any issues. The timeline can be accessed via the following link: [Timeline](#)

We create opportunities for carers to take on increasing responsibility for all the children together such as spending time with one another, the school run, mealtimes, bedtimes and managing behaviour. We involve the children and the wider network in the planning, and we test this out so that any issues can be worked through, for example how each child gets attention from their carers, and how this can be managed.

Before we reunite brother(s) and sister(s), we work with parents and carers to create a words and pictures story for the children so they understand their plan and who will do what to make sure that they are safe and well cared for when they are living together again.

## Social Work Evidence Template (SWET)

National Guidance on completing the SWET is available via the following external link: [National Guidance: SWET](#)

### Preparing the SWET

The SWET supports social workers to submit clear, analytical information to the court and sets out the reasons why we are making an application for a specific order for a child/young person.

We make sure that we are familiar with the child/young person's file, to understand the history and how what has happened may have affected the child/young person over time. We update the chronology and refer to this in our report.

We are clear about our Danger Statements from the start, and update these if needed to include how what has happened has placed the child/young person at *immediate* risk of harm, so that our statement focuses on the key issues, what this means for the child/young person and why we feel an order is required at this point.

Where there is a history, to help us analyse the impact of the harmful behaviour on the child/young person over time, we may use the Harm Matrix to explore what we know about the timespan, how often the behaviour has happened, and how severe the behaviour is. This can help us to evidence the worst incidents, the impact of cumulative harm on the child/young person and supports the analysis of risk. The Harm Matrix is available as a tool in Forms on Liquid Logic or via the following: [Harm Matrix](#)

Further information on cumulative harm to children and young people can be found via the following external link on the DSCP website: [Quick Guide to Cumulative Harm](#)

So that our evidence and decision making is balanced, we can use information from mapping with the child/young person, their parents, wider family, and practitioners to analyse harm, complicating factors, strengths, and safety, so that we have a better understanding of risk and protective factors. The Mapping Tool can support with this and is explained via the following external link: [Mapping Tool Explained](#)

Throughout the report, we consider the welfare checklist so that this informs our thinking and analysis.

### Involving the child/young person

Wherever possible, we include the child/young person in the process when adults are trying to solve problems and make decisions about them. This helps them to have more say in what is happening to them, better understand what is happening and feel less fearful about it.

The main purpose of the SWET is to tell *each* child/young person's story, their lived experience and to advise the court how the child can be best helped in the future (SWET Guidance, ADCS). We are careful to look at each child individually, considering what they have seen, heard and experienced and how they make sense of this based on their age and understanding.

We listen to what children and young people are telling us about their life and what they are showing us in their behaviour. We are curious about what this behaviour might mean, in the context of what has happened to them and around them: *'if the behaviour could talk, what might it say?'*

We use the child/young person's exact words wherever possible, along with evidence from direct work (for example My Three Houses, Worry Monsters, Mind of My Own) so that their views are front and centre of the report.

## Exploring the Family Network

When we first speak to the family, we ask about their network of important people and how it is that they help. We can also use tools like cultural genograms, eco maps and Mobility Mapping with families to help identify their most important relationships. We explore with the wider family network who could be potential connected carers for the child/young person, and we start these assessments. Where there is potential for the child/young person to return to the care of their mam and/or dad, or where we need to progress family time between parents and their children, we pull together a Family Network Meeting to explore what support they can offer and hold subsequent network meetings to review and strengthen this plan over time.

## Honouring Families

We write in a kind, jargon free and respectful way about the child/young person and their family. Whilst this is a court document, we remember that parents need to understand the content, and most importantly, the child/young person may read this now or in the future and form a view about themselves or their family as a result.

## Section 7 and Section 37 Assessments

### Section 7 Reports

We complete a Section 7 Report when a parent makes a private application to court in circumstances such as:

- where there is a difference of opinion about where their child should live; (child arrangement order)
- where there is a difference of opinion about arrangements for spending time with their child (child arrangement order)
- where one parent wishes to stop the other parent from using their Parental Responsibility (prohibited steps order)
- to help resolve a specific issue, for example what type of education their child has; to make decisions on medical treatment or if a parent wishes to move abroad with their child (specific issue order).

The court requests this report from Children's Social Care if we have any current or previous involvement with the family up to 12 weeks before the application is made. This is so that parents and children do not have to keep re-telling their story to different people. In other circumstances, for example if the family have never been known to Children's Social Care, or if they have been supported by Early Help, CAFCASS write the report.

### Preparing for visits and writing the report

We make sure that we are familiar with the child/young person's history, including any previous assessments and court reports, so that we understand the key issues that are making life harder for the child and the family. We read the applicant and the respondent's statements when these become available. Key issues will often include conflict in the parent's relationship with each other; difficulties in parents being able to communicate with each other; worries that one parent is 'alienating' the child from the other parent; situations where the child/young person is not wanting to spend time with one parent; or worries about harmful adult behaviour such as drug use, domestic abuse or issues linked to poor mental health.

When the child/young person has been known to us in the past, we describe what the worries were at that time and how this affected the child/young person, as well as any strengths and safety that helped to reduce the worries. This includes details of any previous court orders or child protection plans. Where the child/young person is currently known to us, we describe the reasons for this and what our involvement currently looks like.

We consider who the child/young person is currently living with (for example with one parent or as a shared care arrangement) and how long this has been the case. If a parent hasn't been part of their child's life recently, we explore how long it has been since the child/young person has spent time with them or been in touch with them, as this will influence our decision making and planning.

We prepare some focused, curious questions to explore areas such as what has happened that has led to the application being made; the impact of this on the child/young person; any worries for the child linked to their parents relationship with each other or other people; the parent's relationship with their child and how they are caring for their child; any times that the issues in the parents' relationship have been managed better and what this has meant for the child/young person; what the parents and the child/young person would like to happen and how this could work in practice.

We support parents to consider any barriers that might get in the way of what they would like to happen and how these can be overcome. We always ask questions that help us to understand how what is happening in each parent's life and in their relationships affects the child/young person so that the report is focused on what this means for the child rather than getting caught up in the narrative of the parents' issues with each other.

We speak to both parents, the child/young person and to the people who know the child and parents best, such as wider family members and teachers. This is so that we have a richer understanding of the child/young person and their relationships from different people's perspectives. **We ask lots of relationship questions to help each parent think about the situation from their child and the other parent's point of view, and to encourage them to reflect on these relationships and what is in their child's best interests.** For example, 'if I asked your child what it feels like when you and their mam can't agree on anything, what do you think they would say?' 'If I asked mam what she thinks you do well as a dad, what do you think she would say?'

The issue of power and control may be a theme running through Section 7 applications, so we pay attention to this in our questions and analysis. The Duluth Model can be a helpful tool to support our analysis of how the family court can be used as a way of continuing to abuse and control in a relationship when parents are no longer together. See the following external link for more information: [Duluth Model Post Separation](#) Please also refer to the following Practice Direction for further advice on information we should be including in our reports where Domestic Abuse is a concern: [Practice Direction 12J](#)

## Involving the child/young person

Wherever possible, we include the child/young person in the process when adults are trying to solve problems and make decisions about them. This helps them to have more say in what is happening to them, better understand what is happening and feel less fearful about it.

We speak with children about what day to day life is like for them, what they like about family life and their parents and what they find hard or worry about when it comes to family life and their parents. We consider how we can talk with children about their best hopes and what they would like to happen without them feeling like they need to choose sides. We do not ask direct questions to the child/young person about where they want to live, unless they tell us this themselves.

We may use tools such as Short Form Words and Pictures to explain why we are involved; My Three Houses; Conversation Cubes; The Safety House; and Mind of My Own to support our conversations with the child/young person. These tools can be accessed via the following links: [Short Form Words and Pictures](#); [My Safety House](#); [My Three Houses](#); [Mind of My Own](#)

We make sure that we see children alone as part of the assessment so that they may tell us what life is really like for them. We consider where the best place to see children alone might be. This might be at school or in the community, particularly where there are worries about a parent/carer influencing what the child thinks. We also check out with the child/young person who they think would be helpful people to involve in their plan.

Wherever possible and appropriate, we observe the child/young person with each parent, paying attention to how the parent and child respond to each other. This helps us to better understand their relationship and any strengths or worries in the parent's care of the child. Sometimes, this can't happen or isn't in the child's best interests, for example where a child hasn't seen their parent for a long time, and we need to work towards them spending time together in the future.

There may be times where a parent is worried that we are biased against them and that this is affecting our interpretation of what the child/young person is telling or showing us. In situations like this we may use an

independent advocacy service like NYAS to speak with and support the child through the process. Information on NYAS can be found via the following external link: [NYAS](#)

## Involving the Family Network

We are curious with the child/young person and their parents/carers about who the other important adults are in their life, including wider family members, friends, and other people in their local community. We explore what role they already play in supporting the child/young person and their parents. We may hold a Family Network Meeting to help the important adults think about how else they can help, for example acting as a go-between if there is a lot of conflict between parents; checking in with the child/young person; or supporting the child to re-build a relationship with a parent they haven't seen for some time.

Where these relationships are more complex, for example there are allegations that wider family members, brothers and sisters or friends are trying to influence the child/young person against a parent, mediation may be helpful in working through these issues to help create a plan. We don't use mediation where we have worries about domestic abuse.

## The Welfare Checklist

The child/young person's safety and wellbeing should be at the centre of the report. Throughout the report we consider the welfare checklist so that this informs our thinking and analysis:

### Wishes and feelings of the child

we include dates, content, and photos of any direct work, including an explanation of the work and how this relates to the application being made. We write in behavioural detail, using the child/young person's own words so that we bring the child's wishes and feelings to life. We encourage the child/young person to write a letter to the judge about what they want to happen. We consider how much weight to give to what the child/young person tells us or shows us they want, in light of the wider context, for example where there is evidence that one parent is influencing the child against the other parent.

### Physical, emotional, and educational needs

We focus on what is relevant, based on our observations and conversations with the child and the people who know them best. This is likely to include how the current situation between parents is affecting the child/young person, for example disagreements around immunisations or what school their child should attend.

### The likely effect of any change of circumstances

We are careful to explore the impact on the child/young person based on evidence. This includes what they tell us and show us about how the issue is affecting them and how things might improve or get worse for them if things change.

### Their age, sex, background

If the application concerns a baby, we need to consider how we can best understand and communicate what they might want. If the application relates to a child/young person who hasn't seen their parent for some time, we consider what this might mean for them and how best to manage this. We focus on what is relevant to the situation and the proposed plans for the child, for example where there are differences of opinion about culture or religion and how these needs will be met in future.

### Any harm they have suffered or are at risk of suffering

We are clear about any harm the child/young person is suffering or is at risk of suffering, for example due to conflict in their parents' relationship; domestic abuse; worries about mental health etc. The Harm Matrix can be used to help us to analyse the harmful adult behaviour and its impact, and is available as a form on Liquid Logic or via the following external link: [Harm Matrix](#)

### How capable are parents/carers of meeting the child's needs

We consider the housing situation of each parent/carer and how suitable this is for the child/young person, for example do they have their own room? We focus this section on how well each parent/carer and their network can care for the child/young person and manage the impact of the worries on the child. We include any support and safety provided by the parents/carers and the network. This includes how the plan has been tested and how we know that it works so that any changes can be maintained over time.

### The range of powers available to the court

We look at all the options available to the court and weigh up the pros and cons of each of these, in terms of the likely impact on the child/young person. This includes whether there is a previous order that needs to be reconsidered or reviewed, or if a new order is needed.

*When writing our reports, we ask ourselves, 'so what?' at the end of each paragraph, so that the information we have included is relevant to the application being made and always comes back to what this means for the child/young person.*

## Conclusion and recommendations

The conclusion includes a summary and analysis of the situation and what this means for the child/young person. We outline whether the parents/carers have managed to come to an agreement or if an order is required, along with the details of who can support with the plan (for example family time) and what their role will be. This could include the wider family network and it may also include support from agencies. We include information about any other orders that are in place, such as restraining orders, which need to be considered when making a final recommendation. Our recommendation is clear about the plan and which order, if any, is needed to support the plan. An example of a Section 7 report can be found on the Signs of Safety Share Point site under Good Practice 'Assessments', via the following link: [Good Practice S7 Assessment](#)

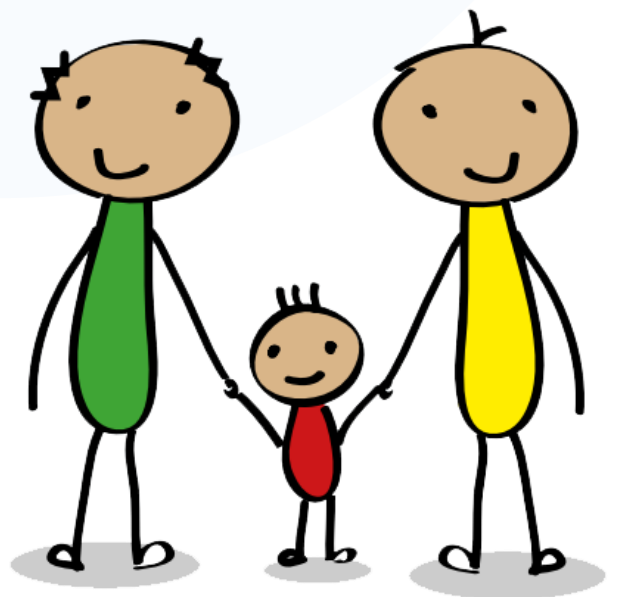
## Section 37 reports

Where the court becomes worried about the safety and wellbeing of a child/young person during a private law application, for example where one parent makes a serious allegation against the other parent, they may request a Section 37 report to consider what else needs to happen to keep the child/young person safe. The judge is therefore directing the Local Authority to assess and consider whether we should apply for a Care Order or Supervision Order in respect of the child/young person or provide services and support to the family (for example under a Child Protection plan or a Child in Need plan); or take any other action to support the child and family.

When the Section 37 report is requested, we hold a strategy meeting as soon as possible and decide whether to undertake a Section 47 investigation. A Legal Planning Meeting is held at the end of the Section 47 enquiry to consider the outcome and decide on whether we need to issue care proceedings or not.

Where we do **not** need to start care proceedings, we complete the Section 37 report, and this follows the same structure as the Section 7 report. **Please refer to the above guidance on Section 7 reports when completing a Section 37 report.** Where there is evidence that the threshold for care proceedings *has* been met, we inform the court of our intention to issue, and the Section 37 report is not completed.

# Children in Care and Care Leavers





## 'The Day I Came into Care'

The day we remove a child or young person from the care of their parents or family is one of the most significant events that can happen to a child in their life and is often one that they have little say or control over. When this happens, we recognise how scary and uncertain this can feel for the child/young person, so we do our best to put ourselves in their shoes and think about what would help them the most that first night and beyond.

When children come into care in an unplanned way, feelings are understandably running high for everyone. Where police attend and bring a child into police protection, we consider what would make this feel less scary or intimidating for the child and their family. This could be something as simple as removing their jacket when talking to children and reassuring the child/young person that they haven't done anything wrong and that they aren't in trouble.

Children and young people need time to be able to think about what to take with them when they leave their family home, particularly if they are going to stay with a carer who they don't know. They may wish to take photos, clothes, games, or special toys. We may need to help children to decide what to bring with them if they are too young or they don't know how to decide. We are careful to respect the child/young person's important things, and we think about the kind of bag we use to pack things, so that we value their possessions. Wherever possible we do not use bin bags as this can make children and young people feel as though the things that are important to them don't matter.

Where the child/young person is going to stay with a carer who they don't know, we keep in mind that we tell children not to talk to strangers when they are little, so we consider how this must feel for them when they are being taken to a strangers' house. We talk to the child/young person about their carer(s) and wherever possible, we share photos of them and their house, and any other children or pets who are living there.

We also talk to carers about the child/young person so that they understand what has happened and what that child/young person needs from them based on their experiences, to be able to feel more settled in their care. We remember that even though the child/young person has been removed from an unsafe situation, since this is what they have known and what is familiar to them, the home where they will now be living is likely to feel unfamiliar and *unsafe* to them. These feelings of difference can be even greater, for example, where working class children are living with middle class families, or children of global majority heritage are living with white families. We think about this in our Safer Care policy and in our Placement Meetings so that these reflect what the child/young person needs, and to allow the child/young person time to adjust to their new situation so that we don't expect too much from them after everything they have been through. [Please refer to the contents page for the chapter on Placement Meetings for more information.](#)

When a child/young person first comes into care, we talk to them about how they can share how they are feeling. This could be through talking with a trusted adult, writing about, or drawing their feelings, or some other way that the child/young person prefers. We all communicate through behaviour, so we always pay attention to how the child/young person is acting or presenting. Rather than just seeing this as behaviour that needs to be managed, we ask ourselves '*if the behaviour could talk, what might it say?*' When children respond by telling us that they are 'fine' or 'okay' we try to explore this with them a little more, rather than taking this at face value, as they may be trying to tell us that they aren't okay.

Children and young people tell us that they want to know the truth about why they are in care, otherwise they are likely to blame themselves for this. The day we bring a child/young person into care, we do our best to reassure the child that it isn't their fault, and that we are doing this to help to keep them safe. We need to keep re-visiting this with the child/young person, as we know that hearing this once won't be enough.

Children deserve an explanation about what happened from their family, so wherever possible, we work with their parents/carers to help them create a story or an explanation for their child that helps them to understand what was happening in their parent's life that meant they were unable to care for their child the way their child needed them to. This needs to answer any questions that the child/young person has, for example if a parent or carer was ill, how do we explain this to the child/young person. This can help both children and parents to start to heal over time. [Please refer to the contents page for the chapter on Words and Pictures for more information.](#)

## Recording: 'The Day I Came into Care'

Children and young people who have accessed their files often tell us that there is very little information recorded about the day they came into care, despite this being one of the most significant days in their life and the one they want to know most about.

Given that this is the child's record of their life, we write *to* the child/young person about the day that they came into care so that this is personalised to them.

We describe what happened leading up to the child/young person being taken into care, using their own words and straightforward language that the child/young person can understand. When we need to say difficult things, we are kind when we do this, and we consider what has happened to the child and the parent/carer that has meant they have been unable to care for their child, rather than labelling them. For example:

*'Molly, sadly your mam and dad had been finding life really tough, and they were dealing with this by drinking too much alcohol and spending time in the house with people who have hurt other children. On 12.3.24 your mam and dad had a party and there was a big fight between the adults. You were upstairs, but your brother Angus was downstairs and sadly, he was punched by one of your dad's friends and had a black eye. The neighbours were worried and called the police...'*

We remember that what we write can be the starting point for Life Story work with a child and may shape the child/young person's memory or view of themselves, their parents, and their family, which can have a life-long impact on them. This means we include strengths in our recordings, and we are curious about what is driving some behaviours we see in more difficult situations, for instance, where parents and children become upset or even angry, we acknowledge how normal and natural this is when a child is being taken into care rather than criticising this.

We include what parents or carers have said (if appropriate) and their perspective on things, particularly if they were upset about their child being taken into care, as it is important for a child/young person to know that their family cared.

We write about how we best tried to support the child/young person when taking them into care, such as how we tried to reassure them about this and explain what was happening, how we supported them to bring the things that are important to them, and what we told them about their carer(s). We include how all of this affected the child/young person based on what they were telling us, *by recording their own words*, or showing us in their behaviour.

A recorded conversation about 'The Day I came into Care', by Luke Joseph, one of our care experienced young people, is available to watch on the Signs of Safety Share Point site and can be accessed via the following link: [The Day I came into Care Luke Joseph](#)

## Children in Care: 'Success, Healing and Belonging'

### Permanence and Belonging

We recognise how important it is for our children in care to have a stable, loving place that they can call home for as long as they wish. Wherever possible, we support family members to care for children when parents are unable to provide safe care as we know that children do better in the care of their own family, however when this isn't possible, we do everything in our power to make sure that children are matched to long-term carers who will love and care for them throughout their lives, so that children feel part of a family and that they belong.

### Building and Repairing Relationships

We speak to children and their families respectfully, spending time with them to get to know them, what life is like for them, the things that are going well for them, their worries, and the things they want to happen. We pay lots of attention to the things that are going well and the child/young person's unique strengths.

We know how important it is for children to understand their identity, where they come from, and for them to have connections with their family, other important people, and pets. For this reason, when children enter our care, we do everything that we can to build relationships with mam, dad and other important people and involve them in making decisions about their children. We have an opportunity to repair relationships with important family members once final care orders have been granted, as family have time to come to terms with the decision and get to know their child's new social worker.

We remember that we are co-parenting children/young people. We know that children may 'vote with their hearts' as they get older and often choose to return to their parents' care, so we need to ensure that we continue to nurture these important relationships so that we are better prepared for this. An audio featuring one of our care experienced young people talking about the importance of family relationships can be found via the following link: [A young person's story about the importance of connection to birth family.](#)

We should always be striving to include parents in all decision-making/review meetings. When it would be helpful for families to meet without the professional network, Family Network Meetings can be used to help the family to find solutions.

### Healing from trauma

*'What has happened to me?' rather than 'what is wrong with me?'*

We know that before children/young people enter our care, they will have seen and experienced things that will have been frightening or harmful to them and that these experiences can and do affect them afterwards.

We honour children's experiences, nurture the relationships that will help them to heal from trauma and offer any services that could support the child/young person, their mam, dad, and their carers to think through how they make sense of this trauma and how they best respond to this.

We can help children/young people make sense of what has happened to them by working with their mam, dad or carers and other important people to provide them with an explanation that they can understand. We use Words and Pictures to achieve this. [Please refer to the contents page to access the Words and Pictures section of this Practice Guide for more information.](#)

## Transfer

Once a child/young person has a Care Order awarded by the court, or their final plan under Section 20 of the Children Act has been agreed at their Children in Care Review, they will transfer to the Children in Care service.

The existing social worker requests this transfer and makes sure that the assessments are completed on the child/young person's file. This is so that we understand the child/young person, their strengths, their trauma, and their current situation prior to transfer. The child/young person's care plan shows the child/young person's goals, and we involve them, their carers, parents, and other important people in writing this.

We allocate the child/young person a new social worker from the Children in Care team and within 10 days the child/young person transfers. Before the child/young person transfers we hold a meeting between the social workers, and we do an introductory visit to the child/young person.

The social worker from the Children in Care team speaks to the child/young person when they meet them to find out who is important to them and what they would like their social worker to know about their life. We may use Mind of My Own 'This Is Me' scenario to support this conversation.

The Children in Care team review family time arrangements and make sure this happens in the best possible way for the child/young person and their family. We ask the child/young person and their family how they would like this to happen so that it works for them.

We agree goals and if needed a social work assistant works with the family to help them to achieve these goals. We write a timeline (workplan) with the child/young person and their family so that everyone knows the tasks and timeline to achieve the goals, such as increasing family time, supporting young people to successfully leave secure accommodation and helping children/young people to return to the care of their family.

