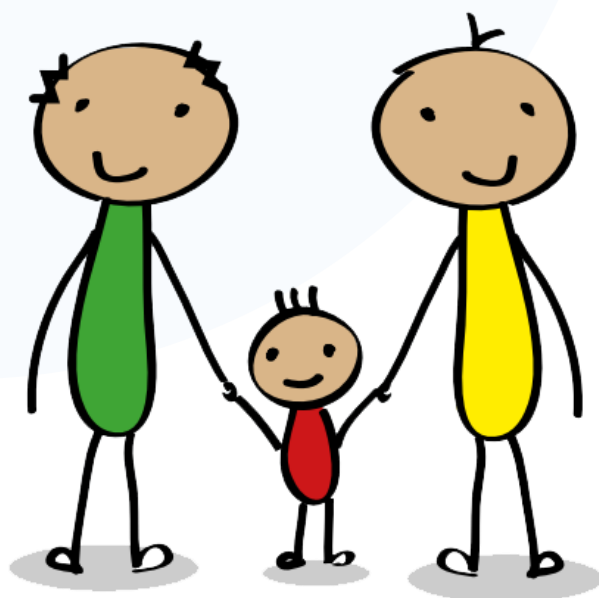


How we Practice in Durham

Information for Practitioners (Fourth Edition)

Elaine Smylie, Laura Armstrong, Holli Meadows, Kerry Yendall



'It's the difference that makes the difference'

'Nothing about us without us'

*'If we always do what we have always done, we will always get
what we have always got'*

See following external link:
www.online link once live.co.uk

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Welcome to 'How we Practice in Durham': Fourth Edition

In Durham everything we do is based on good strong working relationships with children and their families and we have adopted Signs of Safety as our practice model to help us to do this. This practice guide will provide guidance and support along with outlining the expectation 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 Fourth 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 a consistent 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 for them. 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 document. It is anticipated that this practice guide will be used by practitioners and managers as a working guide to support them in their day-to-day strengths based, relational practice and is the tool to be used along with the documents that are linked within 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 development of this new practice guide. We hope you all continue to embrace the way we work with children and their families in Durham.



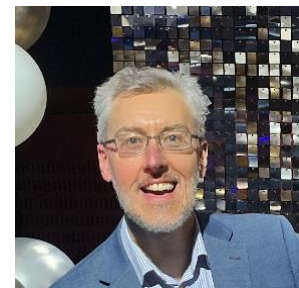
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Durham's Signs of Safety Vision

Signs of safety will provide a consistent practice model to help us to support children and young people to remain within their families and networks where they have the potential to care for them safely, and when this is not possible, to provide a secure and stable home and help them achieve their full potential.

[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 and involve them in creating plans.



Learn and share experiences together – practice SofS 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 condition 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 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 network which is facilitated by the social worker 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, a case holder and a number of observer/participants. The aim is to take the case holder 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 case worker reflect and go away with tools to help their work with families.
Harm / Worry Matrix	A tool to help us to understand current and past harm. A risk assessment tool we can use when our worries increase. 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.
Mapping	A process involving the allocated social worker, whereby information is well-thought-out and analysed in the following domains, harm, complicating

	factors, existing strengths, existing safety, safety goals and what needs to happen.
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 network 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 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 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. How will success look in the future and what is the end goal? 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 and Trajectory	A clear, agreed timeline and tasks of what will happen between 'now' and the end of our involvement. This is our plan of work. We can reference our timeline for involvement in our Safety Goal(s).

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 has been to expand the approach to fit across the whole service from Early Help through to Child Protection and to Children Looked After. 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/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'

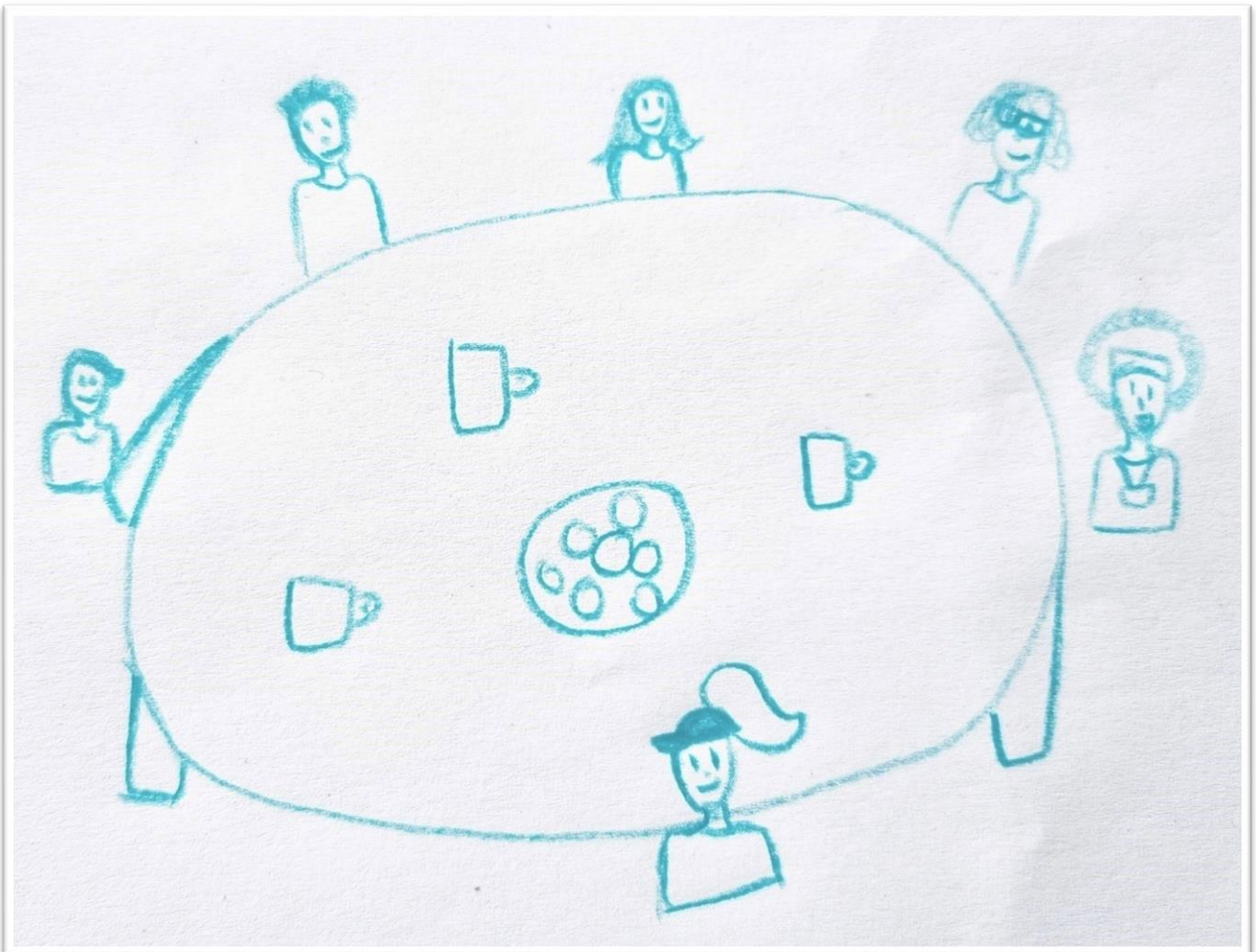
Signs of Safety is about putting children/young people, their families and the people that know them best at the front and centre of all our assessments, decision making and planning.

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 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.