## Child and Family Assessment: Children in Care

### How we complete our assessments

We undertake assessments of children/young people and their family every year to understand their current day to day life and what has changed for them and their important people (such as parents, brothers and sisters and other family members) over time. We do this in conversation *with* the child, their parents, and their other important people, rather than writing *about* them.

We use mapping to inform our assessments. This allows us to understand what is going well, any worries and what needs to happen to make life better for the child/young person or to help them achieve and succeed. We ask questions directly to the child/young person, their carers, parents, and the other important people in their life to understand their views about the child/young person and add richness to our assessments.

We map across the different areas of the child/young person's life so that our assessment informs their care plan:



Examples of curious questions to support our assessments can be found via the follow link: [Curious questions to support assessment Children in Care](#). These can be adapted to suit the child/young person's experience and your own style.

### Child/Young Person's Needs and Experiences

We spend time with children/young people to get to know them and so we can understand what life is like for them across the different areas of their life. We always ask questions to understand the things that are going well. We check out information from mam, dad, carers, and other important people (including partner agencies) with what the child/young person is telling us or showing us in their behaviour and we write about this in behavioural detail, using examples.

This means we avoid single sentences when talking about strengths, and instead go into detail about what the strengths look like and how these make life better for the child, for example: *'Jonny has a good relationship with his carers. Jonny tells me that Jean and Mike are funny, and he loves going on the dirt bike with Mike at weekends. Jonny thinks that Jean is really caring towards him, and he can talk to her about stuff that is on his mind, like when he fell out with his best friend last week. Jonny is happy that Jean and Mike get on with his mam and they have days out together as a family. Jean thinks this means the world to Jonny and he doesn't feel like he has to choose between her, Mike and his mam'.*

Where there are current worries for a child/young person, we consider what has happened to them previously (past harm) and how this may be still be affecting them now. We are curious about what a child/young person's behaviour might be telling us: 'if the behaviour could talk, what might it say?'

We are specific about any worries, clarifying how often, over what timeframe, and how serious the impact is. This can help us to get clear on whether the child/young person is *being* harmed, or if they are *at risk* of being harmed.

We write about the worries in behavioural detail and avoid using general labels, for example: *'There are times that Louise really struggles to tell people how she is feeling without getting angry herself. At these times, she can end up shouting and screaming at people and can say things that she doesn't mean to. Then she ends up feeling bad about it afterwards. At its worst Louise has hit out at and kicked other children in the home and although she hasn't injured them, this has led to other children feeling scared around her and the atmosphere in the home hasn't been good. This has happened twice in the past 3 months. Louise says the other kids annoy her and say horrible things to her that her carers don't hear, and this is why she gets angry. Louise feels as though she isn't being listened to and that she gets the blame for everything that goes wrong. This is how she felt when she was living with her family too'.*

We can use the Harm Matrix to help us analyse any current harm to the child/young person and include this information in our assessment. The Harm Matrix is available as a form on Liquid Logic or via the following external link: [Harm Matrix](#)

If there is no evidence that the child/young person is being harmed or is at risk of harm, then the issue is likely to be a complicating factor.

We are clear in our assessments about how the worries, what is working well and what needs to happen differ for *each* child/young person, based on their own experiences, their own views, and their understanding of what has happened to them.

## Parents/Carers

We do our best to build positive relationships with parents, particularly when relationships have broken down due to the court process. We remember that we are co-parenting children and that things can and do get better for parents over time. We explore with parents what is working well in their life, including what has changed for them since their child came into care; any current worries and how they are trying to deal with these; and what their best hopes are for their child and their relationship with them.

The Child and Family Assessment is not a 'Return Home' Assessment, however if enough has changed for the parents, then this could be the starting point for us to consider re-assessing parents. Where parents are still struggling, and it wouldn't be in the child's best interests for them to return to their care, we think about how best to continue to involve parents in their child's life and nurture their relationship with each other.

## Environment

We talk to the child/young person about who their most important people are (other than parents) such as brothers, sisters, grandparents, aunts, uncles, friends, and pets. Wherever possible we speak to these people as part of our assessment to understand what they feel is working well for the child/young person, any worries that they have for the child/young person and what they think needs to happen to make life better for the child/young person. We explore their role in the child/young person's life and how this could be strengthened.

Where a child/young person is isolated, we are curious about people from their past who they used to have a good relationship with, or who they miss, as there may be opportunities for the child/young person to reconnect with some people. If this isn't possible, we may need to support the child/young person to move on and heal from any trauma caused by the loss of these important relationships.

## Language

We always remember to be kind and think about the language we use when describing children/young people. We write in a way that is easy for the child/young person to understand, without using professional jargon or abbreviations, and we are careful to avoid victim blaming when the child/young person is being exploited. We keep away from terms like:

**'He/she put themselves at risk'**: instead, focus on what the adults who are exploiting the young person are doing.

**'Dysregulated'**: instead, try talking about how hard it can be for the child/young person to manage big feelings.

**'LAC'** (this makes children and young people feel as though they are lacking something): instead, use 'Children in Care'.

**'Case'**: instead, try using their name, or 'child/young person'

**'Placement'**: although this is a legal term, children and young people don't like it. Check out with the child/young person which term they would like us to use.

We make sure that we write our assessments in a way that is up to date, strengths focused and is written with the child/young person as the audience. We represent the child/young person's views in the assessment using their words wherever possible, for example 'Leanne says...', 'Leanne feels...'.

## Analysis

Our analysis needs to pull everything together and be clear about how the things that are working well are making life better for the child/young person and what this means for them. Where we have worries, we are clear about what (if anything) is causing harm to the child/young person and the impact of this on them. We separate out those things that are making life harder for the child/young person (complicating factors). Settled children/young people may still have some complicating factors in their life, or there may not be any worries about them at all. Information in our analysis should not be new and should come from content that is explored in more detail in the main body of the assessment.

We co-create Success Goals with the child/young person, their family, and the care team which are linked to each area of the child/young person's life, for example health, education, family. Success Goals state what life will look like for the child/young person when they are succeeding in this area of their life, in line with what they want and what the care team's best hopes are for them.



Where there are worries about a child/young person or the adults around them and the impact they are having on the child/young person, we create a Worry Statement. Worry Statements include an example of what has happened to make us worried and what this could mean for the child/young person if the worry continues. We only create Worry Statements where we need to, so not every Success Goal requires a Worry Statement.

Scaling Questions are devised from 0-10 where 10 is what life will look like when the child/young person is succeeding and belonging and 0 is where the child/young person is really struggling.

We may create a scaling question for each area of the child/young person's life, for instance, if this is a priority area for us to focus on. Alternatively, we can use overall scaling questions to track whether the child/young person has a stable home; if they are connected to their most important people; and if they are achieving in line with everyone's best hopes for them. The following are some examples of overall scaling questions that could be included in our assessments and plans:

### Stability and care

If 10 is that everything is going well in the relationships at home, so that the child/young person can continue to live, be well cared for, and supported in their home and 0 means that relationships have broken down and the child/young person isn't being supported, where would you rate it?

### Connection with the child/young person's most important people

If 10 is that there is a clear plan in place which the child/young person and their family understand and agree with, which keeps the child/young person connected to their most important people, and 0 is there is no plan in place for keeping the child/young person connected to their most important people and where they come from, where would you rate it?

### Child/young person's overall wellbeing and development

If 10 is that the child/young person is doing well and they are developing in line with their and our best hopes for them and 0 is the child/young person is really struggling and this is affecting their development, where would you rate it?

We use scaling questions directly with children and young people to understand their point of view, where they think things are at and what else they think needs to happen. We should also scale where we think things are at and why, as part of the assessment.

Examples of Worry Statements, Success Goals and matched Scaling Questions can be found via the following link: [Example Worry Statements, Success Goals and Scaling CIC](#)

*Success Goals, Worry Statements and scaling are not a 'set and forget'. They need to follow the child/young person on their journey, guide the care plan and be re-visited at each care team meeting so that we are measuring progress and making changes to the plan where this is needed.*

## Sharing Assessments

We share our assessments with the child/young person (wherever possible) and their parents/carers so that they understand our thinking before the assessment is finalised. We check out if there is anything we are missing or have misunderstood and make any necessary changes. With the young person/their parents' consent, we share the finalised assessment with the other practitioners involved with the child/young person, such as school and health.




## Decision Making and Recommendations

When we are making decisions about next steps, we consider what the child/young person wants to happen, what the care teams biggest priorities are for the child/young person, and anything that has changed for parents, so that we continue to make the best decisions for the child/young person as part of their long-term plan.

An example of a Child and Family Assessment for Children in Care is available on the Signs of Safety Share Point site via the following link: [Example C and F assessment Children in Care](#).

### Things we “Must Do”

- 
- We 'map' with the child/young person, their parents, their carers and other members of the Care Team to inform our assessment. We always have Success Goals, Worry Statements where needed and Success Scales within the assessment.
  - We work directly and creatively with children and young people to understand what they feel is going well, what their worries are and what they want to happen. This can include the use of direct work tools and we communicate with children in a way that suits them best
  - As co-parents, we involve mam and dad in all of our assessments. We explore what has changed for them and how we can best nurture their relationship with their children

## Plans and Planning: Children in Care

### Success Goals

When we create Success Goals with the child/young person and their important people, we need to consider the following areas of their life:



The Success Goals should say what life will look like when the child/young person is succeeding in these areas so that we will know when these have been achieved. They should focus on the ultimate end goal, as the child/young person grows and develops.

Where we have worries about the safety of the child/young person, we involve the wider family network in creating safety plans, for example, if a child/young person goes missing, is using alcohol or drugs, or is at risk from others in the community. This could be as part of the Care Team meeting, Child in Care Review or through a Family Network Meeting if the family prefer.

We continue to support the child/young person to heal from trauma through supportive relationships, responding to them in a sensitive and attuned way and offering services to the child/young person, their mam, dad, and carers where needed.

### The Care Plan

We help children/young people to write and understand their plan in a way that best makes sense to them. On Liquid Logic, the Care Plan is referred to as 'My Plan'.

The child/young person and the family should have a copy of their plan. Other plans, such as EHCP, PEP or safety plans are referred to in the overall Care Plan, so that this can be reviewed within subsequent Care Team meetings, Child in Care Reviews or Family Network Meetings.

The Care Plan should state the headline actions that are needed to achieve the goals and reduce any worries. The plan needs to be clear about what role services play and what role the child/young person,

carers and wider family have as part of the plan. The actions from the Care Plan guide the Placement Plan, where we record the step by step, day to day details about who is doing what to care for the child/young person.

Examples of Care Plans can be found on the Signs of Safety Share Point site under Good Practice 'Care Plans', via the following link: [SOS Good Practice Care Plans](#).

## Family Network Meetings

Any Family Network Meetings are attended by the people who are most important to the child/young person and their family. This could include family members, friends, neighbours, or community members. A booklet to support families to identify their networks is available on Durham Children's Services Procedures Manual and is available via the following external link [Our Networks: Safety and Support for Children and Families](#)

Family Network Meetings can be used to bring the child's most important people together to think about things like family time and how and where this can work best for the child and the family so that this is enjoyable and allows relationships to be built and nurtured.






The network, including mam and dad, are also the 'eyes and ears' on the child. They can help us to understand where the child/young person is and who they are spending time with so we can create a plan to increase safety around them. We also use Family Network Meetings to build safety and support plans when returning a child/young person to the care of their family. We focus on one key issue at a time so as not to overwhelm the child/young person and their important people and we do this from a strengths base.

The social worker asks questions to help the child/young person and their important people to think through what will work to keep the child/young person safe. This can include questions to explore what is already working or times when the child/young person has been kept safe previously; what makes the worrying behaviour more likely to happen (triggers); what the warning signs are that tell people they need to step in to do something to keep the child/young person safe; and what people will do when they see the warning signs so the child/young person is kept safe. We want to do everything possible to allow the child/young person and their important people to create their own plan without us imposing our ideas on them.

We include the child/young person in their safety planning by speaking to them about who they want to have involved in their plan, the things that they and others have done to increase their safety and what else they think would be helpful. We include children/young people in their Family Network Meetings where possible or where they are not able to or do not wish to attend, we make sure that their views are shared.

In more complex situations, for example where there is a difficult relationship between the family and practitioners, or where there are tricky family dynamics that need to be worked through, a Family Group Conference can be held to allow someone independent from the situation to meet with the family and build relationships, prior to the family coming up with their plan.

## Things we “Must Do”

-  We involve the child/young person, their mam, dad and their other important people in creating and writing their plan.
-  Our Success Goals link to Care Regulations and these are co-produced with the child/young person, their important people and their Care Team. The Success Goals inform our plans and planning.
-  We provide opportunities for children/young people to heal from trauma and we think about how our relationships support this.
-  We are clear in the plan about the support being provided, how this helps to achieve the Success Goals and who will be providing the support. The plan will be clear about the family and what role they play as well as what it is that carers and other practitioners are doing.
-  The plan should be understandable to the child/young person in a format that works best for them, for example using words and pictures.

## Review Meetings: Care Team Meetings

### Care Team Meetings

For all children and young people in care, a Care Team meeting is arranged every 4-6 weeks. The Social Worker is responsible for arranging these meetings with the support of the team co-ordinator.

We run our Care Team meetings from a strengths base, especially when we have lots of worries about the child/young person. This allows us to see the bigger picture alongside the worries. We do this by asking lots of questions about what is working in the child/young person's life, who they feel close to, what they are proud of, what they do well and what their interests are. We see the child as a whole person who is in relationships with others, rather than just their behaviour. When their behaviour is a worry, we ask ourselves: 'if the behaviour could talk, what might it say?'

### Prior to the meeting

We talk to the child/young person about who they would like to attend and what will happen at their meeting. This includes revisiting the Success Goals and any Worry Statements with the child/young person and the people attending the meeting beforehand. We do this through discussion and by using Words and Pictures.

We make sure that the child/young person understands who will be attending the meeting and why. We ask children/young people if they would like to attend their meeting and we encourage them to come along if they are unsure about this. We discuss whether the child/young person would like an advocate and where appropriate make a referral to NYAS. See the following external link: [NYAS](#).

We explore whether the child/young person wishes to be present for all or part of the meeting, or whether they wish to provide their views in another way, and where possible using the Mind of My Own (One App and Express) or direct work tools such as Three Houses or Wizards and Fairies. These can be accessed via the following links: [My Three Houses](#), [Wizards and Fairies](#)

When we speak to the child/young person, we ask about inviting the following people to their Care Team meeting:



Where a child/young person does not want their parent/carer to attend any meetings we agree with the child and their parent(s) how we will keep mam and dad updated about the decisions and plans for their child.

Introductions by all practitioners are made to the child/young person, their mam, and dad, carers, and any other important people beforehand. This is the responsibility of individual practitioners and services to arrange. We discuss with the child/young person who is the best person to attend from the services supporting them.

We talk to the child/young person about whether they would like to lead the meeting or have us do this. We make sure that there is a record of this meeting which will be shared with all the people who need to know. This may mean that another member of the Care Team takes the minutes.

The purpose of the meeting is:

- To listen to children/young people about what they want to happen and to work towards this.
- To build strong working relationships with the child/young person, their family, and the Care Team so that we can create the best plans for children/young people and give children a voice.
- To involve children/young people in creating and writing their plan. They should receive a copy of their plan in a way that they can best understand.

At each Care Team meeting we use the plan as the basis for the discussion. Each meeting should consider and record the following:

- Introductions and a summary of the Success Goals and any Worry Statements
- Review actions agreed at the last meeting, what is working well, what is getting in the way of the plan we have agreed and what we are doing next. Scaling can be used to help with this.
- Any events which should be added to the chronology of significant events. This includes achievements and celebrations as well as worries. Any new worries need a worry statement and actions to address the worries are agreed in the plan.

We are clear in our care plan about what role the people most important to the child/young person will play and what role the social worker and other practitioners will have. We reference any additional plans such as EHCP, Health Plans or PEP in our Care Plans.

Where any services are agreed as part of the plan, such as Full Circle or CAMHs, we need to be clear in the plan about the timescale for accessing these and be specific about what support they will provide.

Actions in the plan should be updated to reflect who is doing what to meet the child/young person's changing needs and circumstances.

The plan is strengthened, tested, and developed over time. The Care Team meeting is about reviewing and progressing the plan rather than just seeking an update. This means that we explore which actions in the plan are working and any barriers that are getting in the way of the plan working. We change any actions that aren't working. When an action has been completed, we remove this from the plan.

We use scaling to help us measure progress towards the Success Goals and think about next steps. We create scaling questions in a way that the child/young person can best understand, and we use these creatively, for example using visuals such as feelings cards or placement of objects along a scale. We agree next steps between now and the next meeting.

The plan needs to include contingency plans for the child/young person. This is a plan B if the actions of the Care Team aren't enough to support the child/young person to have a place they can call home, a sense of belonging or for them to succeed or be kept safe.

Handwritten notes can be copied and shared at the meeting where possible to help provide all members of the Care Team with the agreed actions in real time.

Copies of the Care Plan are shared with the child/young person, family members, the child/young person's carers, and all practitioners in attendance at the meeting along with the typed minutes of the meeting. The plan and minutes are recorded on the child's file within 10 working days of the meeting. The minutes and the plan are quality assured by the relevant team manager or social work consultant.

## **The Care Team Reviewing Process**

We plan and coordinate subsequent Care Team meetings with support from the team co-ordinator. We review the child/young person's existing plan and agree next steps for the following 4-6 weeks. We agree a date for the next Care Team meeting in advance.

We speak to the child/young person about where is best for them to hold the meeting, for example, their home, school, community venue or virtually. As we are co-parenting, we make sure we include mam and dad so that they are involved in the decision making and planning for their children.

We prepare for the meeting with the child/young person. This includes any changes to the plan between now and the last meeting. We keep what is working in the plan and through our conversations with the child/young person and their important people, we change the things that aren't working.

## **Nothing about me, without me!**

This means we fully involve the child/young person in all meetings, remembering that this is their meeting. This could include the child/young person chairing their own meeting, where they want to. Where children/young people are reluctant to attend, or where there are issues including mam and dad in the process, we need to think about our role in this and how we can do things differently so that they are more involved.

## Placement Plans

### Placement Planning Meeting

When a decision is made that a child/young person is unable to remain in the care of their parent(s), we make sure that the person caring for them has all the information they need to be able to look after them well and keep them safe. This discussion happens in the Placement Planning meeting. We include this information within the child/young person's placement plan on their record (within the Placement Information Record) and we share this with the child/young person (wherever possible), parents and carers. This information is also used to make sure that we explore the right carers for the child.

### The Placement Plan

We make sure that the child/young person has a placement plan at the time of their move, as this will include parents' consent to the child being looked after (if required) as well as consent to any medical treatment that the child/young person may need at any point. There may be times where it isn't possible for the placement plan to be ready when the child/young person moves. If this happens, we provide this as soon as possible (and no later than 5 days) so the carers know all about the child/young person and how they can best care for them and so they have the appropriate consent.

We provide as much detail as possible in the placement plan, making sure we include all relevant information about the child/young person, or we refer to other documents that would be useful to share, such as an assessment or the child's plan. We speak with parent(s), the child (wherever possible) and other people who know the child well, for example members of their family network or practitioners such as teachers, so we can include specific information about what the child has experienced and what they need to be well cared for and feel safe.

We consider '*what has happened to this child*', rather than '*what is wrong with this child*' so that we don't blame the child/young person. This allows carers to understand why a child/young person might behave or react in a particular way so that carers know how best to respond and how to help the child/young person settle in their new home.

### Language

We write in a straightforward, jargon-free way, using behavioural detail so that we are specific about what we mean. We write about the child/young person in a kind way when we need to say difficult things and we include the child/young person's strengths and what approaches work best for them, as well as what we are worried about.

### The child/young person's routine and day to day life

We ensure the placement plan includes information about how the child/young person will be cared for on a day-to-day basis, including their usual routine and how this will be followed. Where there are changes to the child/young person's day to day life, for example if they need to move school, we explain how they will be supported with this. We make sure that the information is specific to the child/young person, including details of any habits they have or anything that they need to make them feel safe or settled such as a certain teddy or blanket.

We include details regarding the child's health including their physical health and how they are managing emotionally. We include or update details of their GP and dentist and any other practitioners supporting them, such as CAMHS or any other specialist health services that may be involved. We are clear about any allergies or dietary requirements that that child/young person may have. We make sure that consent to medical treatment is clearly detailed including what the carers can and can't consent to, and how they can



seek consent if needed. We include arrangements for making sure parent(s) are aware of any medical appointments or medical treatments that their child may need.

We include information about the child/young person's education, such as nursery, school, or college, along with the name and contact details of the best person to speak to about the child/young person. Where the child/young person has any additional plans to support them with their education, such as an Education, Health, and Care Plan (EHCP) or a Personal Education Plan (PEP), we reference these.

We include any important information about the child/young person's identity and culture, for example if they practice a specific religion, and/or their own family customs and traditions and how these can continue whilst the child/young person is living away from their family.

We include information about any worries that could affect the child/young person's safety, such as the child/young person going missing from home. We are clear about what the plan is to help reduce the likelihood of these things happening and how best to respond if it does happen.

We make sure that the carers have details of the relevant practitioners involved in the child/young person's life, including the child/young person's social worker, fostering social worker and Independent Reviewing Officer and how they can seek support, including out of hours.

## **The child/young person's important people**

We consider who the important people are in the child/young person's life and how we and their carers will help the child to maintain these connections if it is safe and in their best interests. We are clear about the arrangements for the child/young person to spend time with their family or any other important people and how we would like the carers to support this, so everyone knows the plan and what will happen.

## Children in Care Reviews

Prior to every Children in Care Review the social worker speaks to the child/young person and their family about their Success Goals. We write a review report showing where we are on the timeline and whether the plan in place for the child continues to be the best plan.

We talk to the child/young person about their review beforehand. We may use direct work tools such as My Three Houses, Wizards and Fairies or Mind of My Own 'Prepare for a Meeting Scenario'. These can be accessed via the following external links [My Three Houses](#); [Wizards and Fairies](#)

We also speak to the child/young person about their 'My Plan' (Care Plan).

We ask the child/young person who they would like to come to their review, and we encourage them to chair their meeting.

The IRO does their best to meet with the child/young person ahead of their review to explore things that are important to the child/young person and think how best the meeting can be run. The child/young person will be offered the opportunity to share their wishes and feelings through Mind of My Own, 'Prepare for a Meeting Scenario' if the social worker hasn't already done this.

The people most important to the child/young person such as their mam, dad, or other family members are involved in the review. Where they are not able to attend, we contact them beforehand so that their views can be shared. We can include the child/young person's most important people in lots of different ways, for example, thinking about the best place to hold the meeting, by inviting them virtually or by encouraging them to write down what they think.

We involve mam and dad in their child's progress at school and this could include inviting them to parents evening, sharing copies of school reports and sharing school photos. We also involve mam and dad in how healthy their child is, particularly if there are any issues around their child growing up well, their development and their mental health or how they feel about themselves. We include and talk with mam and dad about any clubs, sports, faith activities or other interests that their child is taking part in.


The Success Goal(s) and any Worry Statements are informed by the pre-review report. This considers how well we are working towards the Success Goal(s) and what still needs to happen to achieve these. We use Scaling Questions to measure progress and explore different points of view.


The IRO asks everyone good, focused questions to explore how the child's care plan ('My Plan') is making a difference for the child/young person. The IRO is curious about the best plan for the child/young person.


The child/young person's care plan is strengthened based on information or observations of what life is like for the child/young person and how we can continue to make this better. We do this by speaking with the child/young person, their important people, and other members of the care team so we agree together what needs to happen. This could include whether things have changed enough for the child/young person to be able to return to the care of their family.


After the review the IRO thinks about how best to share the minutes of the meeting with the child/young person. This could include writing them a personalised letter in a way that they can best understand.


## Things we “Must Do”

- 

We include the child/young person in all that we do before, during and after the Children in Care Review.
- 

The IRO will strive to run the meeting in a way that means that the child/young person is happy and confident to take part and share their views
- 

The pre-review report is the child/young person’s report so it is written for them in a way that they can understand.
- 

The Children in Care Review is the child/young person’s meeting. They are the most important person there so hearing what they say is central to how the meeting is run.
- 

We remember that we are co-parenting with birth parents, so we do our best to involve them throughout.

## Returning Children to the Care of their Families

We always work on the basis that children are best living with their families. The moment a child/young person becomes looked after we start to plan for them to return to the care of their family where it is safe to do so. We seek to do this at the earliest opportunity. When children have been looked after for longer periods, we think through what has changed or is changing to allow us to consider that the child/young person returning home might be a possibility. The Mapping Tool can support with this and is explained via the following external link: [Mapping Tool Explained](#). We use information from the mapping to guide Return Home (Placement with Parents) assessments and Parenting Assessments.

A key aim of Signs of Success, Healing and Belonging is for children and young people to remain connected to their families and natural networks of support so that they have a sense of identity and belonging that stays with them into adulthood and supports them to have lifelong connections once services are no longer involved. We know that as children grow up, many will 'vote with their hearts' so that they can live with their family again and this often happens in an unplanned way, or we eventually agree that children and young people can return home when we have run out of other options for them. For this reason, we do all that we can to nurture family time and consider how we can create opportunities to move this from supervised in an office environment, to spending time together in the community, to time spent in the family home. Wherever possible, we use the child/young person's natural network to support a shift from supervision by practitioners to check ins and support from the wider family network.

When we are looking at the option of returning a child/young person to the care of their family, we are clear about any worrying behaviour (including behaviour of the parent) and how this has impacted on the child/young person (worry statements) as well as what life would look like for the child/young person when these worries are being managed (success goals). The plan outlines the actions being taken so that children can be safe and succeed, including what mam, dad and carers do that contribute to this.

### Return Home Timeline (Workplan)

To build hope and increase buy in from everyone involved, we create a timeline (number of weeks it will take to complete tasks) and a workplan of key tasks with families and practitioners, so we are clear about what needs to happen for the child/young person to return home, up until any orders are discharged. We only move on with the timeline so long as all goes well with the previous stage. See the following external link for the Return Home Timeline: [Return Home Timeline Template](#)

*We are careful to get agreement about this from the key people involved, such as the Strategic Manager, the IRO, and our legal department before we share the timeline with the family as this helps to avoid issues or disagreements later on.*

The length of time needed to complete the key tasks will depend on the individual circumstances of the child/young person and their family and the child/young person's timeframe where this has been mandated by the court.

Where a child/young person has only recently been removed from their family (for example under Section 20), they continue to have a relationship with their family, family time is unsupervised and safety planning has been taking place since the child has been removed, then the timeline to return this child/young person to their parents care will be shorter than a timeline for a child or young person who has been looked after for a lengthy period of time, or who has spent limited time with their parents/carers, or where there are more worries to be addressed. Typically, these children and young people will be subject to Care Orders, and we need to consider what needs to be achieved and maintained over what timeframe, to apply for the Care Order to be discharged.

Examples of 'Return Home' Timelines can be found on the Signs of Safety Share Point site, via the following link: [SOS Good Practice Timelines](#)

## Involving the child/young person

We explore with the child/young person what day to day life is like for them, including any worries that they have, what they feel is working well and what they want to happen, so that any plans to return a child/young person to the care of their family is in their best interests. Where children are old enough, we involve them in identifying who they would like to be part of the plan and we include them in safety planning, for example using safety objects or safety words. The child/young person can move their object or use their word to let an adult know that they are worried about something so that the adult knows that they need to check in with the child/young person.

## Family Network Meetings

We hold Family Network Meetings to help the family to create a safety or support plan during the Return Home timeline. The family network checks in with and keeps an eye on the child/young person and the parents so they can identify times when mam, dad or the child/young person may be struggling and how they will step in to help. We gradually increase the time that parents spend with their children, with parents taking on more and more responsibility for caring for their child, for example cooking meals and taking them to school. This allows us to test and strengthen the plan over time, and make any changes needed without setting parents or the child/young person up to fail. Templates to support this work can be found via the following links: [Support Plan Template](#); [Safety Plan Template](#).

Members of the Family Group Conferencing team can be contacted for advice on running Family Network Meetings or pulling together a Family Group Conference in more complex situations where mediation or lots of preparation is needed to bring the family network together.

Examples of support plans and safety plans to support a return home can be found on the Signs of Safety Share Point site via the following links: [Example Support Plan historical drug use](#); [Example Safety Plan Managing Behaviour and Mams Mental Health](#).

## Words and Pictures

We work with mam, dad, carers, and other people who are important to the child/young person to create a Words and Pictures story so that the child has an explanation from their family about the reasons that they became a child in care and what it is that people are doing to make sure that they will be kept safe in future. [Please refer to the contents page to access the Words and Pictures section of this guide for more information.](#)

Examples of Words and Pictures to support a Return Home can be found on the Signs of Safety Share Point site via the following link: [Example Words and Pictures returning a child to the care of their family](#).

## Care Leavers

### Building relationships

Our young adults who are care experienced often tell us that they want to focus on their future, not on the past, so we talk to them about what their best hopes are and how we can help them to succeed. We take time to understand and develop their unique strengths so that young adults can achieve their ambitions.

We see young adults on a regular basis and communicate with them in ways that they prefer. This could include text messages and WhatsApp or meeting up with each other in the community.

We ask good, curious questions to understand what our care leavers think is working well in their life, any worries that they have, and we listen to what they want to happen so that they feel supported by us. We use direct work tools such as My Plan, My Future, which can be accessed via the following link: [My Plan, My Future](#). This allows young adults to talk to us about all the areas of their lives and take a lead on their planning by setting their own goals.

We use relationship questions to help young adults reflect on their situation, by exploring this from someone else's point of view. For example, 'what do you think your family would say is going better for you right now?' 'What do you think I'm worried about for you?'

We take the time to really listen to what young adults are telling us, so that we work *with* them, even when we may not always agree on what is best.

Where young adults are reluctant to accept our support, we are persistent and keep trying to find other ways to build a relationship with them.

### Making Connections and Supporting Lifelong Links

We are curious with our young adults about who they have around them that they can rely on, now and in the future, so that they have lifelong connections with the people who are most important to them. This could be family members, friends, friend's parents, or colleagues at college, university, or work.

We know that some of our care experienced young adults are more isolated than others, so we create a safe space for them to meet new people and get the advice and support that they need, for example by bringing them along to the Hub. This is an informal place where we can chat or do something that makes them feel good. Organisations such as Welfare Rights, Durham Works and health staff are also available should young people want to discuss their options or improve their health and wellbeing. Support is available from our Emotional Wellbeing Worker, who can work with young people to understand what helps them to feel better and improve their mental health.

We may provide a young adult with a 'peer mentor' to help them adapt to changes in the level of support they are receiving from services and to help them to make links in their local community. Peer Mentors are other young people who are also care experienced. Our young people who are care leavers may also wish to be a peer mentor themselves, to support other young people, develop their own community links, increase their confidence, and build their CV.

### Things we "Must Do"



We always talk to young people about who their most important people are and how we can build upon their network of support. This is always recorded on the young person's file.

## Pathway Plan Needs Assessments

Please continue to refer to the existing operating procedures, which can be accessed via the following link: [Pathway Planning Process](#)

A Pathway Plan Needs Assessment is first completed by the time a young person is 16 years and 3 months old, by the social worker in the Children in Care team. The assessment looks at different areas of the young person's life such as:

- Their physical and mental health
- Training, education, and employment
- The young person's identity (what makes me, 'me')
- Important relationships with family, friends, and others
- How the young person feels and shows their feelings ('emotional and behavioural')
- How they look after themselves ('self-care skills and presentation')
- Managing money ('finance')
- Support available to the young person
- The young person's home ('accommodation')
- Community ('family and environment')

The purpose of the assessment is to better understand what is working well across different areas of the young person's life, any areas where they may be struggling and what needs to happen so that the young person is supported now and in future as they move into adulthood. Within the Children in Care teams, the focus of the Pathway Plan Needs Assessment is on understanding what the young person needs to prepare them for life as an adult and how we help them to get ready for this.

Six months before the young person leaves care, we update the Pathway Plan Needs Assessment, with the aim of supporting planning with the young person for when they turn 18 and beyond.

The Pathway Plan Needs Assessment (and the Pathway Plan) is updated at least every 6 months by the social worker in the Children in Care team or Young Person's Advisor in the Care Leavers team. This allows us to get a better picture of how the young person is managing in each area of their life and how we can continue to support them and their connections to their most important people. The assessment and plan may also be updated if there are any significant changes in the young person's life, for example a change to their living arrangements.

### How we complete our assessment

We prepare some good, focused, curious questions to explore the strengths and struggles that the young person is experiencing across the different areas of their life. We listen to what the young person is telling us about what is happening in their life, what their best hopes are for themselves and what they want to happen. With their permission, we speak to the people who care about them and know them best for their views. We explore what role they play in the young person's life, how they are helping, and their best hopes for the young person. This could include carers, family members, teaching staff, health staff and other people that the young person has an important relationship with. We include our own views about this too so that we get a richer picture of what life is like for the young person and what we think can help.

We take a strengths approach and ask lots of questions to explore what the young person and the people who know them best think that the young person is good at; the things that they are most proud of; what skills they have learned and developed and how they use these in their day to day life (for example cooking, washing their clothes, keeping the house tidy); what they are interested in, studying or training towards and how this is making their life better; who the most important people are in the young person's life, what role they play and how it is that they help; how the young person manages any difficult feelings in a more positive way and what helps them to do this; who notices when the young person is struggling and how they step in to help; times when the young person has managed their money better and what helps them to do this.

As well as exploring what the young person is good at, what they can do and any help they are currently receiving, we need to explore and pay attention to the things that the young person struggles to do, so that we can support them with this to better prepare them for adulthood. For example, a young person may want to live independently, however if they are struggling to cook for themselves and manage their money, then we need to help the young person develop these skills so that they can live on their own successfully, as part of their Pathway Plan. If the young person is unable to develop the skills needed for this to be a success, then we have conversations with the young person and the people supporting them about a Plan B.

When we explore the things that the young person is struggling with or worried about, we ask questions to better understand how often this is happening, how it is affecting the young person and what makes the worries more likely to happen. Where we have worries about a young person's behaviour, for example self-harm, we are curious about what they may be trying to communicate in their behaviour. We consider the things that have happened to them in their life, so that we can think together about how best to support the young person into adulthood: 'if the behaviour could talk, what might it say?'.

Further examples of curious questions to support the Pathway Plan Needs Assessment can be found via the following link: [Curious Questions Pathway Planning Needs Assessment](#)

## Analysis

Our analysis needs to be clear about what things are going well in the young person's life and how this is making a difference to them, as well as areas where the young person is succeeding. Where applicable, we summarise any worries or struggles that the young person is experiencing and how this is affecting them. This could include where we have a difference of opinion about this, for example if we have worries that the young person doesn't share.

Based on the conversations with the young person and their important people, we outline the success goals (best hopes) that guide the Pathway Planning. The success goals clearly state what life will look like when the young person is succeeding or achieving in this area.

We use scaling questions to help us form a judgment about how well things are going and to support with next steps. Scaling questions are devised from 0-10, where 10 is what life will look like when the young person is succeeding and 0 is what life would look like if the young person is really struggling and we have serious worries about them.

We ask the young person to scale themselves and the social worker/Young People's Advisor scale things too. See the following external link for tips on scaling questions: [Tips on Creating and using Scaling Questions](#)





## Sharing the Assessment

We share our Assessments with the young person in a way that works best for them. This could be face to face, at a place where they prefer or via their carers. We check out if there is anything that we have missed



or misunderstood and we make any necessary changes. With the young person's consent, we share the finalised assessment with the other important people in their life, and we make sure that the young person has a copy of their assessment, for example by leaving a copy with them or their carer.

## Things we “Must Do”

-  We are clear about what support the young person needs to achieve their Success Goals
-  We explore and consider whether the young person needs care or support in each area of their life
-  We are clear about where the young person will live in future and what the Plan B (contingency) is if this can't happen
-  We are aspirational in our best hopes for young people and this is reflected in our analysis and their future plans

## Pathway Plans

Please continue to refer to the existing operating procedures, which can be accessed via the following link: [Pathway Planning Process](#)

We start Pathway Planning with young people who are eligible by their 16<sup>th</sup> birthday. This includes young people who are or have been in our care.

### Purpose of a Pathway Plan

We undertake Pathway Planning with young people so that they are aware of all the options that are available to them as they move into adulthood. The Pathway Plan is the way that we drive forward this process, so that we are supporting young people to build their independence. Pathway Plans are based on the Pathway Plan Needs Assessment and must include the following:

- Where the young person will live now and in future. The young person should have a home that is suitable for their own individual needs.
- What education or training the young person will access now and in future, and how they will be supported with this.
- How we will support the young person to get a job or become involved in helpful activities.
- How we will support the young person to develop the skills for life that they will need to become more independent.
- Helping the young person to connect with their most important people (including family, friends, and community relationships), and how this network can support the young person as they move into adulthood.
- Promoting the young person's ability to manage their money and budget.
- Understanding any health needs that the young person may have and how they can be supported with these into adulthood.
- We will be clear about the plan B (contingency plan) if parts of the plan aren't working for the young person.

### Involving the young person

We create plans *with* the young person, based on an assessment of their needs and what their best hopes are for their future. We focus on Success Goals and what life will look like when the young person is achieving or when things are going better for them. This allows us to work with any worries in a strengths-based way, so that young people are more likely to want to work with us.

We focus on what will help the young person to stay connected to the people and relationships that are most important and helpful to them, such as friends, partners, carers, wider family, and community members. This is to help them develop a sense of belonging now and in the future. We involve these people in our planning discussions with the young person's agreement and consider how they can support the young person to achieve their goals.

Where a young person is at risk, for example if they are self-harming, we work with them and their important people to create a safety plan that is clear about who will do what to help the young person to stay safe. The following template may be used to support and record these conversations: [Safety Planning Template Young People](#).

Our Pathway Plans include how everyone is working together to help the young person be safe.

## Preparing for the future

We talk with young people about what will help them to become more independent, so that we are preparing them for life when services may no longer be involved. We also consider what our best hopes are for the young person, as their corporate parent. This could include support for them to have a stable home; develop their skills; access training or employment; access to a bank account; budgeting and money management; support to obtain ID etc.

Where there are indicators that the plan isn't working, for example if a young person is at risk of losing their home or they are struggling at work or college, then we speak to the young person and their important people about a Plan B (contingency plan) so that there are other options for the young person to rely on.

## Timeline (work plan)

We talk to young people about their goals and we are clear about what our best hopes are for them too. We use a timeline to plan our work towards the goals, from short, to medium to long term goals. We build on what has gone before and work towards what the young person needs into adulthood. As a minimum, we need to clearly explore and record how we will achieve each goal for the young person and when this will happen so that it is timely for them. We are clear about the key tasks and what role everyone in the young person's network will play in helping the young person to achieve and succeed.

## Sharing the plan

We talk with the young person about the best way for them to understand their plan and how we share it with them. We are flexible in our approach, for example where a young person would prefer to have a conversation, we may meet with them over a coffee to have a chat about their plan. Other young people may prefer to be given a copy of their plan so they can look at it in their own time and provide feedback. We make sure that we share the plan in a secure way if we email it. To keep things simple, we may provide the young person with the key actions from their plan in bullet points. It is important that we find a way to share a copy of the young person's plan with them in a way that suits them best.

## Words and Pictures

Where a young person struggles with reading and writing, if they are a visual learner, or where they may have a learning disability or difficulty, we may use Words and Pictures to share the Pathway Plan with the young person. [Please refer to the contents page for the chapter on Words and Pictures for more information.](#)




## Reviewing the plan

We hold a review with the young person and their important people about their Pathway Plan at least once every 6 months. We may review the plan more often if this is what the young person, their advisor or their social worker think is needed, or when there have been other big changes in the young person's life, such as moving home.

Before we meet to review the plan, we speak with the young person about the best way to do this and how they would like their review to happen. We think together about who needs to be there and where the review will happen so that the young person feels comfortable with this, and they are more likely to take part. Where the young person is under 18, the review is chaired by an Independent Reviewing Officer. When the young person is over 18, the review is currently chaired by the Young Person's Advisor (however this may change in future), or it may be chaired by the young person themselves if they prefer this.

During the review we focus on the Success Goals, what is working to help the young person achieve their goals and anything that is getting in the way of this. We use scaling questions to help us understand what is working well what still needs to happen to support the young person to achieve their goal. We ask scaling questions to everyone present so that we can explore any difference and think about what will help from different people's perspectives.

## Things we “Must Do”

-  We create and write our Pathway Plans with the young person based on their Success Goals
-  Our Pathway Plans are SMART: Specific, Measureable, Achievable, Realistic and Timely
-  Our Pathway Plans are clear about any Plan B for the young person (contingency plans).

## Fostering and Connected Carers

### Building relationships

**We know children and young people well.**

When our children first come into foster care, we think about what they need from their carers to help them to settle, develop strong relationships and feel part of the family. We make sure that our foster carers know enough about what has happened to the child/young person so that they understand how best to respond to them in a way that is sensitive, helps them to settle and can support them start to heal from any trauma. We do this by sharing key worries and how these have affected the child/young person (Worry Statements) along with the Success Goals. We encourage the child/young person to share information about themselves in a way that suits them best. This could be by drawing, writing, using the 'This Is Me' scenario within Mind of My Own or some other way that they prefer.

We nurture children's existing relationships, and we also create opportunities to build relationships with other children who have had similar experiences to them. This can include through the Mockingbird Model or through the Children in Care Council. For more information on Mockingbird contact Katie Shaw at [katie.shaw@durham.gov.uk](mailto:katie.shaw@durham.gov.uk). More information on the Children in Care Council is available via their webpage at the following external link: [Durham CICC](#).

We make sure that we prioritise children seeing and spending time with their brothers and sisters in the ways that are most enjoyable for them. We do this by talking to children about how and where they would like this to happen. We talk about how children would like to share their special times with their birth family including birthdays and other occasions and our foster carers support this to happen.

We remember that we are co-parenting children, so we find ways to develop and strengthen relationships with birth parents and other people who are important to the children so that they remain part of their children's lives. This is also about ensuring that our children have a sense of belonging, know their identity and so that we nurture lifelong connections. Where there are difficulties in relationships between carers and birth family, we do everything possible to find solutions, keeping in mind what is best for the child/young person.

An example of how foster carers have overcome issues and built a strong relationship with birth family can be found on the Signs of Safety Share Point site via the following link: [Nurturing connections to birth family](#).

### Fostering / Connected Carers Assessment

We think through our best questions before we meet with the potential carers we are assessing. This includes questions about what they do well, as well as questions to explore how they overcome or manage difficult situations. Where we have worries about a potential carer, we explore these worries with them. We are honest about what our worries are so that we give people as much chance as possible to make changes. Where we have some worries about connected carers, we write clear Worry Statement(s), Success Goal(s) and Scaling Questions and share these with the potential carers and their network so that we can create a plan to manage the worries.

During the assessment we explore who is in the carers wider network and we give examples of how it is that they help. This could include wider family, friends, community, and specialist resources, such as the Mockingbird model.

We explore the potential carers own experiences of parenting their children, including the best ways that they have looked after them, what struggles they have had and how have they managed these. We always

include observation of carers with children where possible, including how they relate and respond to each other and what this tells us about their relationship.

To inform the assessment, we observe interactions of potential carers with each other, and their peer group during the assessment and any training.

We always have a clear timeline of key tasks to be undertaken prior to the Fostering Panel and we share this with the potential carers from the outset. This could include health checks, police checks, and references. We always obtain references from people who know the carers best, including family members, where possible.

## Networks

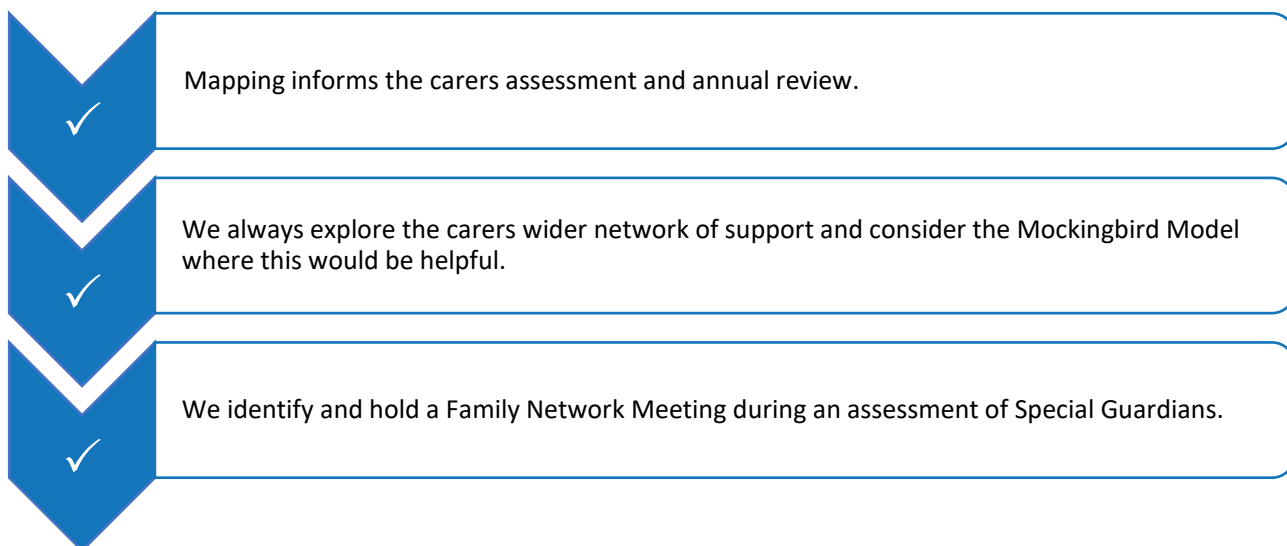
*It takes a village to raise a child.*

Where we have worries about a connected carer, we offer to hold a Family Network Meeting with the carer and their most important people to create a plan together to manage the worries. This means that we work with any barriers that might get in the way of a child/young person living with their carer, particularly with people where they have an existing relationship, where this is in the best interests of the child/young person. A booklet to support families to identify their networks is available via the following external link [Our Networks: Safety and Support for Children and Families](#)

During the Family Network Meeting we share any Worry Statement(s), Success Goal(s), and Scaling Questions. We invite the network to scale, and we ask curious questions to help the network to develop a plan. We may use the Support Planning template or the Safety Planning template to guide and record this work, available via the following links: [Support Plan template](#); [Safety Planning Template](#).

We use the Mockingbird model to build on the carers network of support. This operates similarly to a natural family network where other carers know the children well and step in to support them when needed.

## Things we “Must Do”



## Fostering Support and Supervision

We always make sure that children and young people have enough information about their carers, their home, and people and animals that live with them. This could include sharing photographs with the child/young person about this and making introductions wherever possible, before the child/young person goes to live there. This is so that we can all get along, live well together and everyone knows what to expect from each other.

As part of the Safer Care policy, we identify any worries about safety and create a plan with the foster carer, the child and the child's social worker that includes how the carer will manage any worries day to day for the children in their care.

The Fostering Social Worker visits the carer and the children who live there every 4 to 6 weeks, however for new carers we think about this being more frequent. We plan our visits, and these have a clear purpose, for example, considering the Safer Care plan. This plan is updated each year and we include the child/young person in this process.

We use scaling questions with carers to get an understanding of how well they feel things are going with the children/young people they care for. We always ask questions to explore what it is that is working well and what the foster carer's role is in this, and what needs to happen to make things better where there are worries. Example questions to support mapping in supervision are available on the Durham Children's Services Procedures Manual at the following link: [Example Questions: Fostering Supervision](#)

Where we have worries about a carer for example, any allegations, frequent unplanned moves, or any other significant events we create a chronology to allow us to analyse any patterns.

As soon as any difficulties start to arise, we hold a 'Stability Meeting' and map with the child/young person, the carers and any other people that are most important to the child. We map all the things that are still going well, including the child's unique strengths and times that people have been able to manage the worries. We explore the worries from everyone's perspective, and we think together about what needs to happen to make things better so that the child/young person can continue to remain with their carers. Examples of questions to support Stability Meetings can be found via the following link: [Example Questions: Stability Meetings](#)

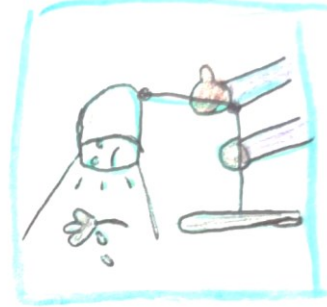
When we have had any unplanned moves for children/young people we hold a 'Disruption Meeting' to help us learn from what has happened, how we have got to this point and what we could do differently in the future. We use the mapping tool to help inform this discussion.

We support foster carers to create a Words and Pictures story for children to help explain any moves from one foster carer to another. This is so that children are better prepared for the move, they understand the reasons for this, and they don't blame themselves. [Please refer to the contents page for the chapter on Words and Pictures for more information.](#)

We use Appreciative Inquiry in our team meetings and in our conversations with carers to really notice and celebrate all the good things about the care of the children and what the foster carer is doing to make this happen. More information on Appreciative Inquiry can be found on the Durham Children's Services Procedures Manual at the following external link: [Appreciative Inquiry Guide](#)

Appreciative Inquiry helps us to understand what it is that we do that really makes a difference to the child/young person's life. This could include exploring proud moments, how these happened and what this meant for the child. Appreciative Inquiry also allows us to learn from each other about what works and what we need to do more of.

## *Remember, what we focus on grows*



### Things we “Must Do”



We spend time regularly with carers and the children that live with them.



We map in the early stages of an issue arising between the carer and the child/young person they are caring for.



We use Words and Pictures to explain any unplanned moves to children.



## Residential

This section will be coming soon. In the meantime, please continue to refer to the existing procedures via the following external link: [Durham Children's Homes Procedures Manual](#)

## Adoption

Whilst we try to do everything that we can to support children to remain with their birth families, there will also be times when we need to plan for children to be cared for in an adoptive family so that they can experience a sense of security and belonging without the ongoing need for children's services involvement in their life.

### Involving Birth Families

We always talk to birth families in a kind and sensitive way about what adoption means for their relationship with their child and answer any questions that they may have. We explore with birth parents and other family members whether they would like to have counselling to help them to come to terms with the adoption plan. We are clear with the birth family about the timescales for their child being adopted and what will happen at each stage of the process so that they are fully informed and know what to expect.

When children are adopted, we support children to stay connected to their birth family through a 'letter box' system, where the Adoption Team initially pass on letters and cards from parents and wider family to their children. Children may also wish to write letters to their birth parents, brothers and sisters or wider family.

### Prospective Adopters

When we are assessing prospective adoptive parents, we think about how it feels to be assessed and we consider how to do this in a safe and supportive way. This involves a two-stage process:

#### Stage One:

The first thing we do is to visit the prospective adoptive parent(s). We share information with them about adoption and we explore together what is working well for them, any worries or concerns they may have and what needs to happen in relation to the process. At this point we start background checks such as referees, police, and health checks.

During stage one, we help prospective adopters find out more about adoption by attending preparation training so they understand more about the process, they learn about our children who have a plan of adoption and how they can best prepare for a child to come and live with them.

This process can take up to two months. If all goes well during stage one, we move on to stage two.

#### Stage Two:

We allocate an Adoption Social Worker who completes the Prospective Adopter's Report (PAR) in partnership with the adoptive family. This can take up to 4 months. During this period, we complete a timeline of key tasks to plan our work, including when, where and with who the assessment sessions will take place and the date of the Agency Decision Making Panel (ADM).

Throughout the assessment, we ask curious questions to understand the prospective adopter's experience across different areas of their life, for example their upbringing, their relationships and supportive people, their education, employment, and adult life. We also explore their potential to care for a child.

We explore these areas in depth, and we work alongside the adoptive family to consider their strengths and any difficulties they may be experiencing. We write our reports in behavioural detail and use information about strengths and vulnerabilities to inform the analysis in our reports.

We work in an open way with prospective adopters and if any worries arise either before or during the assessment, we talk to them about this and consider how we can work through any issues together. We don't expect our adoptive parents to be perfect. Instead, we look for adopters who are committed and are open to learning. We explore any negative experiences they have had, how this has affected them and others, how they managed this and how these issues might play out in their role as adoptive parents. We make sure that our prospective adopters get any additional training or support that they might need to help them as an adoptive parent.

We use tools such as genograms and eco maps to explore who is important to our prospective adopters, as a starting point to begin to identify their support network and how it is that they could help, particularly in relation to any vulnerabilities.

We hold a Family Network meeting where we bring everyone together to think about how they would manage any issues. We encourage prospective adopters to think about who could step in to care for their adopted child in the event of a serious illness or death of the adoptive parent. We always speak to wider family members and people who are independent from the prospective adopters, such as employers, for their views and for any references.

Once the PAR is complete, this gets reviewed and explored at the Adoption Panel, with a recommendation about whether to approve the prospective adopter, in preparation for the Agency Decision Making Panel (ADM). The final decision about whether to approve a potential adopter is made by the ADM.

## Matching

Once we have approved a prospective adopter, we decide on the best fit between them and the children in our care. We think about what the child needs and what strengths and skills the adoptive family brings.

We talk to adopters about what has happened to the child to help them to understand what the child has experienced and what care they will need to help them to heal, settle and belong.

We share information about the importance of the child's identity, including their name, any religious beliefs, or cultural needs. We discuss what extra support the child and the adoptive family may need, and we continue to explore how the family network can help.

We arrange 'chemistry visits' between the prospective adopters and the child to help us decide together about whether this is a good match, before a final decision is made.

This process is overseen by a Matching Panel, who read the relevant information and these reports help the panel to understand more about the child's needs and how the prospective adopter can care for them. The panel makes a recommendation about matching the prospective adopter to a child, with the final decision being made by the ADM.

## The Plan

Once the right match has been agreed by the ADM, we start to work towards the child and adoptive parents spending more time together and getting to know each other better. We gradually increase the time spent between the child and the adoptive parents so that the adoptive parents are taking on more responsibility for caring for the child, up until the point where the child goes to live full time with their adoptive family.

We continue to test out how well the adoption plan is working and where there are any issues or challenges, we work together to try to resolve these.

## Life story

We make sure that all children who are adopted have a life story to help them to understand their identity and make sense of changes to their family life.

We encourage birth parents to be involved in creating a story for their child so that they can tell them in their own words what they feel it is most important for their child to know about them and their family. We may use photos of the child's birth parents and wider family to help with this or encourage birth parents to draw pictures.

We use life story work to celebrate the child's life and to help them to understand how they came to be adopted, so that they can better understand what has happened to them in their life and we can use this story to help answer any questions the child might have as they grow up.

A memory box may be created over time. This includes the things that carry most meaning for the child, for example their first toy, so that the child stays connected to their identity, and they form important memories about their past. We may also include later life letters from the child's birth family and their social worker(s).

[Please refer to the contents page for the chapter on Life Story work for more information.](#)

## Post Adoption

We know that before children are adopted, many will have seen and experienced things that will have been frightening or harmful to them. Where children are very young, these memories can remain alive in their bodies, and these experiences can and do affect them later in their life. This can be challenging for everyone.

There may be times where adoptive families need extra support to help them to understand how best to care for their child and help them to heal. Support may be available to families through our Early Help offer, or through our Full Circle team if therapeutic support is needed.

[Please refer to the contents page for more information about Early Help and Full Circle](#)

# Life Story Work

## The Purpose

The purpose of Life Story work is to help the child/young person understand who they are, how they have come to be where they are and to celebrate their life, for example their special moments, memories, and achievements.

Life Story work acknowledges the separation and loss that the child/young person has experienced when they are no longer living with their family and balances this with the other important things that have happened in their life, that shapes them into the unique person that they are, with their own important relationships and interests. Good Life Story work helps to build the child/young person's self-worth and answers any questions that they may have, for example about their family and the things that have happened to them in their life. The aim of Life Story work is to link the child's past, present and future into a story that makes sense for them, in a way that they can best understand.

Life Story work can be shared with the other important people in the child/young person's life so that they don't have to keep re-telling their story to different people. It allows these people to better understand what has happened to the child/young person (both positive and negative), which can help build stronger relationships and more sensitive responses to what the child/young person needs from the people around them. This is particularly important where there may be issues with the child/young person's behaviour, for example if they get angry, steal food, or run away. The way that we make sense of and frame these behaviours is important, for example seeing the behaviour as communication or what the child needed to do to survive the things that were happening to them, so that the child/young person doesn't end up feeling worse about themselves because of this.

## The difference between Life Story work and Words and Pictures

Words and Pictures is the parents' story for their child about the worries and how things have got to this point, for example when it is no longer safe for the child to live at home. Words and Pictures is completed *with the parents for their child* and allows them to 'own' the story about what happened in the family's life, using the family's own language. Children deserve an explanation from their parents in a way that they can understand, that means that they don't end up blaming themselves when they can no longer live with their family. We take parents on a journey with Words and Pictures, and we do this in a compassionate and non-blaming way. Often the process can be as therapeutic and healing for parents as it is for children. [Please refer to the contents page for the chapter on Words and Pictures for more information.](#)

Although Life Story work includes the reasons why a child came into care, this is just one part of the child/young person's story. We may use information from Words and Pictures to feed into this, however Life Story work is a much wider approach that continues throughout the child/young person's life that helps to answer questions, celebrates their life, and shapes their identity.

## How we complete Life Story work

We start Life Story work as soon as the child comes into care, however we may also use information from, for example, parenting assessments to support this. This means that Life Story work starts in our Families First teams and follows the child/young person on their journey into our Children in Care teams.

Social Workers, Family Workers, and Social Care Assistants each have an important part to play in creating Life Story work. We think about what we can do right now that would make a difference to the child, for example a detailed case recording on the day that the child/young person was removed, that brings this to life and would allow the child/young person to make sense of this if they accessed their records in future.

[Please refer to the contents page for the chapter on 'The Day I Came into Care' for more information.](#)

Family Workers, Supporting Family Time workers and Social Care Assistants who are supervising family time can talk to parents/wider family and children about taking photos that can be shared with the child now and in the future. In doing this we may need to reassure parents about the purpose of this, that is, to create memories for them and the child rather than using this information to assess parents. Parents may also share precious memories with Family workers, Supporting Family Time workers and Social Care Assistants, which can play an important part in Life Story work, and we should capture this in our recording.

We complete Life Story work with the child/young person and their most important people, such as their birth parents; grandparents; aunts and uncles; cousins; teachers; carers; and residential carers. We involve the people who love and care about the child/young person and who know them best. We may use resources such as 'From Me to You' (parents), 'From Me to You' (Grandparents) and 'From Me to You' (Foster Carers) to help these important people think about what memories, thoughts, and feelings they would like to share with the child. These booklets are available via the following links: [From Me to You - Foster Carers](#); [From Me to You - Grandparents](#); [From Me to You - Parents](#)

Life Story work is unique to each child/young person, so we take a personalised approach to this. We include things that the child/young person is curious about, that only family and the people who know the child/young person best would know. This means that we bring the story to life, for example the first time that the child went to the park or the beach; the child's first words; when they took their first steps; or when they first learned to read. We develop this story over time to include other important events in the child/young person's life as they grow older. The Life Story checklist is a useful tool that guides us to explore important themes and events, and is available via the following link: [Life Story Work Checklist](#)

We break down Life Story work into manageable sections as the child grows and develops. We can use resources to support us with this, for example milestones booklets. These resources focus on milestones for babies; milestones age 1-3; milestones age 4-6; milestones age 7-9; and milestones age 10-12. These booklets can be accessed via the following links: [Baby's Milestones](#); [Milestones 1 to 3 years](#); [Milestones 4-6 years](#); [Milestones 7-9 years](#); [Milestones 10-12 years](#). We adapt and personalise these booklets so that they are best suited to the child's interests and communication style.

The following is one example of a template to support Life Story work: [Life Story Book Example](#)

When creating Life Story Books, we remember to make them unique to each child, based on their age, interests and preferred communication style.

When a child moves from one part of our service to another, or when they experience a change in relationship (for example when a social worker moves on), we recognise the importance of endings and new beginnings for the child/young person. When this happens, we write Later Life Letters to the child/young person that explains why these changes are happening, what role the social worker played in the child/young person's life, and we share some of our fondest memories about the child. More information on creating a Later Life letter for the child/young person can be found via the following link: [Later Life Guidance](#)

## Involving the child/young person

We can involve older children in their Life Story work using creative approaches that fit with their interests, for example timelines in the form of a comic strip. Research in Practice has some useful video resources demonstrating some different approaches to life story work with children, available via the following link: [Research in Practice Life Story Work Practice Tool](#).

We explore with older children what they would like to know more about or questions they would like answers to. We think about how we can give older children some more control over their Life Story work. This could include thinking together about what might be good and what might not be so good about Life Story work; what to include in the story; how to do it; where to do it; when to do it (for example, the best

time of the day) and when to share it. We may need to consider what other things are happening in the child/young person's life that could affect how often we do the work and when is best to share it, for example if the young person is having therapy.

We consider how the child/young person feels when talking about their past or their family so that the story fits with their needs. Having a story that makes sense to the child is linked to healing, however this needs to be done sensitively so that it doesn't overwhelm the child/young person.

We think about the best way to communicate with the child/young person, particularly if they have a learning need or prefer certain sensory approaches, for example our Children with Disabilities team use widgets to help share the story in a way that the child can best understand.

We always leave the original Life Story work with the child/young person. We recognise that sometimes Life Story work can bring up big feelings in the child/young person. For this reason, we laminate the Life Story work or make back-up copies so that the child/young person always has this to refer to, even if the original copy gets damaged.

## Reviewing and updating Life Story work



Life Story work gets reviewed and updated at least once every year, when we complete our assessment of the child/young person. Life story work may be updated at other times, for example when a significant event happens in the child/young person's life, such as the birth of a new brother or sister; the death of a carer or family member; the child/young person moving to live with a different carer. We consider what is happening in the child/young person's life and we check in with the child/young person and the people who know them best to make sure that any updates to Life Story work are shared at the best time for them.

All recording in relation to Life Story work should be saved using the 'Life Story' drop down menu on Liquid Logic and we upload all direct work to the documents section of the child's file.

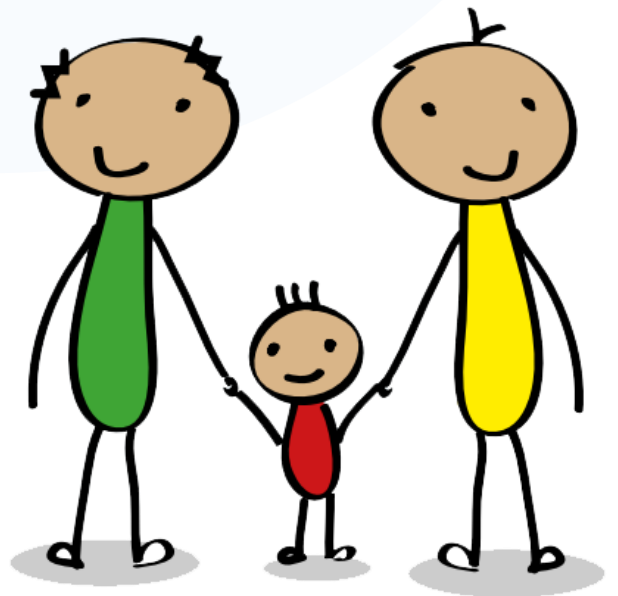
Claire Kitson is our dedicated Life Story Co-ordinator, and she is available to offer additional help and support to anyone undertaking Life Story work in Durham. Claire can be contacted via the following email address: [Claire.kitson@durham.gov.uk](mailto:Claire.kitson@durham.gov.uk)

Examples of different parts of Life Story work can be found on the Signs of Safety Share Point site, under Good Practice 'Life Story Work', via the following link: [Good Practice Life Story Work](#)

## Things we “Must Do”

-  When the child/young person experiences a change in their social worker, the social worker will write a Later Life Letter to the child/young person and this will be added to their file
-  Life Story work will be updated each year or when a significant event has happened in the child's life

# Countywide and Specialist Services





## Emergency Duty Team (EDT)

Please continue to refer to the existing procedures via the following external link: [EDT Operating Procedures](#)

### The role of EDT

The Emergency Duty Team provides a range of emergency services and responses, out of hours, from Monday to Thursday 5:00pm until 8:30am and from 4:30pm on Friday's until 8:30am the following Monday. The service is provided to children, young people, their families, and vulnerable adults, covering areas such as keeping children and vulnerable adults safe; support where there is a mental health emergency; and assistance to older people, those with physical or learning disabilities and children/young people or vulnerable adults who are homeless.

The information in this guide focuses on how we provide emergency help and support to children, young people, and families, until this can be followed up by daytime services. This support may include advice and guidance, help to find a safe place for children, young people, and their parent(s)/carers to stay if they are at risk of harm, and advice and help to children and young people who are missing from home.

### The Initial Call or Visit

We consider the referral and any relevant information from partners. We create some good, focused questions to explore what has happened or any worries in more detail, alongside questions to explore times when things were better, or the worries were reduced.

We explain why we are speaking with the family and ask them for their version of events. We ask questions to explore the worries, what is working well and how it is that other people can help at this tricky time. We check out this information and compare it with any information received from partners and the people who know the child and family best, or what we observe if we visit. We may visit where there are worries about children being left 'home alone'; where parents/carers may be under the influence of drugs or alcohol; where there are worries about dangerous childcare arrangements; or to check that a person who poses a risk of harm to the child/young person isn't in the home.

When we first speak to the family, we ask about their network of important people, who may be able to offer help and support, for example offering a safe place for a child/young person to stay. We check out that the family are happy for us to speak to their network, or to have any of these people present if we visit.

We speak to the child/young person about what they understand has happened, what life is like for them, including what they are worried about, what they feel helps and what they would like to happen now. We may use tools such as the Three Houses and the Mind of My Own app to help with this.

We use this information to complete a risk assessment of the situation, following the Signs of Safety mapping process. More information on Mapping can be found via the following link: [Mapping Tool Explained](#).

### Next Steps

We create a Danger Statement that states what has happened, how this has affected the child/young person and what this could mean for the child/young person in future if things don't change.

We co-create a safety plan with the child/young person, their parents and wider family network and any key partners that is clear about what needs to happen to keep the child/young person safe and well, and who is doing what as part of this plan.

This information is recorded on the child/young person's file. There may be times when we don't need to take immediate action to keep a child/young person safe, however there are worries about the child/young person's wellbeing. A Child and Family Assessment may be needed to better understand what is happening for the child/young person, and to make sure they continue to be safe and well. In these instances, this information is passed to First Contact in the morning.

There may be times where we don't have enough information to decide whether a Child and Family Assessment is needed. In these situations, the information is passed on to First Contact in the morning for them to follow this up.

## Full Circle

We want all children and young people to be happy, healthy and do the best they can in life. Sometimes they need specialist support for this to happen. Full Circle is a therapeutic service for children and young people, who have seen and experienced things in their life that will have been frightening, confusing or harmful to them, and this trauma is still affecting them and their relationships.

We offer support to children, young people, their parents/carers, and other practitioners involved with the child/young person, where the child has been abused or neglected and this is still affecting how they feel and behave.

When a child/young person comes into our service, we work together with their important people as well as the child/young person themselves. We can use consultation, therapeutic parenting approaches and therapy to support their healing from their traumatic experiences.

Full Circle use a Signs of Healing approach. Support initially includes therapeutic assessment, and we consider how the trauma has affected the child/young person and what the worries may be. We also explore what is working well and the existing healing for the child/young person. This can include using the mapping tool to support these conversations and build on any mapping that has taken place in other parts of children's services. We also reflect and use the mapping tool as a team, to support our work and check whether we need to do anything differently for the child or young person. The mapping tool is explained via the following external link: [Mapping Tool Explained](#)

Following this assessment, we allocate a worker who links in with those around the child (and the child/young person when direct work takes place) to produce a therapeutic plan that considers the impact of the trauma on the child/young person's life and how we, and those around them, can support their healing.

We observe and ask good, curious questions to better understand the past trauma and current worries that led to the child/young person and their parents/carers needing specialist support. We explore the strengths of the child/young person and their family life, and what they want to happen to help them to heal. We use a range of questioning styles, including relationship questions, circular questions, exception questions, and coping questions to explore strengths, safety, and healing.

We think about the impact of trauma on the child/young person and consider the role of important relationships in healing. We have a strong focus on the PACE model (Playfulness, Acceptance, Curiosity and Empathy) as part of this work. In addition, we can support around therapeutic explanations and letter writing to help children, young people, and their parents/carers to make sense of what has happened in the past, because knowing and understanding can help them to make sense of and manage big feelings, which can support with healing.

We check whether there is an existing words and pictures explanation for the child/young person and can support their social worker or early help worker to create one. [Please refer to the contents page to link to the Words and Pictures section of this guide.](#)

As part of our work, we will also support parents, carers and other important people in the child or young person's life to think about their network of important people and how they can also help to make a difference, such as providing support and contributing to the child's healing. See the following external link for a booklet to explore family networks: [Our Networks: Safety and Support for Children and Families](#)

If we think that a child or young person is at risk of harm, we work hard with the child/young person and their most important people to reduce this risk. We support the child's social worker or Early Help worker with any understanding needed to do this, for example, around impact and language. We can use the Harm Matrix to help. The Harm Matrix is available as a form in Liquid Logic or can be accessed via the following external link: [Harm Matrix](#)

To understand what difference the work we do is making and whether there is anything we need to do differently, we will use scaling questions as part of our work together. We will always consider the views of everyone we work with and always make sure the child or young person's safety and healing are at the centre of everything we do. More information on creating and using scaling questions can be found via the following link: [Tips on Creating and using Scaling Questions](#)

# Supporting Solutions

## Edge of Care

**Please continue to refer to the Operating Procedures for Edge of Care, which can be accessed via the following external link: [Supporting Solutions Procedures](#)**

Where children or young people open to Children's Social Care, aged 7-17 are at risk of becoming a child in care, or where they are currently a child in care and we are wanting to support their return home, we offer additional support to the child/young person and their family to rebuild relationships and support them to stay together. This includes offering support to young people aged 16 and 17 who are at risk of becoming homeless. There may also be times where we support the child/young person and their long-term foster carers where this relationship has become strained, so that there is a greater chance of the child/young person being able to remain with their carer.

We have duty workers available Monday to Friday, 8am-8pm and Saturday and Sunday from 9am-5pm. This allows us to provide support to families out of hours, for example when they are in a crisis.

We always read the referral, the chronology, any assessments, and the existing plan for the child/young person. This means that we are familiar with what has already happened to the child/young person so that they don't need to retell their story and our work is focused. We continue to keep in touch with the social worker as often as is needed and we attend any review meetings for the child/young person.

We complete a timeline of key tasks with every young person and their family, to inform our overall plan of work. This sets out what we will do together over what timeframe, in small steps, to work towards our overall goals.

We take a strengths-based approach by exploring everything that is working well in the relationship between the parents/carers and their child, to nurture and improve this relationship. We work with the child/young person and their family/carers, and we listen to everyone's point of view so that everyone feels heard and included.

We use a range of evidence-based tools such as restorative conversations, and take a creative, solution focused approach so that families are empowered to think about what will work for them and what they want family life to look like once things are better. We use scaling to measure progress towards goals and to help the child/young person and their family think through what still needs to happen for things to continue to improve. See the following external link for tips on creating and using scaling questions: [Tips on Creating and using Scaling Questions](#)

There may be times that things have become so heated that the child/young person needs to spend a brief period away from the family home for things to calm down. At times like these, we may offer for the child/young person to be cared for overnight in our 'crash pad' or by an emergency carer, with support being offered to the family the next day.

We explore the family network from day one and we pull together a Family Network Meeting or Family Group Conference from the earliest opportunity to work out what support wider family and friends can offer, now and in the future, so that parents and the child/young person feel supported, and the family can stay together. We work with the family network to test out their plan and strengthen this, so that they are better prepared for when we are no longer involved.

Throughout our work with the child/young person and their parents/carers, we work alongside partners such as CAMHS, Youth Offending Service and Humankind where these services are helpful to the plan.

## ERASE

ERASE is our specialist child exploitation team and is made up of practitioners from the police and children's services. Where a social worker has worries about a child/young person being exploited, they complete the Child Exploitation Vulnerability Tracker (CEVT) to help understand the level of risk to them. The social worker may also complete the Harm Matrix where we are becoming more worried about a young person, and review this with the ERASE team. The Harm Matrix is available as a form on Liquid Logic or can be accessed via the following link: [Harm Matrix](#)

If the child/young person is at high risk of being exploited, we work directly with them and their parents/carers to support them to understand what is happening and how to keep the child/young person safe. We also work with other practitioners to help educate them about child exploitation and how they can best support the child/young person and their family.

When working with children/young people who are being exploited, we are careful to use language that does not blame children or young people for what is happening to them. We always explore what it is that the adults around the child/young person are doing that is harmful to them. We talk and write about children and young people in a kind way, remembering that they can access their files at any point and may form a view about themselves as a result.

We work creatively and directly with young people to explore where they feel safe and with who; we take part in safety planning with the young person and their network of family, friends and community and we educate young people and their parents/carers so that they are better able to understand risks from others, for example grooming. We keep in regular contact with the social worker and this work informs the child's overall plan.

## Family Group Conferencing

We always work from the viewpoint that families understand themselves best and they hold the solutions for what will work for them and their children. We do this in partnership with the family, using their unique strengths, and consider their culture and values, so that we can create lasting plans to keep children safe, well and connected to their family.

We can hold a Family Group Conference for any child/young person who is open to Children's Social Care. There may be times where a Family Group Conference is used to build on an initial safety plan developed during a Family Network Meeting. Alternatively, where the relationship between the social worker and the family is strained for any reason, or where there are tricky family dynamics that means we need more time to prepare for the meeting for this to be a success, we hold a Family Group Conference.

The Family Group Conference is led by the Family Group Conference facilitator. We meet with parents and the child/young person initially, to talk to them about who their most important people are, who care about the child/young person and who could be involved in the plan. This could include wider family, friends and others in the local community, such as youth workers.

We speak with everyone involved and prepare the child/young person and wider family for the meeting, including how they will manage any disagreements on the day, for example thinking about where people sit and how people can leave easily if needed. This could include mediation between family members before the Family Group Conference so that relationships are better on the day.

We are clear about the key issues that the Family Group Conference needs to address, and we decide together where the Family Group Conference takes place so that this is easy for people to get to, and they feel comfortable there. We may invite people to take part virtually if this is easier for them, for example if they are working or live further away.

We invite practitioners involved with the family, such as the social worker, school, and health to attend the beginning of the meeting with the family. This is where we re-visit existing strengths, the key worries to be addressed, and what support other agencies can offer, if the family decide that they would like this as part of their plan.

Following this, we allow the family to have private family time so that they can create a plan that works for them without other practitioners influencing this. The Family Group Conference Facilitator is available to answer any questions the family may have.

Once the family have created their plan, they explain their plan to the facilitator, who helps to clarify the plan and a Plan B if needed. The plan is shared with the social worker, and we agree this plan so long as it doesn't place the child/young person at risk of harm. This plan informs the child/young person's overall plan.

We come together between 4 and 8 weeks after the initial Family Group Conference, to review the family plan. This is led by the Family Group Conference facilitator and the social worker attends for the whole meeting. We agree any changes to the plan with the family and update the child/young person's plan if needed.

### Lifelong links: building lasting relationships for children in care

We support children in care aged 15 and three quarters up until their 18<sup>th</sup> birthday to help them reconnect with the important people in their life, or to help them build new relationships so they have a natural network of supportive and helpful people around them into adulthood and beyond. This is about supporting young people to have a sense of belonging, know that they are important and wanted and for them to have helpful people to turn to when they need support.

We focus on those young people with limited support as these are the young people who are most likely to feel isolated and rely on services for help as they age out of the care system, when this support will only ever be temporary.

We help young people to get back in touch with people who are important to them from their past who they haven't seen for a while, or people they have heard about (for example family members who they might never have met) who they would like to get in touch with or get to know better.

We support young people to get back in touch with a range of people who have been important to them, including previous carers, social workers, teachers, youth workers etc. This could be with the aim of having regular phone calls, catch ups in person, or even receiving a birthday or Christmas card so the young person knows that people are thinking about them.

The Lifelong Links co-ordinator will meet with the young person and works with them to find all the people who may care about them.

With the agreement of the young person, we will get in touch with the people identified (where this is safe) and will arrange to visit them wherever possible, or at least speak to them about being part of the young person's lifelong links. We discuss with these people how they might be able to support the young person and show them that they care.

In conversation with the young person, we invite these family and friends to the Lifelong Links Family Group Conference, if this is what the young person wants.

The purpose of the Lifelong Links Family Group Conference is to bring together the people who care about the young person, to create a plan so that:

- The young person can have lasting relationships they can depend on.
- It is clear to everyone who is responsible for staying in touch with the young person and how this will happen.
- The young person can learn more about their family history and develop a stronger sense of identity.
- The young person will have people they can turn to for emotional and practical support, such as being invited to family events, holidays, having phone calls, sending emails/birthday/Christmas cards, going out together or help with work experience.
- The young person's support network creates a plan to share with the social worker and other practitioners. The plan then becomes part of the young person's care plan.



## Supporting Family Time

Where there needs to be someone else present when a parent/carer sees their child, for example if a child/young person is looked after, or there are worries about a parent/carer having time alone with their child, we may supervise the family time between parent(s) and their child. When deciding on the amount of supervision, we consider the level of risk, ranging from fully supervised all the time to periodic check ins when there is evidence of more safety for the child/young person. We always try our best to make sure that the same person supervises each family time session so that we can build a trusting relationship with the child/young person and their family and so they do not have to get to know different people each time.

So that the child/young person and family get the most out their time together, we think about who needs to be part of family time, where this will happen so that the child/young person and their family feel most comfortable, and what they will do together to enjoy this time. We talk with children and their family to get their views about this, what their best hopes are for family time and what our hopes and expectations are.

Family time also provides an opportunity for parents and carers to show us how they can best care for their child, and this informs our assessments and plans. We pay attention to the relationship between the parent and their child and how they respond to each other. Where a parent/carer is struggling, we see this as an opportunity to offer guidance and support if needed to get things back on track. When recording family time, we are clear about what has worked well, any struggles or worries and what needs to happen if we do have any worries.

The social worker, along with the child, family, and other practitioners review family time as part of the care plan so that this is in the child's best interests. We consider what needs to happen to help nurture the child's most important relationships now and in the future. This can include co-creating a timeline of key tasks to work towards increasing the amount and the quality of family time.

## Recording Family Time sessions

We record family time according to what is working well between the family and the child and any worries (if relevant) that happen during family time.

This means that we pay attention to what we see during the session, for example what family members and the children do and say, and how they respond to each other.

We remember that the child/young person could access their file at any time, so we write our records to the child/young person rather than about them, for example, 'Milly, today you spent time with your mam and dad in the park because this is where you all said you would like to meet up...'

We write about the session in behavioural detail, by describing what it is that we see or hear that tells us things are going well, or what it is that we see or hear that makes us worried. We make sure we write about anything that is working well in detail, as young people who have accessed their files have told us that it can be hard to find much that is positive, and this can have a huge impact on how they feel about themselves and their family.

Wherever possible, when describing what is being said we use the child's words and the family's words. We do not use labels such as 'twisty' or 'kick offs.' Instead, we describe what happened, using every day, straightforward language that the child and family understand. For example:

*'Milly, when David took your toy, you became teary and you looked annoyed with him, then you hit him on the arm. Your mam noticed what was happening and told David that he needed to 'give you your toy back' and that 'you shouldn't hit your brother'.*

Where we have any worries, we describe how we supported the child and family member with this and offer guidance to family members if needed. For example, if family members are bringing lots of sweets and snacks to family time, this could be their way of trying to show love to their child, however we may need to explore this with them and think together about what else they could bring that would be healthier for their child.

Where there are worries about a child/young person's behaviour, we are curious about what the child/young person could be trying to tell us through their behaviour: 'if the behaviour could talk, what might it say?' This is likely to tell us more about how the child/young person is feeling at the time.

Family time is also an excellent opportunity to speak with parents/carers and wider family about the precious moments or fond memories that we may want to share with the child/young person as part of their Life Story work. We write about these conversations in detail in our records so that this information doesn't get lost.

## Rapid Response

**Please continue to refer to the Operating Procedures for Rapid Response. These are currently being updated.**

Where children or young people aged 12 to their 18<sup>th</sup> birthday are at risk of going into hospital or where they are already in hospital and we are wanting to support them to come back home, we offer intensive support to the child/young person and their family to help them to heal from any trauma and support safety planning so that families can stay together. There may also be times where we support the child/young person and their long-term foster carers where this relationship has become strained, so that there is a greater chance of the child/young person being able to remain with their carer.

We are available 7 days per week, which includes a duty worker who is available at weekends to support their own young people and families as well as provide advice, guidance and crisis intervention to any young person open to Rapid Response.

The young person must be open to children's services for Rapid Response to offer support.

We always read the referral, the chronology, any assessments, and the existing plan for the child/young person. This means that we are familiar with what has already happened to the child/young person so that they don't need to retell their story and our work is focused. We continue to keep in touch with the social worker or key worker as often as is needed and we attend any review meetings for the child/young person.

When a child/young person is in hospital, we may see the family every day, depending on what they need. We take a strengths-based and safety focused approach by exploring everything that is working well for the child/young person and in the care are they receiving from their parents/carers, including how they are helping the child/young person to stay safe and feel understood. We work in partnership with the family, and we listen to everyone's point of view so that everyone feels heard and included.

We use a range of evidence-based tools such as restorative conversations, mediation, and safety planning. We take a creative, solution focused approach so that families are empowered to think about what will work for them and what they want family life to look like once things are better. We use scaling to measure progress towards goals and to help the child/young person and their family think through what still needs to happen for things to continue to improve. See the following external link for tips on creating and using scaling questions: [Tips on Creating and using Scaling Questions](#)

There may be times that things have become so difficult that the child/young person needs to spend some time away from the family home to give everyone some space. At times like these, we may offer for the child/young person to be cared for overnight or by an emergency carer, with support being offered to the family the next day.

We explore the family network from day one and we pull together a Family Network Meeting from the earliest opportunity to support with initial safety planning. We may then follow this up with a Family Group Conference, to allow us to explore who else we could include in the plan and how it is that they can help, now and in the future. We work with the family over time to test out their plan and strengthen this, so that they are better prepared for when we are no longer involved.

Throughout our work with the child/young person and their parents/carers, we work alongside partners such as CAMHS, CAMHS Intensive Home Treatment team, parenting support, and other relevant agencies. The work we do with the child/young person and their family informs the child's overall plan.

## Timeline (workplan) of support and intervention

We take a phased approach to supporting young people and their families during the timeline of our involvement. The workplan is available in Forms on Liquid Logic under 'Specialist Services Workplan'.

### Phase 1 Crisis Intervention

This is our immediate response to the young person and their family. We offer advice and guidance to support safety planning and work with the social worker or key worker to pull together an initial Family Network Meeting to help with this. We speak to the young person and their family to agree a plan of support and any onward referrals to other services at this point.

### Phase 2 Engagement and Relationship Building

This is where we offer more intensive support to the young person and their family. It is not uncommon for young people with serious mental health difficulties to move in and out of different phases, so we take our time to build a trusting relationship with the young person and their important people before moving on to more focused support, resilience building, and developing coping strategies.

### Phase 3 Interventions Programme

We work with the young person and their family using a range of evidence-based programmes, based on what is most likely to work for them and meet their needs. This may include supporting referrals and attendance at specialist therapeutic services, such as CAMHs, drug and alcohol services, Youth Offending Service etc. We create and agree the plan *with* the young person and their family, and the plan is clear about what it is that the family network is doing to help, what the young person is doing and how the services supporting the young person are helping. This is the testing phase of the plan, where the plan is reviewed and strengthened through Family Network Meetings, TAFS/Core Groups/Care Team meetings and other multi-agency review meetings.

### Phase 4 Stabilisation and Ending Support

This is our final phase of support, and the focus is on maintaining change and working towards ending our support for the young person and their family. We reduce our visits during this phase however immediate support is still available as and when needed. We complete an Outcome Star to evidence what has got better for the young person. The final plan is shared with the young person, their family and network and other support services. We write therapeutic letters to the young person before ending our involvement, that focus on their strengths, any successes and helpful coping strategies the young person and their family have developed.

Young people may move in and out of different phases depending on how well they are, so we continue to offer support at the most appropriate phase.

## Moving into adulthood

Where a young person is approaching their 18<sup>th</sup> birthday, we support their move to adult services. We consider how we can best support the young person and their family to build a relationship with the adult worker. As the young person begins to go to their adult worker for more support and guidance, we start to reduce the amount of time we spend with them, and we end our involvement once this relationship is in place. We aim to achieve this within 6 months however we are flexible depending on the specific needs of the young person and how they are adjusting to this change.

#### Section 6.51

We are unable to continue to support the young person if they have no identified care needs and they have an adult worker supporting them. Where young people do have identified care needs and the Navigation Team is involved, we can support the Navigation Team with the Care Act assessment and supporting the move to statutory adult services for the young person. We do not allocate workers to a young person once they have turned 18.

## Adolescent Safeguarding Exploitation Team (ASET)

Please refer to the contents page to access [Assessing Harm Outside the Home and the Plans and Planning section of this Practice Guide for more information](#)

Where young people aged 14-17 are experiencing harm outside of the home, we offer specialist support around their experience of sexual or criminal exploitation, radicalisation, or other complex issues such as drug or alcohol use, abuse that happens from one young person to another, and serious violence by young people. We work together with the young person, their most important people, and other key practitioners such as police and Humankind to assess what is happening and create plans to keep the young person safe.

As well as being the allocated social worker for the young person and the family, the team also offer consultation to social workers in all other teams where the criteria for the ASET team isn't met.

Harm outside the home can involve various forms of exploitation, such as Child Sexual Exploitation (CSE); Child Criminal Exploitation (CCE); County Lines; Trafficking; Modern Day Slavery; Child Financial Exploitation and Radicalisation.

### Child Exploitation

Child exploitation is when someone uses a child/young person to gain something for themselves, such as money, sex, labour, or any other kind of personal advantage. Using cruel and violent treatment to force a child/young person to take part in criminal or sexual activities often leads to physical and emotional harm to the child/young person, and can affect their view of themselves, other people, and the world around them. This can lead to poor mental health and affect the child/young person's development into adulthood.

The child/young person and their family may not recognise that they are being exploited and the perpetrators may groom children and families to gain their trust. We remember that the child/young person is not making their own choices when they are being exploited.

*"The exploitation of children can take a number of different forms and perpetrators may subject children and young people to multiple forms of abuse at the same time, such as criminal exploitation (including county lines) and sexual exploitation."*

*The Home Office, 2019 (updated 2022)*

### Child Criminal Exploitation

Child criminal exploitation occurs where an individual or group forces, manipulates or deceives a child into taking part in criminal activity. The child/young person may still have been criminally exploited even if the activity appears to be something they have agreed to or consented to.

The perpetrator may take advantage of something that the child/young person needs or wants, to exploit them. Perpetrators may use threats or violence to get what they want from the child/young person and their family. Perpetrators may benefit financially from this or gain increased status in their communities.

### Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is a form of sexual abuse. In return for gifts, money, drugs, affection, and status, children and young people are forced, manipulated, and deceived into performing sexual activities. It is not just something that affects teenage girls or specific groups, and it can happen in and out of school. Children and young people can be tricked into believing they are part of a loving and consensual relationship that could be framed as friendship, mentoring or a romantic relationship. Children as young as 8 have been sexually exploited.

## County Lines

County lines are illegal drug dealing networks between cities, towns, and rural locations. The child/young person is forced, using intimidation, blackmail, and violence, to transport and sell drugs, cash, and weapons across the country via dedicated mobile phone lines which may be referred to as “deal lines”.

## Trafficking

Trafficking is the movement of people, including children and young people, from one place to another, to exploit them for labour, slavery, or sex. It is one of the fastest-growing areas of organised crime and has devastating effects on the victims.

## Modern Day Slavery

Modern Slavery is the exploitation of people who have been forced or deceived into a life of labour and servitude. It is a crime hidden from society, where victims are often abused, degraded, and have their basic human rights taken away from them.

## Child Financial Exploitation

Child Financial Exploitation involves using a young person’s bank account to move money that has been obtained illegally. Criminals use the young person’s account details to launder money into the banking system, to make it appear as if it has come from a legal source.

## Radicalisation

Radicalisation refers to the way the child/young person has come to support terrorism and extremism, and in some cases, become a part of a terrorist group. This includes the things that the child/young person says as well as the actions they take. It may be online or in person. The child/young person may be exposed to different radical or extreme views and receive information from different sources inside or outside of the home and our assessment needs to explore this.

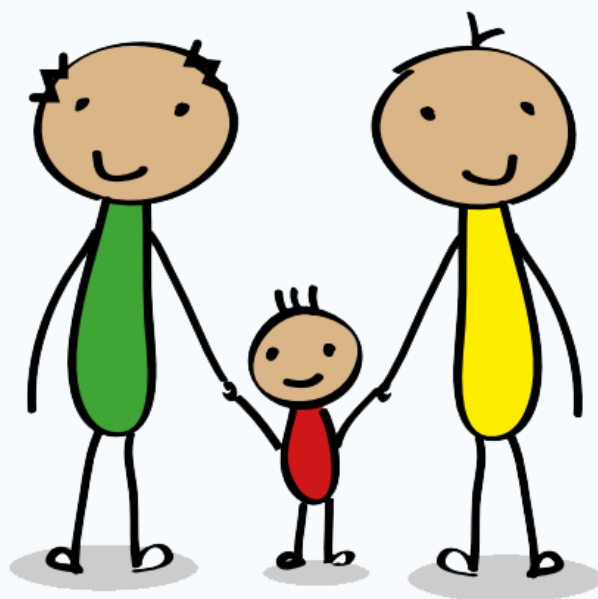
Radicalisation may involve grooming online or in person, exploitation including sexual exploitation, psychological manipulation, or the child/young person seeing or hearing violent material and other inappropriate information. At its worst, the child/young person may be at risk of physical harm or death through extremist acts. Radicalisation may happen gradually and the child/young person and/or their family may not realise that they are being drawn into this.

At any point where there is information to suggest that a child/young person is involved in extremism, we speak to the child/young person and their family about a referral to the Prevent Programme, and with their consent we follow this up. The referral process can be accessed via the following link: [Prevent Referral](#)

The Prevent Programme includes representation from police and other agencies, and they complete an assessment of the child/young person to see if they meet the threshold for support. This assessment runs alongside and feeds into our own Child and Family Assessment which follows the Signs of Safety Mapping process.

*These terms are how professionals describe different forms of Child Exploitation however young people may not recognise themselves in this language or feel disconnected from it. This means we talk with the young person about their experience and what terms we are both more comfortable with using, and us this in our assessment.*

# General





## Words and Pictures

In Durham we make sure we **always** follow the key principles and expectations for Words and Pictures:

Child Focused	Children need to understand the reasons practitioners are involved and the worries that practitioners have about their family so they can understand what is happening. We know from research that most children and young people don't know why social workers are involved in their life and most children in care don't understand why they have been removed from their families. Words and Pictures is an explanation for children and young people by their parents/carers to help them understand this better.
Parental Involvement	It is important that the explanation is created with mam and dad, in a way that means the parents are comfortable with what is being shared with the child/young person. This separates Words and Pictures from Life Story work as children want and deserve an explanation from their family rather than practitioners.
Openness	Words and Pictures breaks open the secrecy and shame around the past trauma. Being able to talk about what happened in a kind and sensitive way lays the groundwork for safety planning.
Healing	Words and Pictures help mam, dad, or carers to process the past and create an explanation for their children that they own and allows their child to make sense of their situation in a way that is unique to them.

### The Purpose

*“Words and Pictures is 50% of Safety Planning”*

(Andrew Turnell and Suzy Essex)

We know that abuse thrives on secrecy. Words and Pictures allow us to talk about the hard stuff in a kind and compassionate way.

It is important that we are honest with children/young people about the things happening in their lives because they have lived it, seen it, and heard it. Children/young people will often be creating their own explanations which might include believing that what has happened is their fault or that there is something wrong with them.

Whereas ‘My Three Houses’ is one of the tools we use to help mam, dad or carers understand what life is like for their child/young person, Words and Pictures is the tool we use to help children and young people make sense of the worrying adult behaviour happening around them. This could include why it is that they have a social worker in their life or what has led to them having a change to their living arrangements. We also use Words and Pictures to help children/young people understand their plan in a way that best makes sense to them. This will have more meaning if it comes from their family.

## Three types of Words and Pictures

### Short Form Words and Pictures

This is typically used at the start of our involvement, to explain who we are, what we already know about the worries and what will be happening next. The short form version is usually 4-6 frames and can help the child/young person to open up about what has happened when they realise that we already know some things. It can also reduce the child/young person's anxiety about what will be happening next. A template to support the Short Form version is available via the following link: [Short Form Words and Pictures](#)

### Storyboard version

This is the longer version of Words and Pictures where parents/carers explain to the child/young person in their own words what happened that led up to the worries. This version is more detailed and can help the child/young person to understand what happened in their parents' life that means they struggled to care for their child. The storyboard version is balanced with the worries and the good times.

### Child Safety Plan

this outlines to the child/young person what the adults will do to make sure that the child/young person is safe in future. This can also include rules that the child/young person say the adults need to follow so that they can feel safe and be safe.

## The Process

When we create a Words and Pictures explanation, we have a conversation with partners to get their buy in. This is especially important in contentious situations where lots of practitioners are involved, or when we are looking to return a child to the care of their family.

We may show an example of similar Words and Pictures work so that mam and dad have a vision of what we are asking them to create. Many international examples can be found on the Signs of Safety Knowledge Bank: [Signs of Safety Knowledge Bank](#). Practice Leads and Practice Champions in each team have a login to access the Knowledge Bank. We do not share local examples of Words and Pictures with families as this could lead to local families being identified.

We have a conversation with mam, dad, their network, and partners about what they think would be most helpful for the child to understand, for example drug use, worries about mental health etc.

We create questions to explore these issues with mam, dad, and the other important people in the child's life. We include speaking to people about the good times as well as the most worrying times, such as happier times or the times that people have tried to solve the worries.

We speak to the child/young person about what it is that they have seen or heard, what their worries are and any questions that they would like the story to answer.

We ask mam and dad what the child may have overheard or seen; we talk about what they would want the child to know; and we talk to practitioners about what they think the child needs to know. Where mam and dad do not live together, we talk to the other parent as well as other important people in the child's life so that we are creating the story from more than one perspective.

We draft the explanation using the family's own language and ways of expressing the worries. The family may also wish to draft their own version and where this happens, we can merge the two, for mam, dad and/or carers to be comfortable with the story. Sometimes, it can be hard for parents to find the words to explain the things that have happened, such as sexual harm or murder. Suzy Essex has created a resource

to help practitioners tackle really tricky subjects and this can be accessed via the following link: [Using Words and Pictures to Explain Difficult Things to Children](#)

We balance the explanation with positive events in the child's life that add to the overall story. We write the story from a third person perspective, as in 'he, she', rather than 'I', as this can be easier for children to relate to. The story moves from past, to present to future. A good Words and Pictures will explore the 'why' and not just the 'what', for example: what has happened and why this happened, what mam and dad feel about the things that have happened and what their intentions were behind their actions. Most parents do not deliberately set out to harm their children so the explanation should be non-blaming.

Where there is a difference of opinion, we reflect the different perspectives within Words and Pictures, and we are clear about whose views we are stating. This includes practitioners being clear about what their worries are even where mam, dad or carers don't agree. For example, a parent may say that they haven't injured their child. We would include their version of events in the Words and Pictures story alongside the worry that practitioners have that the parent *did* injure their child.


We present a draft version to mam and dad and agree the wording with them. We discuss suggestions for the picture frames with mam and dad and where these will go. Pictures should be simple stick figures (rather than photos or clip art) so that they are personal, aren't intimidating to draw and don't date so easily. We think about how children see family members such as their hairstyles and depict these in the drawings. We would usually ask family members to draw the pictures. The pictures should be relevant and enhance the story however we should not include pictures of direct harm. Instead, a picture might show a child telling someone about what happened or what someone did about the worry.


Parents share the story with the child and their network. Since this story can create more questions for children, we think with parents/carers beforehand about what these questions might be so they are better prepared for how they might respond. The social worker and other important people in the network may be present when the words and pictures is shared with the child/young person.


We also create a Words and Pictures version of the safety plan. This is so the child/young person knows what the adults are doing to keep them safe and well in future.

Examples of the different kinds of Words and Pictures can be found on the Signs of Safety Share Point site under Good Practice 'Words and Pictures', via the following link: [SOS Good Practice Words and Pictures](#)

## Things we "Must Do"

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Children/young people should have a Words and Pictures explanation of their plan.
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Children/young people will have a words and pictures explanation about why they can no longer live with their parents by their first Children in Care Review (wherever possible)
- 

The Words and Pictures explanation for children and young people should be created together with mam, dad and/or carers. We help families to find the words to talk about the hard stuff. This is the parents/carers explanation for their child/young person.

## Exploring Difference and Issues of Power

As we build relationships with children and families, we should always pay attention to our own experiences and position in the world, and how this affects how we view others and make sense of what is happening in their lives. This allows us to be more curious and explore the different dynamics that make up who we are as individuals and how we relate to the world around us.

We need to pay attention to and name power differences in our relationships with children, parents/carers, and families, in their relationships with each other, and with the systems supporting them. This can have huge implications for how we make sense of the way that children and families 'engage' with us; who we hold responsible for keeping children safe; and how we work with children and families to honour their uniqueness and co-create plans that truly work for them and their individual circumstances.

John Burnham's theory of Social GRACES can help us to organise our thinking when we are exploring how difference can lead to disadvantage and oppression, or privilege and advantage over others. 15 Social GRACES have been identified: gender; geography; race; religion; age; ability; appearance; class; culture; education; ethnicity; employment; spirituality; sexuality; sexual orientation. This model could also be expanded to explore the impact of poverty on how we relate to each other and the world around us.



These differences don't exist in isolation from each other. They intersect and collide with each other to create a richer picture of who we are, what we experience and how this affects our day to day lives over time. As practitioners, we may more readily identify with some GRACES more than others, for example whether we are male or female; working class or middle class; black or white. It is important that we hold in mind our own preferences and experiences and how this shapes the way that we view the children and families that we work with and be curious about how their experiences may be different to our own so that we consider this in our planning.

We also need to pay attention to prejudice in society, as wider societal views can impact on our own attitudes, whether we are conscious of this or not. This includes the role of racism, misogyny, classism, ableism, homophobia, transphobia, xenophobia and religious hatred in our laws, systems, and services.

Children and families referred to children's services will often be experiencing more than one area of disadvantage at once, which can make it much harder for them to access the help and support they need.

For example, whilst it is common for any woman to experience misogyny when reporting or fleeing domestic abuse, a working class, Gypsy Roma mum who struggles to read and write, who is fleeing domestic abuse with her children may experience misogyny, as well as xenophobia and ableism in her relationships with services that intersect to create huge barriers to relationship building, engagement and service provision.

## Common Issues of difference and power

The following are some examples of how power dynamics and Social GRACES most commonly play out in our daily practice with children and families, where we need to actively reflect on and change our practice so that we are working in a strengths-based, relational and trauma informed way.

## Engagement / skilful use of authority

It can be helpful for us to reflect and explore with children, parents, and families what their experience of support and authority has been in the past so that we better understand any barriers or fears about having children's services involvement in their life. Experiences of class, education, culture and geography can often be at play here, since better educated, middle class families who grew up in the United Kingdom tend to have more knowledge of the system and their rights within it, have better access to resources and can be better placed to challenge professionals compared with lower educated families on a limited income, or who may be new to the country and have very little knowledge of how our systems work.

We remember that we are the people who hold the most power in the relationship and we are paid to engage and build relationships with families (not the other way around). When we identify a problem with 'engagement', it may be helpful to consider:

*'What do I need to do to be invited back into this family's home?'*

*'How might I change my approach so that this parent/child would feel able to work with me?'*

*'What else could I offer this family that they would find most helpful?'*

*'What language am I using in my head and what words am I using when I talk or write about this family?'*

Whilst we strive towards having therapeutic relationships with children and families, in child protection, this relationship will never be equal and there will always be times when we need to use our authority. When this happens, we do it skilfully and with kindness, for example, by honouring families struggles, recognising their strengths, being clear about any professional bottom lines (non-negotiables) and by giving families a vision of what we need to see happen to get out of their life.

## Involving dads / male partners

Our children's services workforce is dominated by women, so the question of how we better represent and include dads and male partners so that we involve them in our assessments, decision making, and planning is important.

We know that dads love their children and when they are positively involved in their children's lives then their children do better with their learning, in their relationships with others and with their feelings. A key

challenge to involving dads and male partners is the idea that men are seen to be a risk to their partner and children, whereas women may be viewed as more vulnerable. Whilst this can often be the case, particularly where there is domestic abuse, we need to guard against making automatic assumptions about risk with the men that we work with. More information about how we can challenge our perception of dads and the way we view each other and work together can be found via the following link: [Working with Fathers: Challenging our perceptions of men – Richard Devine](#)

Despite the importance of dads in family life, society in general still views mums and female carers as the main caregivers for children and these attitudes are reflected in our assessments and plans. It can be useful to reflect on whether we are assessing parenting, or are we assessing mothers? How do our personal experiences of being parented, being a parent, or our views about gender norms influence this? It is common for our assessments to not include conversations with dads or male partners at all, even more so when they have been directly responsible for the harm to children. Ironically, this means that those dads who need most help aren't involved and opportunities to support them to change their behaviour are missed.

We tend to hold mums more accountable for the safety and wellbeing of their children than dads, whether she has been the victim of domestic abuse, is in a controlling relationship, or when her children have been physically hurt by their dad or a male partner. This is despite most children's services practitioners being female, so a female dominated workforce does not protect female victims of abuse from being (often unintentionally) blamed and held responsible for the safety of her children. We should ask ourselves 'who holds the power in this relationship?' when we are assessing the situation and creating plans to keep children safe.

Private Law proceedings in the family court, for example, around where the children live and family time arrangements, can be another form of power and control that we need to pay attention to. The following external link provides more information about these issues once parents are separated: [Duluth Model Post Separation](#)

Although women and girls can be abusive and controlling, domestic abuse is mostly carried out by males against females and female victims tend to be subjected to more dangerous levels of abuse and injury than male victims. We know that working with abusers is difficult and can feel scary and uncomfortable at times. Practitioners may have experienced abuse themselves or feel intimidated or worry about making things worse for women and children. However, if we don't involve dads and male partners in our assessments and plans, by holding mums responsible for the perpetrators' actions, we risk re-traumatising victims of abuse, we blame victims of abuse for what has happened to them and their children, and we create plans that are unrealistic given the power imbalance in the relationship.

A relational, trauma informed approach would include dads and male partners, and where they have been responsible for the harm and abuse, we hold them accountable for their actions and the impact of this on the children, for example in our Danger Statements and Safety Goals. We tap into men's motivation as fathers and explore with dads and male partners how they can do things differently so that their partner and children don't end up hurt or scared.

Since we always create safety with an informed network, we can work with family members, friends, and practitioners to help them to spot the signs and step in to help women and children be safe rather than placing the responsibility solely on the person who has been abused. We speak to men about the people in their life who want them to succeed and be the best dad they can be, so that we create a support network around them who can step in to help when dads or male partners are struggling.

More information on victim blaming in society and supporting female victims of abuse in a trauma informed way can be found at Victim Focus via the following external link: [Victim Focus](#)

Further ideas on how we can support victims and work with those who are violent and controlling to be better partners and parents can be found via the following external links: [Safe and Together Institute](#); [Caring Dads](#)

In Durham, we have trained some children's services practitioners on the 'Engage' approach, to help motivate perpetrators to seek further help, for example via perpetrator programmes. Harbour provides specialist services for adults who have been subjected to abuse and their children, as well as abusers themselves, however we should always work with families to create safety plans for children as support from services alone does not equal safety.

## Cultural differences and our commitment to anti-racist practice

In Durham, we have large numbers of traveller families with their own distinct culture and way of life, whose identity centres on being able to move freely from one site to another (although some may settle in a 'bricks and mortar' home); the importance of extended family in family life; and who tend to hold traditional views about the role of men and women in the home and in society. Gypsies and travellers often marry young and respect their elders and children may not continue their formal education into high school. It is common for travellers to be discriminated against outside of their community and by services, and their rights and way of life are rarely considered by law makers.

These differences and experience of disadvantage can create distrust in the relationship between traveller communities and services like children's social care, education, and the police. When police move travellers on in aggressive ways, this can make it harder for the community to trust that the police will keep them safe when they are in danger; the values we hold around promoting education and employment can feel at loggerheads with travellers more traditional ways of learning and gaining employment; communities fear the power of children's services to remove children, in a system that can be hard for them to navigate if they don't have the skills to read and write and where values about how to best raise children may differ from the norm.

The following external link provides more detail about the UK traveller community along with resources, information and support that can be useful to consider in our work with travellers so that we better understand their history, culture and experience of life in the UK: [The Traveller Movement](#). We also have specialist services within Durham County Council to help us build relationships with the traveller community in Durham, along with a named midwife and health visitor. More information can be found via the following link: [Gypsy, Roma and Traveller Communities](#).

Whilst County Durham could not be described as home to many diverse communities, when we work with children and families from a black, ethnic minority or global majority heritage and culture, then we need to pay special attention to cultural differences such as parenting practices and ideas about the roles of men and women in society and respect their uniqueness. This is especially the case when these are different from our own practices and norms. We can use research to help us with this, however the best way for us to understand and work together is to honour families and ask their views and opinions so we can acknowledge and make sense of their lived experience. We may at times also work with people who hold racist, prejudice or misogynist worldviews and the way that we challenge this can have important implications for how we work together. This is something that we may wish to explore more in supervision.

## Unaccompanied Asylum-Seeking Young People

Other cultural differences come into play and intersect with factors such as gender, geography, age, race, and class as more Asylum-Seeking young people become children in care in Durham. These young people are usually male and the eldest child in the family. They often arrive independently and present to the Local Authority in Kent before they are moved to another part of the UK as part of the Government's National Transfer Scheme.



Most of the young people claiming asylum are from war torn nations such as Afghanistan, Iraq, Iran, Syria, Sudan, and Eritrea. These young people will have experienced a history of trauma and will have had a difficult journey to make it to the UK. The young people come into our care whilst their asylum claims are being processed and have no right to work or access public funds during this time.

Many asylum-seeking young people understandably wish to live in London or the South of England due to there being better established communities in these areas. Durham is one of the most homogenous counties in the UK, with 96.6% of residents being White British. Asylum seeking young people are not choosing to come to Durham. Many are being moved here against their will and whilst they have a 'choice' about whether they wish to enter our care, if they refuse this, they will be left destitute.

The young people being moved here often don't have an explanation about why they are being moved and they lack information and understanding about our care system and their legal rights so it is important that we find ways to explain this to them in ways that they can understand, for example using simple translated Words and Pictures.

Our Unaccompanied Asylum-Seeking Young People's team are working to help these young people to understand the system better and to promote a sense of community and belonging by supporting them to keep in touch with friends and family back home wherever possible and link them to others in their community through places of worship, The North-East Migration Partnership, and the Refugee Council. We support our Asylum-Seeking young people to build connections in County Durham with friends, in school, in colleges and in local communities, for example through their hobbies and activities such as sports. This is to help them to feel safe, cared for and to support them to heal. Honouring their unique culture and the trauma that they have experienced is key to this relationship. They are young people first and foremost so working with them to hear and learn about their experiences is crucial.

However, we need to acknowledge that this can be a difficult experience at times for young people (and the practitioners supporting them), who have very little choice or power in the decisions that are made about them due to legislation at a national level, and the way that popular media, political debate, and public opinion plays a part in how they are viewed in society.

These common issues in the way that difference and power play out are a snapshot of the kind of scenarios that we encounter in our everyday relationships with children, families, and the wider system. Strong relationships, assessments and plans are built on our curiosity about and respect for each person's lived experience, how we and the children and families we work with make sense of what has happened to them in their lives, and their unique ideas about what works for them as individuals.



## Special Educational Needs and Disabilities (SEND)

### Staying curious about additional needs

When we work with children and families we build relationships, undertake assessments and work collaboratively and respectfully with them so it is important that we explore the unique individual needs of each child/young person. Depending on which team we are based in, the specific additional needs of a child/young person may not be the main reason for our involvement, especially if there are worries about a child/young person's safety, so we may need to gently and respectfully explore this when we complete our assessment with the people who know the child/young person best, such as parents/carers and teachers, health staff and SEND support.

We are curious about any additional educational needs or disabilities that the child/young person may have, and we include this in our case summary, in our records on the child's file, in our assessments and in our plans. We think about how best to communicate with children who have additional needs, and we complete direct work with them in a way that they can get involved in and understand. We remember that most communication is through behaviour rather than using words so we ask ourselves: 'if the behaviour could talk, what might it say?'

We know that families of disabled children and children with additional needs can be more isolated, experience greater poverty because of the extra costs involved in caring for a child with a disability and their relationships are more likely to break down. When planning we think about what extra support the child/young person, their parents/carers and brothers and sisters might need from the wider family network and from other practitioners in education, health, carers services, and SEND support. This could include stepping down to Early Help with longer-term support in place from targeted and universal services such as schools, health, and the voluntary sector.

We pay attention to how the child/young person's additional learning needs, or issues with their health or a disability may mean that they are more vulnerable or place them at higher risk of harm. There may also be occasions where a child/young person's additional needs increases safety for them, due to there being more adults involved in their life who are able to look out for them and notice if they or their parents are struggling.

Where the child/young person has a Special Educational Needs (SEN) support plan, an Education and Health Care Plan (EHCP) or a Personal Education Plan (PEP) then we refer to these in the child's assessment and plan. We think about things like the child/young person's age, their stage of development and their abilities and we change our communication to best suit them so that we understand their wishes and what day to day life is like for them. We may use apps such as 'Mind of My Own' or refer the child/young person to an advocacy service such as NYAS to help with this.

The Durham local offer is a great webpage to explore what is available to support families locally: [Durham Local Offer](#)

The SENDIASS service also offers independent advice and guidance: [Durham SENDIASS](#)

## Subject Access Request

**Please continue to refer to the existing operating procedures, which can be accessed via the following link: [Subject Access Requests](#)**

Children, young people, and their family members can request to see their own, or their child's social care records at any time, through a Subject Access Request (SAR). If they tell us they want to do this we must treat it as a formal request, even when this is only done verbally, and pass this to the Information Management Team (IMT). There are some circumstances where access to records will not be granted, for example many parents are unaware that they do not have an automatic right to see what is written on their child's file, since this is the child's record rather than the parent's record.

Decisions about access, what is left in and what is blanked out (redacted), is complex, has legal timescales and is governed by General Data Protection Regulations (GDPR) and the Information Commissioners Office (ICO). More information can be found via the following link: [Right of Access ICO](#)

Practitioners or managers may be approached by the Information Management Team to respond to a SAR when it is in connection with a child or family we are currently, or have very recently been working with, because we will know them best.

If the access to records request is agreed, we may be required to prepare the records/file. We must, as we would in all our work, be respectful, kind, honest and supportive when dealing with requests to access records.

### Access to the child/young person's record

Children and young people have a right to see their own records unless it is likely to cause them or others serious harm. There may be times that we refuse or delay access to records if this is likely to cause more harm than good to the child/young person.

Parents have a right to request a SARs for their child's records, but they don't have an automatic right to receive them. We need to help people to manage their expectations as they may not get the records that they want.

Where a child or young person is old enough and can understand, we ask them for their views on a family member having access to their records. If the child/young person doesn't agree, then this could be a reason for us not to share records with parents or other family members.

All records, even when a decision is made that they can be shared, will have some level of information blanked out. When people ask us directly for their records, we can help to prepare them for this.

### How we support a 'Subject Access Request' before, during and afterwards

We prepare the records in good time as we don't want people waiting for too long and there are statutory timescales for this. Remember, an unexplained or unexpected delay can make people feel unimportant, mistrusting, anxious, frustrated or like something is being hidden from them. We stay in touch with the person who has requested the records and keep them up to date with what is happening. We try to pre-warn them if there is likely to be a delay. If the records hold errors, for example wrong dates/names etc, we have a duty to correct them.

We remember that we are in a privileged position in that we have sensitive information about children and their families and often hold parts of the 'child's childhood' in our records, some of which they may not

know or have forgotten about. Information that we see as important or unimportant might be seen differently by the person making the request.

Reading their own or their child's records can be distressing, enlightening, may fill in gaps or may generate questions and some big feelings in the child/young person or their family. For these reasons, we offer support and are actively available for children and young people (and their parents) who see their records. We remember to ask them who they think would be the best person to support them with this.

The language we use changes over time and some words that we would not use now have been used in the past, for example 'child prostitution'. We make sure that we explain this to the person accessing their records. We may add a record to the child/young person's file that explains the reasons why certain language was used at that time and what language we would use now as this can help them to feel less blamed. We also make sure that we can explain any words, jargon, acronyms, and processes that the child/young person or their family may not understand.

*There may be times when the decision is made to not share records. If this happens, we inform the child/young person/their family about this as soon as possible and explain the reasons for this.*

## Additional help

We take anyone who requests a copy of their records seriously and we act on this. If practitioners need any help or support with this, we have a small and experienced team of people who manage Subject Access Requests, where the person that the request is about is not receiving a service from Children's Social Care or Early Help. They are happy to provide advice and guidance. Rachel Harris can be contacted at the following email address for more information: [rachel.harris@durham.gov.uk](mailto:rachel.harris@durham.gov.uk)

## Management Oversight, Reflection and Supervision (including Group Supervision)

There are many opportunities for us as leaders (managers, social work consultants, team leaders) to incorporate and promote the Signs of Safety approach within our everyday tasks.

- On allocation
- At assessment checkpoints
- Within 1:1 supervision
- Within group supervision
- In our quality assurance and management oversight
- When approving assessments and plans
- When chairing strategy discussions
- Within legal discussions and legal planning meetings
- At decision making panels.

We include Signs of Safety as a standalone item on *every* team meeting, using it as a chance to celebrate emerging good practice and an opportunity for learning and development.

### Allocation

On allocation, we will give clear direction to help formulate thinking. We will be clear about why we are involved and the priority of tasks around what needs to happen. We encourage our practitioners to start to explore and strengthen the network, begin any safety planning and to use tools such as the Home Environment Assessment Tool (HEAT) and Domestic Abuse Stalking and Harassment (DASH). We discuss tools for direct work with children, for example Mind of My Own and My Three Houses.

### Assessment checkpoints

We read the chronology, recording, assessment/mapping and plan. We consider the direct work undertaken with the child/young person and what the evidence is to substantiate or mitigate any harm to the child/young person. We comment on the progress being made and answer a scaling question, for example on a scale of 0-10, where 10 is that from speaking to the child/young person, their mam, dad, and the people who know the child/young person best, there is clear evidence about harm and what is happening to keep the child safe and 0 is there are still too many gaps in our understanding of what life is like for the child, where would you rate it?

### 1:1 Supervision

During one to one supervision, we follow the Supervision Framework. The Supervision Framework is available on the Durham Children's Services Procedures Manual via the following external link: [Supervision Framework Children's Social Care](#). We model and provide high quality reflective supervision throughout the service. Our supervision is informed by reflective models which encourage our practitioners to think differently, creatively and explore bias. We help our practitioners to think, to explain and to understand, with the overriding priority being a focus on the lived experience of the child.

**Please refer to the contents page of this guide for the chapter on ‘Exploring Difference and Issues of Power’ for more ideas about how to include this in supervision.**

## Group Supervision

Group Supervision is offered to each practitioner at a minimum of once per month and can include group learning and supervision. More information on Group Supervision is available on the Durham Children’s Services Procedures Manual in the ‘How we Practice in Durham’ section, ‘Group Supervision’ folder, via the following link: [Durham Resource Library](#). We can use group supervision to explore themes, get help from our colleagues when we are feeling stuck in relation to a family, or as an opportunity to share and celebrate practice. We invite our partners to group supervision where they have direct involvement with the family we are discussing or where they wish to learn more about Signs of Safety.

When we hold group supervision in relation to a family, we identify a facilitator and an advisor. The facilitator leads the discussion with the practitioner, and the advisor is there to keep time and to offer advice if the facilitator becomes stuck. The other group participants are there to bring their best thinking to the situation.

The first four steps of group supervision are always the same. The facilitator gets the practitioner who is discussing the family to say what their role is and how long they have been working with the family (step 1), we then explore the genogram (step 2), the advisor times 4-5 mins for the practitioner to say what makes this an open child to us and identify key issues (step 3). We then support the worker to identify their goal, i.e., what they want to get out of the session (step 4). The worker’s goal determines the next steps and how the participants support the worker through this process. For example, if the practitioner needs help with safety planning, it may be that the participants support the worker to create questions for the worker to take back to the family for them to think this through.

We record practitioners’ involvement in group supervision on MY VIEW using SOS Group Supervision, and on the child/young person’s file under ‘Group Supervision’. We photograph any of the recording/mapping within the session and upload this to the document section of the child/young person’s file.

## Appreciative Inquiry

Appreciative Inquiry is used to offer our practitioners time and space to reflect on a piece of work that they are proud of that has had a positive impact. This allows us to learn from what is working well. More information on Appreciative Inquiry can be found on the Durham Children’s Services Procedures Manual at the following link: [Appreciative Inquiry Guide](#)

During Appreciative Inquiry, we discuss an example of good practice or a time when something has worked well. We ask strength-based questions about the piece of work to understand what worked well, what helped it to work and what the impact was. We dig for the detail, for example who did what, where and when? What made the difference and what would others say they had seen you doing to get a good outcome? We reflect on what the work meant and what the most important learning was. Appreciative Inquiry is about celebrating what the practitioner’s role was in helping to create a good outcome. Examples of Appreciative Inquiry can be found on the Signs of Safety Share Point site via the following link: [Signs of Safety Share Point Learning](#)

## Quality Assurance

When approving assessments and plans, we read and give feedback to our practitioners to ensure that the assessment and plan is in line with our guidance, principles of best practice and timescales. We ensure that the approach and language are kind, child focused and address the reason for our involvement. We make sure that the case summary, chronology, case recording, minutes from meetings, assessment, plan, any

direct work with the child/young person, safety planning with the family network and voice of the child are recorded on the child/young person's file. Our quality assurance adds rigour to threshold and decision making but is also an excellent opportunity to celebrate our workers practice, to highlight areas of emerging strength.

Our management oversight is evident on the child's electronic record and gives direction to our practitioners moving forward. If specific themes emerge this may be addressed later in supervision. Our leaders and managers never approve work that is not of a good standard, and we give specific feedback where necessary, so the practitioner knows what needs to be changed or amended.

## Preparing for and chairing meetings

When deciding if it is appropriate to undertake a strategy discussion and to consider a Section 47 Enquiry, we review a range of evidence from the child's allocated practitioner and multi-agency practitioners including the Danger Statement, Safety Goal, and chronology/Harm Matrix to consider if the child/young person has suffered or is likely to suffer significant harm. Chairing a strategy discussion is a perfect opportunity to promote analysis and reflection and reframe language to ensure the interventions are child focused, family lead, respectful and kind. We focus on evidence of strengths and safety whilst digging into the behavioural detail around any harm to the child/young person. The Harm Matrix helps us to focus on the detail and impact of the harm on the child/young person and is best completed by all agencies prior to the strategy for discussion during the meeting. The Harm Matrix is available as a form on Liquid Logic or via the following external link: [Harm Matrix](#)


A range of evidence is presented and considered at legal planning meetings and decision-making panels which highlights what we are worried about, what is working well and what needs to happen. We are careful to not duplicate the key documentation such as the chronology, assessment, and plan. This is an opportunity for service and strategic decision makers to ensure timely and robust decisions are made in the best interests of the child. Our decision-making processes are documented in case recording or in minutes on the child's electronic record including the rationale for decisions taken. Again, we celebrate practice, give feedback on emerging strengths, and identify any areas of development for the worker or manager.


The language in these meetings is just as important and although we may be considering the Public Law Outline or commissioning high-cost services, the focus needs to remain on the child/young person and be family led. Even if the intended audience for any reporting changes, for example to a court or commissioned service, the report needs to remain accessible, factual, respectful, and kind.


## Team Development


Team meetings and development days are held regularly to provide opportunities to highlight emerging excellent practice and revisit the key principles in the Signs of Safety approach. As the chair of a meeting/manager of the team, we model the model, encourage reflection, challenge language, and promote analysis and deep thinking. We create and foster a learning culture where practitioners feel safe in their practice and are open to learning and receiving feedback. Appreciative Inquiry is useful in these situations where time is set aside for reflection and listening rather than a packed agenda.


## Things we “Must Do”

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We discuss every child at least monthly and this is evidenced on the child’s file.
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Our supervision is always reflective, analytical and shows evidence of tools such as Appreciative Inquiry or mapping.
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Social workers have one to one supervision once per month. Group supervision happens at least once per month.
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When we approve assessments and plans, we always read these and discuss feedback with our practitioners in a timely way so they can learn from this.
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We consider a range of evidence at legal planning meetings and decision-making panels.

## What Good Looks Like

Contact/Referral	Contact/Referral shows clear understanding of when appropriate to refer to social care.	Contact/Referral on agreed format, containing all relevant information and is clear about the reason for referral	Contact/Referral responded to promptly (within 24 hours) and decisions taken are appropriate to identified need.	Decision making takes account of previous referrals/contacts.	What are we worried about: harm and complicating factors and what's working well: strengths and safety are recorded with specific behavioural detail.	Manager's risk analysis, scaling next steps and rationale for decision is evidenced and appropriate for referral information and history.	Evidence recorded on Liquid Logic (LL) to demonstrate child / young person allocated to qualified social worker promptly. A Danger Statement is created to guide next steps.
Basic Information	LL recording is up to date, concise and analytical and provides sufficient detail to ensure effective safeguarding and focused planning at all times. There is a clear case summary on every file that is reviewed every 3 months.	LL records indicate that practitioner and managers have reviewed and quality assured records.	Danger Statements, Safety Goals, and Scaling are evident on file and address specific behaviours.  Danger Statements include the views of the child / young person about the impact of the worries on them (where possible).  Safety Goals include what the child / young person tells us they want to be different in relation to the worries.	Case recordings are written in plain, jargon free language that is compassionate and would allow a child / young person to understand their story.	Files for looked after children include a recent photo.		



Assessment	<p>Assessment clearly identifies reason for the assessment, strengths and worries, provides a detailed analysis and includes all members of the household. ‘Absent’ mams and dads are included in the assessment unless there is a good reason not to.</p> <p>The assessment includes a chronology, genogram and is informed by the Harm Matrix (where appropriate).</p> <p>It explores the wider network of family and friends and what it is that they currently do to help.</p>	<p>The assessment is evidence based and uses the voice of the child/young person, multiple perspectives of the people who know the child/young person best (mam and dad, carers, family network and key practitioners) and observation to explore and analyse harm, worries, strengths and safety from different points of view.</p>	<p>Assessment is written in plain, jargon free, compassionate language that is understandable to mam, dad / carers and is written in a way that would make families want to work with us rather than feeling judged.</p> <p>Harm / worries, strengths and safety are described in behavioural detail and are clear about the impact on the child / young person.</p>	<p>The assessment includes the views of key practitioners who know the child /young person and mam and dad best. When making reference to research, this is informed by evidence about how the harm, worries, strengths and safety is impacting on this child / young person in this family.</p> <p>The analysis includes Danger / Worry Statement(s), Safety / Success Goal(s) and matched Scaling questions.</p>	<p>Child/young person is seen alone (where appropriate), spoken to and their views and wishes recorded and reflected in assessment.</p> <p>The child/young person’s views and wishes are shared with mam and dad / carers / wider network and this information is used to inform the Danger/Worry Statements, Safety/Success Goals and the plan.</p>	<p>It is clear from the assessment what everyday life is like for the child/young person. There is evidence of direct work with the child/young person to understand their views, including use of communication aids, observation and speaking to the people who know the child/young person best (wider network and practitioners) where the child / young person can’t easily express their views.</p>	<p>The assessment explores any diversity and disability issues and addresses these in the plan.</p>	<p>Assessment is reviewed and signed off by Manager within timescales.</p> <p>Evidence of some quality assurance by Manager and follow up by practitioner where necessary.</p>	<p>Assessment is shared with mam and dad / carers, child/young person (depending on their age and understanding) in good time and their feedback is included.</p> <p>The outcome of the assessment is then shared with the mams and dad / carers, child / young person and their feedback is gathered.</p>
Planning	<p>There is evidence to show that the plan is making a positive difference to the child/young person’s life.</p> <p>The plan is informed by the Danger/Worry Statements, Safety/ Success Goals and Scaling questions – this links back to the analysis in the assessment.</p> <p>Any bottom lines needed to ensure safety are clearly outlined and kept to a minimum.</p>	<p>The plan shows evidence of a good understanding of the child’s needs and how these will be met, within clear timescales.</p> <p>There is strong evidence that the child/young person and the wider network of family and friends have been involved in creating the plan, e.g. Family Network Meetings; Family Group Conferences</p>	<p>The plan clearly outlines the day to day actions that mam and dad, carers and the network will undertake to ensure the child/young person’s safety and wellbeing (and is not a list of services to attend or a written agreement).</p>	<p>There is strong evidence of the child/young person and family involvement in the development of the plan. This should include Family Network Meetings outlining family and friend support with specific actions for supporting the child/young person’s safety and wellbeing.</p> <p>There is evidence to show that the plan has been tried and tested over time and that this is making a positive difference to the child/young person’s life</p>	<p>The plan is progressing and meeting the child/young person’s needs. Where there is evidence that the plan is not meeting the child/young person’s needs, the reasons for this are explored and changes made if needed.</p>	<p>The recording on the child’s file tells the child/young person’s story and evidences progress.</p> <p>The child/young person has a words and pictures explanation of their plan.</p>			

Review	<p>The plan has been reviewed in accordance with procedural requirements and is responsive to the child/young person's changing needs.</p> <p>The Danger/Worry Statements, Safety/Success Goals and Scaling questions continue to guide the review of the plan</p>	<p>Reviews are convened to allow maximum attendance of family and practitioners. Where this is not appropriate, views are sought and feedback is given regularly.</p>	<p>Children/young people are actively involved where they have the ability to do so, including attending meetings or chairing their own reviews.</p>	<p>Records of reviews are comprehensive and provide detailed analysis of the issues and actions that are required to meet outcomes, including timescales.</p> <p>Minutes of reviews are detailed and include an analysis of what is working well and what still needs to happen to move towards greater safety/success for the child/young person.</p> <p>The plan is updated to include any changes to actions by mam and dad/carers/wider network/child/young person needed to strengthen the plan.</p>	<p>Chronology is up to date and analytical. It shows all keys points in the child/young person's life and is easy to follow.</p>
Management Oversight	<p>Supervision has been taking place in accordance with supervision policy and is responsive to social worker's needs.</p>	<p>Supervision is reflective, analytical and evidences issues which have been raised. It sets clear parameters regarding required actions, contingencies and outstanding work, addressing timescales effectively.</p>	<p>Supervision reviews actions of previous supervision and these are completed.</p>	<p>Records up to date and fit for purpose.</p>	<p>There is evidence of reflective tools such as Appreciative Inquiry or mapping.</p>

## Feedback: Families and Practitioners

We have several videos of practitioners and families reflecting on their experience and learning about what has worked for them and how things have improved, which are available to view on the Signs of Safety Share Point site, under 'Learning'. This can be accessed via the following link: [SOS Learning](#)

The following are some direct quotes from children, families, and practitioners about their positive experience of our strengths based, relational practice model.

### Feedback from Families

*'She listened...Everything that she spoke about, she's done it. She wasn't 'judgey'. She was so down to earth. I was really relaxed around her. It felt like she was a friend. My son said, 'God mam, she's actually listened'.*

*'When my son was removed, my mental health plummeted. Before this my mental health was fine. She understood...that I was grieving because my child had been taken away. With ... I was too scared to say I was upset in case they thought I couldn't look after my daughter and tried to take her away. With ..., I could open up and show my feelings.'*

*'He listened. He showed empathy. L loves him.'*

*'She was more open minded rather than just working solely from one side...we realised that we have a voice to say we don't think that's the best plan.'*

*'I'm so grateful just to be able to say I've got my family at home and we're all together'*

*'He saw the ability I had to become a good mum. It made me realise and it kept me going. It kept me fighting and I've never given up'*

## Feedback from Families

*'I was very involved...everything came through me.'*

*'It's really good, I don't have a relationship with much of my family, but they've all come around and been really supportive. I don't feel alone anymore'*

*When my worker could see I was upset in a TAF and one woman kept going on, she stopped her and said 'we've dealt with all that, let's move on to the positives'*

*'I don't always want to be reminded of what I've done in the past. I feel like I can never move forward'.*

*'I have been in lots of TAFs and have never been asked a scaling question. I liked that as sometimes I was scared I would say the wrong thing. The number helped with that'.*

*Words and pictures...it was hard reading it through with my child, but I know it's important that he always has his story to go back to'.*

*'I think it really helped the kids to see what happened in the past without blame'*

## Feedback from practitioners

*'I'm proud that I remained quite curious throughout. It could have been easy to take a position of assuming.'*

*'It was an open mind. It's easy with an injury...which could have been life ending, to have a mindset about what the final outcome should be...but she remained open minded throughout... It was having the bravery to not go in with a very narrow view.'*

*'We are getting better at being kind in our assessments and understanding who we are writing the assessment for. It's for the child and family and how they would feel if they were to read the assessment back'*

*'It feels like we are being challenged, in a good way'*

*'Signs of Safety helps to put things quite plainly with families. Using Danger statements and saying very clearly why we were worried helped them to move along with their thinking.'*

*'It feels like we are improving our practice, with families at the centre of our work. Sharing assessments with families before sign off feels like a big step forward and this has allowed them to put us right where we may not have the full story first time around'*

*'We are giving families ownership of their lives'*

*'Doing 'with' not 'to'...It was having those really open and really difficult conversations... and allowing people to work these things through themselves'*

## Feedback from practitioners

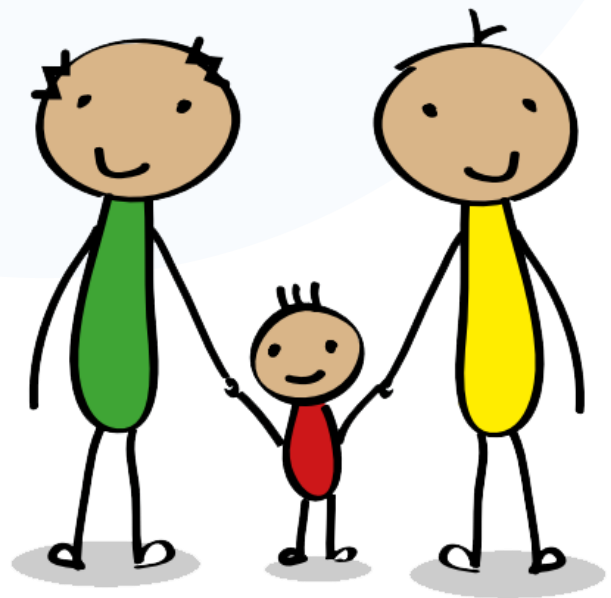
*'She had such a wonderful way of having really difficult and challenging conversations. A member of the team went out and was in awe of the way she had these conversations. It was gentle but kind, it was non-judgemental and was about offering the perspective of the local authority... rather than dictating.'*

*'The impact when you share with parent's what life is like for their child – it's a much bigger impact than anything we can do'*

*'It's about being brave and giving it a go'*

*'Once I got it, and I really got it, it was like a lightbulb moment'.*

# Tools and Resources



Harm Matrix

Durham Harm / Worry Matrix

Behaviour	Timespan	Severity			Impact on the child
		First	Worst	Last	



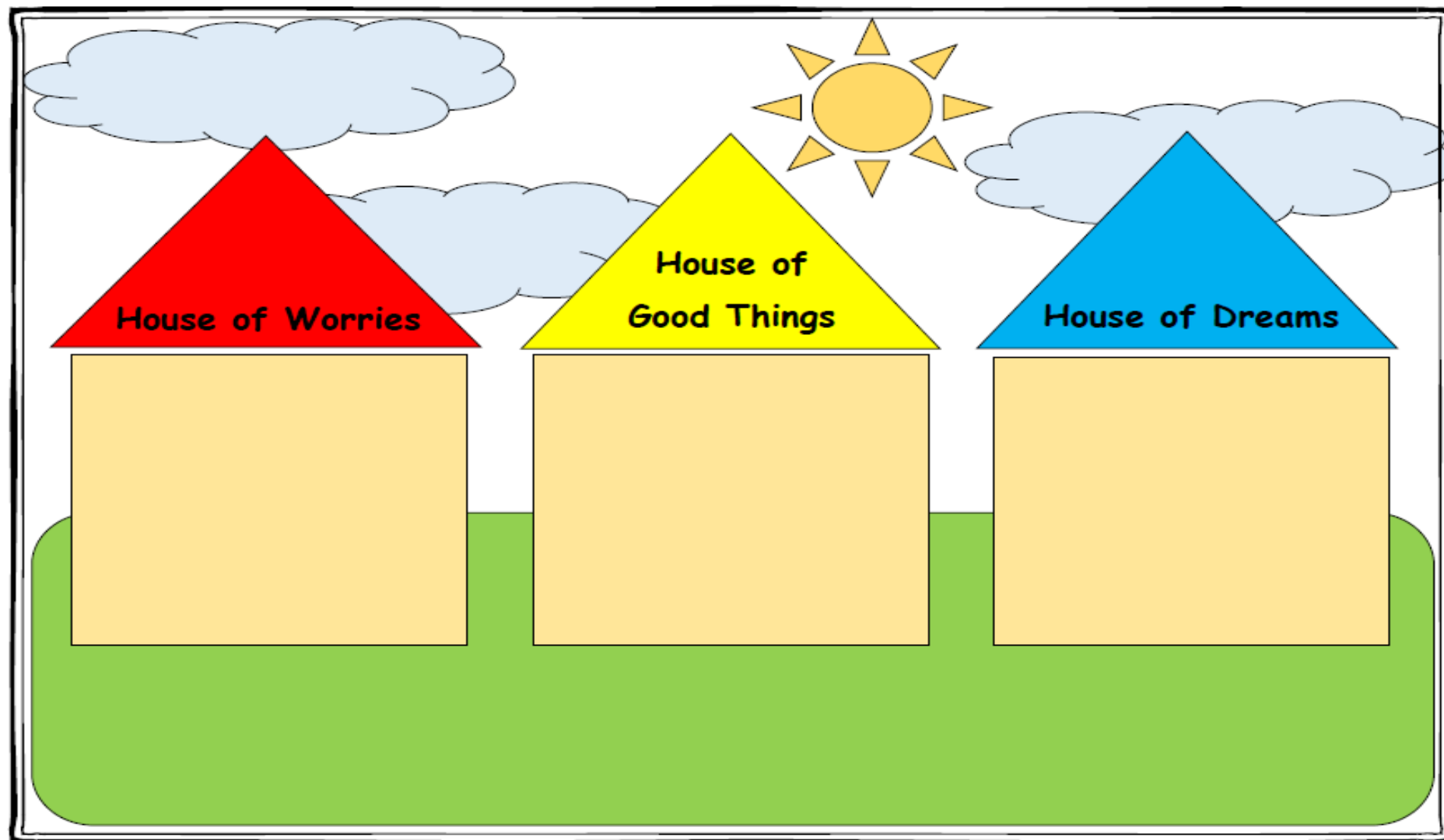
Mapping Tool

What Are We Worried About?	What's Working Well?	What Needs to Happen?
<p>PAST HARM</p> <p>COMPLICATING FACTORS (things that can make life harder)</p> <p>FUTURE DANGER</p>	<p>STRENGTHS</p> <p>SAFETY</p>	<p>SAFETY GOALS</p> <p>NEXT STEPS</p>

0-----10

If 10 is there is a plan with the network that keeps the children safe in the face of danger and 0 is there it isn't safe enough for the children to stay at home, where would you rate it?

## Three Houses Tool



# Wizard and Fairy Tool



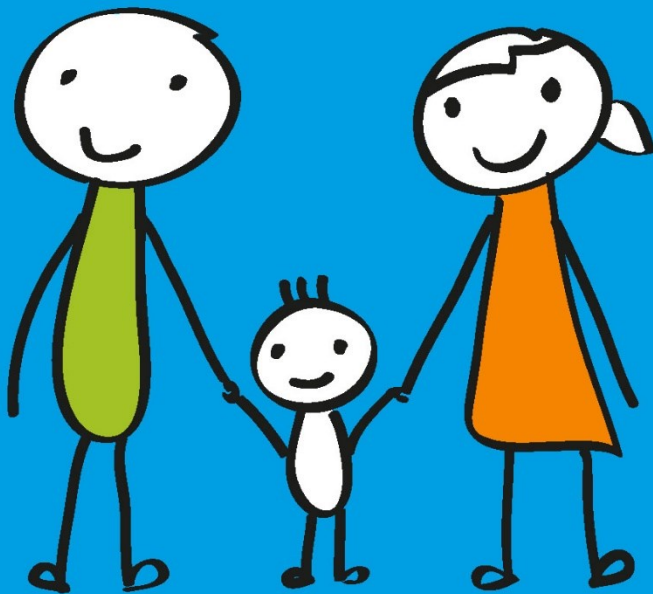
## Safety House



## Our Network Booklet for Children and Families

# Our Network

## Safety and Support for Children and Families



# What is your network?

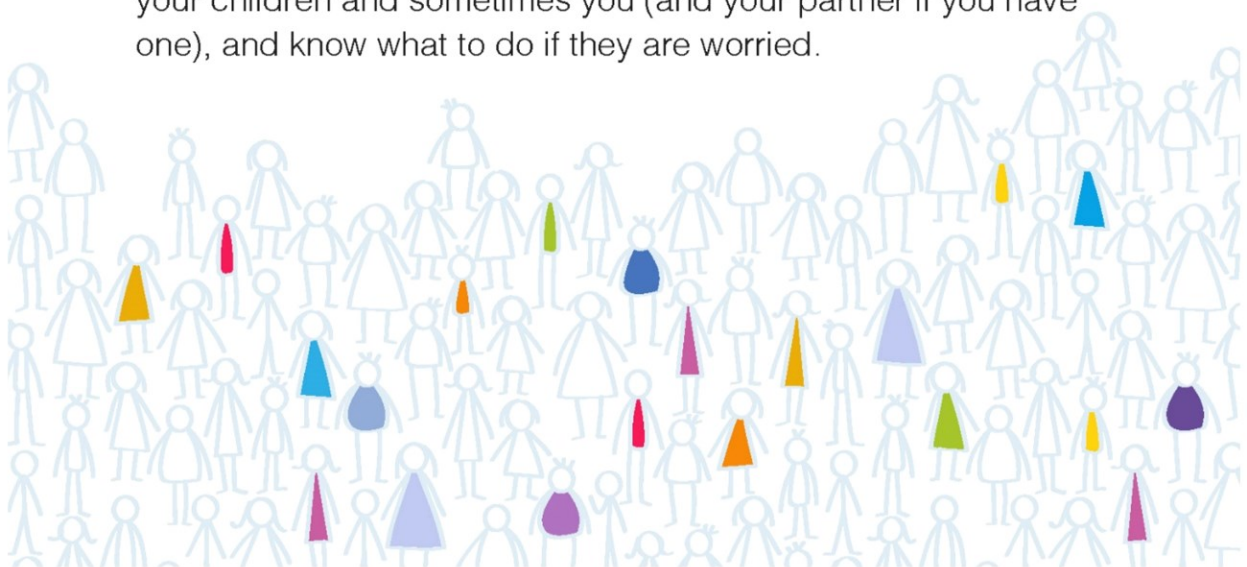
**Your network is made up of people who have a connection with you and your family.**

They might be family, friends, neighbours, members of your community or coaches from clubs your children attend.

Some of your network will live close by and some might live far away.

When it's not possible to see each other in person, networks use many different ways to keep in touch such as phone, text, Facetime, WhatsApp and Zoom.

Your network will always know how your children and family members are doing. They are always in touch, some more than others. They also know the things that make them worry about your children and sometimes you (and your partner if you have one), and know what to do if they are worried.

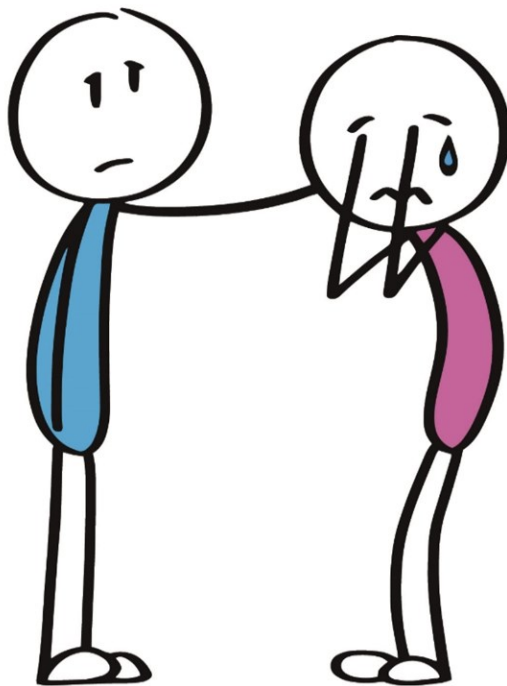


# Why do you have a network?

**Life can be hard at times, but your network is there to support you and your children through any difficulties.**

Your network makes sure your children are safe, cared for and have what they need, and make sure they are connected to family and their community.

This is important for all children and young people. They need support and guidance from the adults around them as they grow up, and even as adults we need people around to support us too.



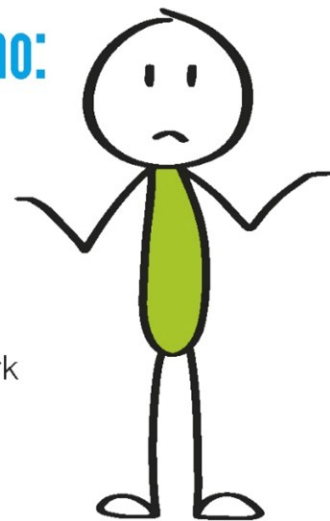


# What will happen?



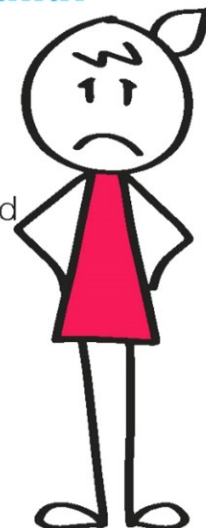
**Your worker will talk with you and ask questions to help you decide who:**

- you want on your network
- you do not want on your network
- your children would need on the network
- your children would not want on the network
- who would know everything, and
- who would only need to know some things



**Your network will need to understand:**

- What your children are worried about, or what things are making life hard for you as a family
- Your strengths in looking after your children and how your network have helped you keep them safe and well looked after in the past
- What needs to happen so that your worker doesn't have any worries and can leave your family to get on with your lives





# Your family plan

**Your worker will ask lots of questions to help you and your network to make a family plan.**

Sometimes these questions will be hard to think about but your worker is there to help you and your network with this.

Conversations about your plan may be over the phone, by video call or in person.

There might be more than one planning conversation. Each one will look at a worry and agree rules about who will do what to make sure your children are safe and well cared for when things are difficult at home or in life.

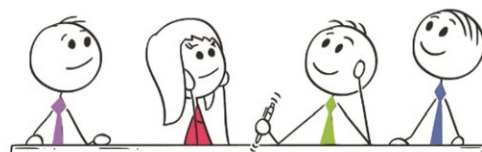


# Your family plan in action

**When your family plan is ready, you and your network can try it out to see what works well and what needs to change to make it stronger. Your worker will help you get a final plan that everyone knows can work.**

When everyone agrees on the final family plan, you and your network can make a simple version for your children. This will use drawings and words so your children know who will do what when a worry comes up, or what they might need to do.

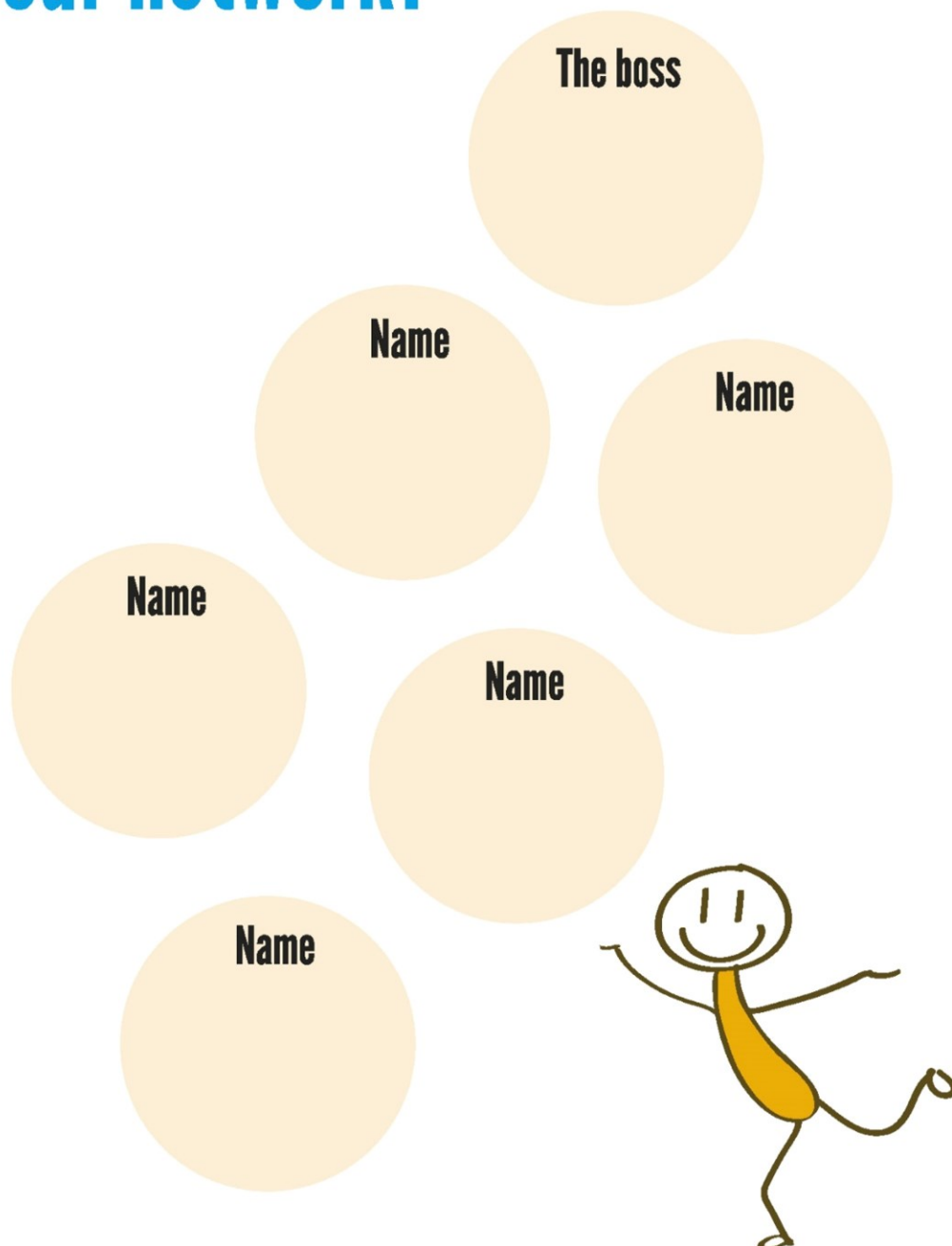
Once you, your network and your worker are confident that the plan works, and will continue to work, your network will take over full responsibility for the plan.



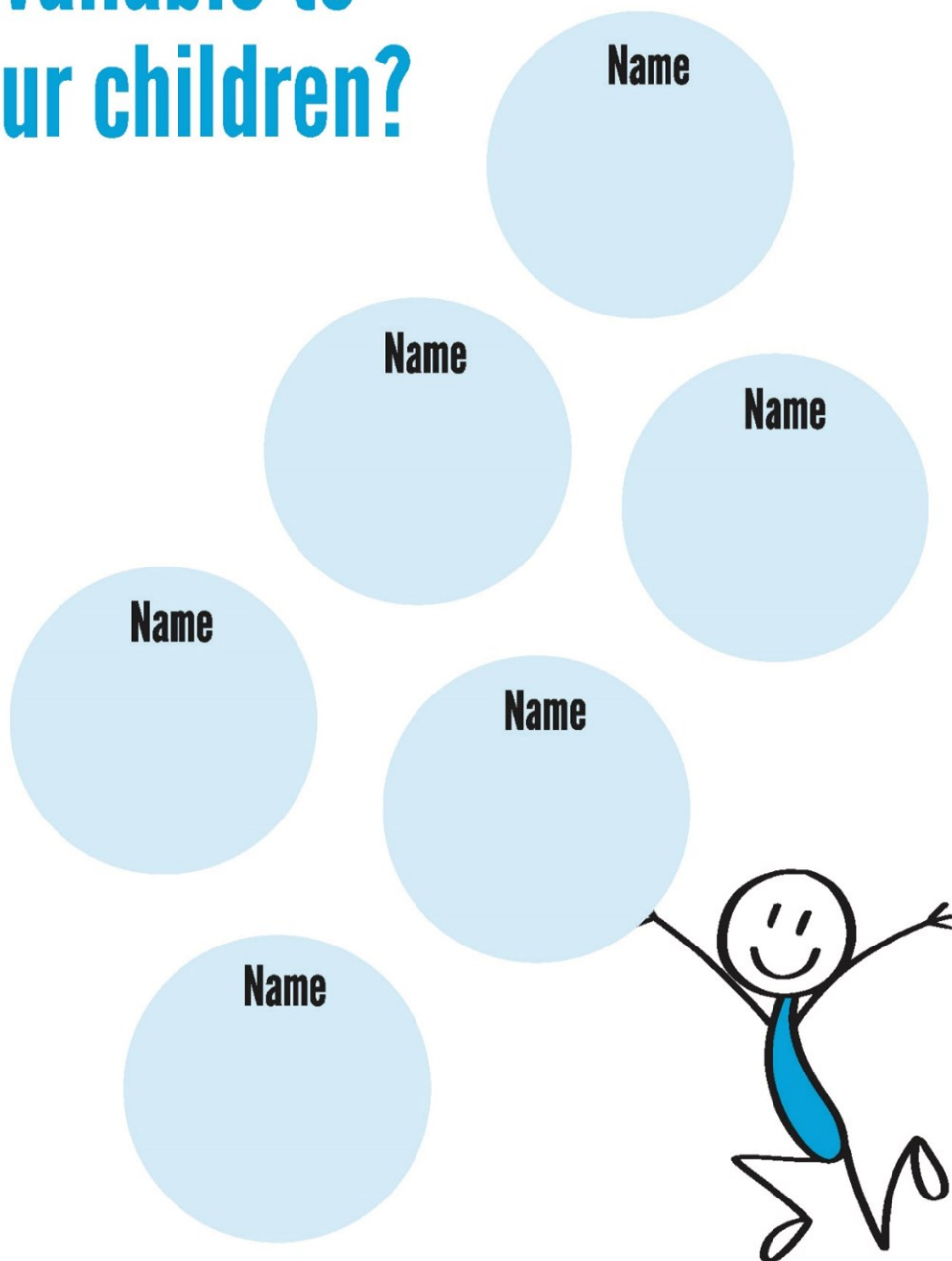
It is important for someone to be in charge of this plan so they can make any changes if needed.

**The Boss**

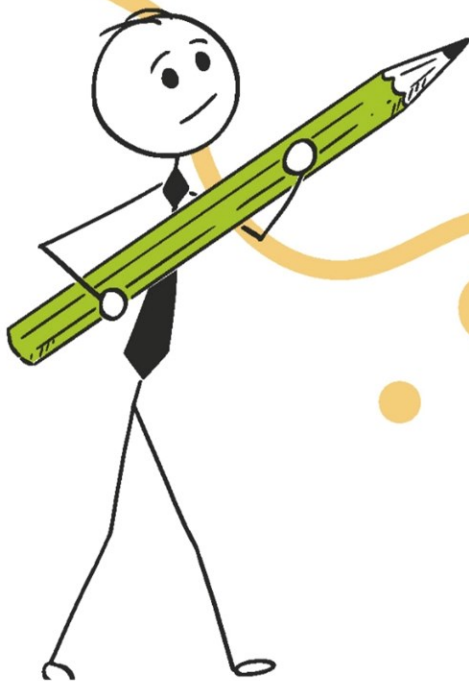
# Who are the people in your network?



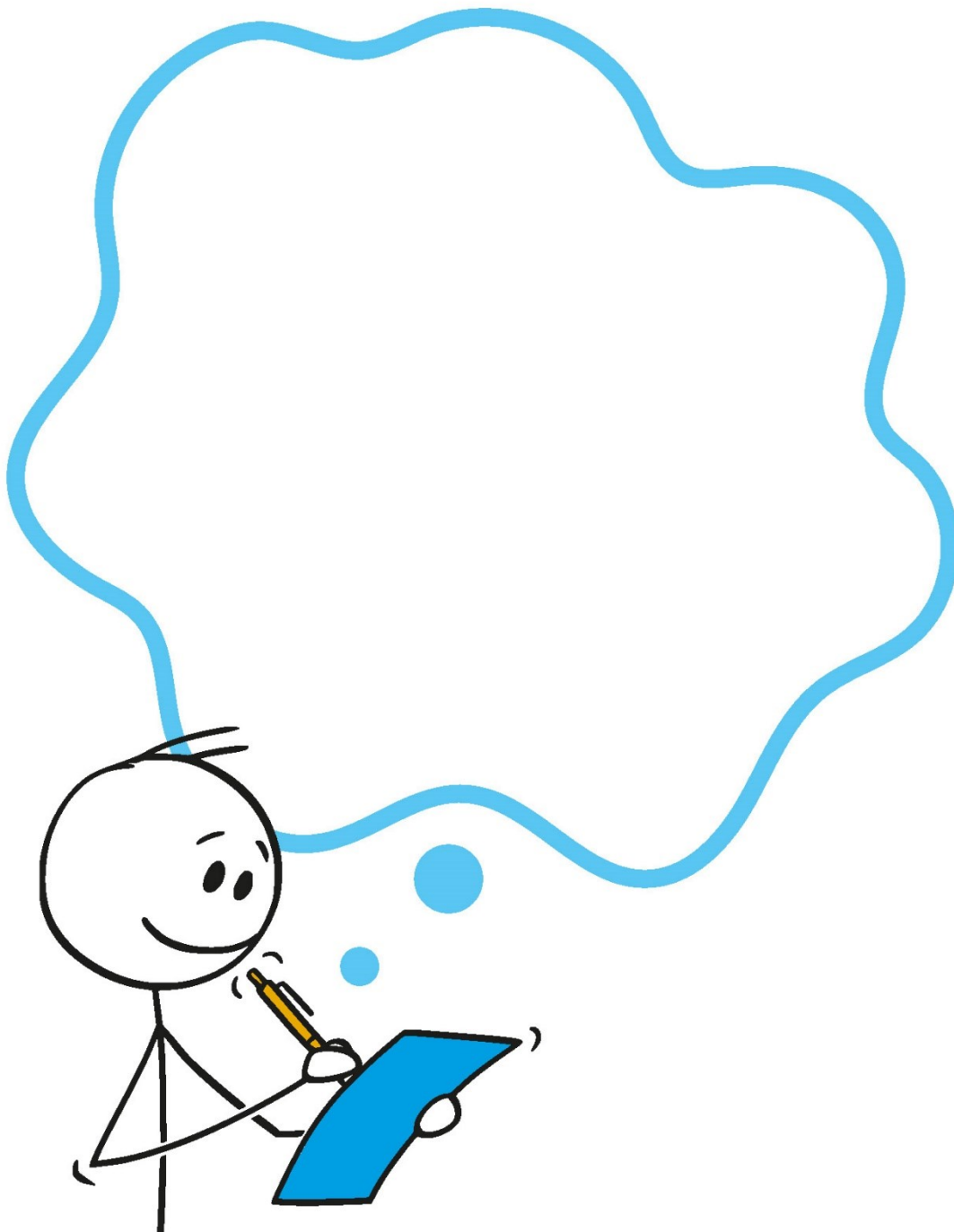
# Who in our network are available to our children?



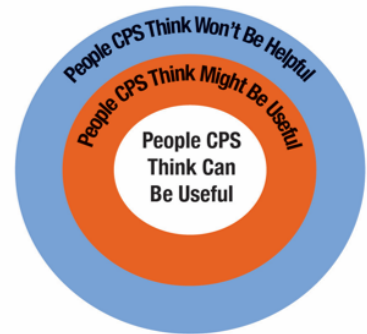
# Who would I like to join our network?



# Who would our children like to join our network?



## Safety Circles



## Timeline – Early Help / Child in Need / Child Protection

Weeks	Steps / Tasks	Meetings / calls	Changes



## Timeline – Return Home

<b>RETURN HOME TRAJECTORY PLAN</b>	
<b>FAMILY NAME</b>	<b>DATE AGREED</b>
<p><b>WORRIES</b></p> <p>What the child / young person, parents and professional are worried about and how this affects the child.</p>	
<p><b>STRENGTHS, SAFETY AND NETWORKS</b></p> <p>What Strengths, safety and network of support are already in place?</p>	
<p><b>CHILD/ YOUNG PERSONS GOALS</b></p> <p>What does the child want to change and what are their ideas for achieving this?</p>	

**PARENT CARER GOALS**

**What does the parent carer want to achieve and what are their ideas for achieving this?**

**PROFESSIONAL GOALS**

**What changes do the professionals need to see to be confident about the child/ young person's well being**

PARENT

Signed .....

Name .....( please print)

PARENT

Signed .....

Name .....( please print)

CHILD

Signed .....

Name .....( please print)

SOCIAL WORKER

Signed .....

Name .....( please print)

Preparation Stage			
Date	Steps / Tasks	Meetings / calls	Changes to plan
Safety Planning Stage			
Date	Steps / Tasks	Meetings / calls	Changes to Family Time/ plan
Monitoring Stage			
Date	Steps / Tasks	Meetings / calls	Changes to plan


## Words and Pictures – Short Form

**Who am I?**

**What do I know?**

**Why are we meeting?**

**What is going to happen next?**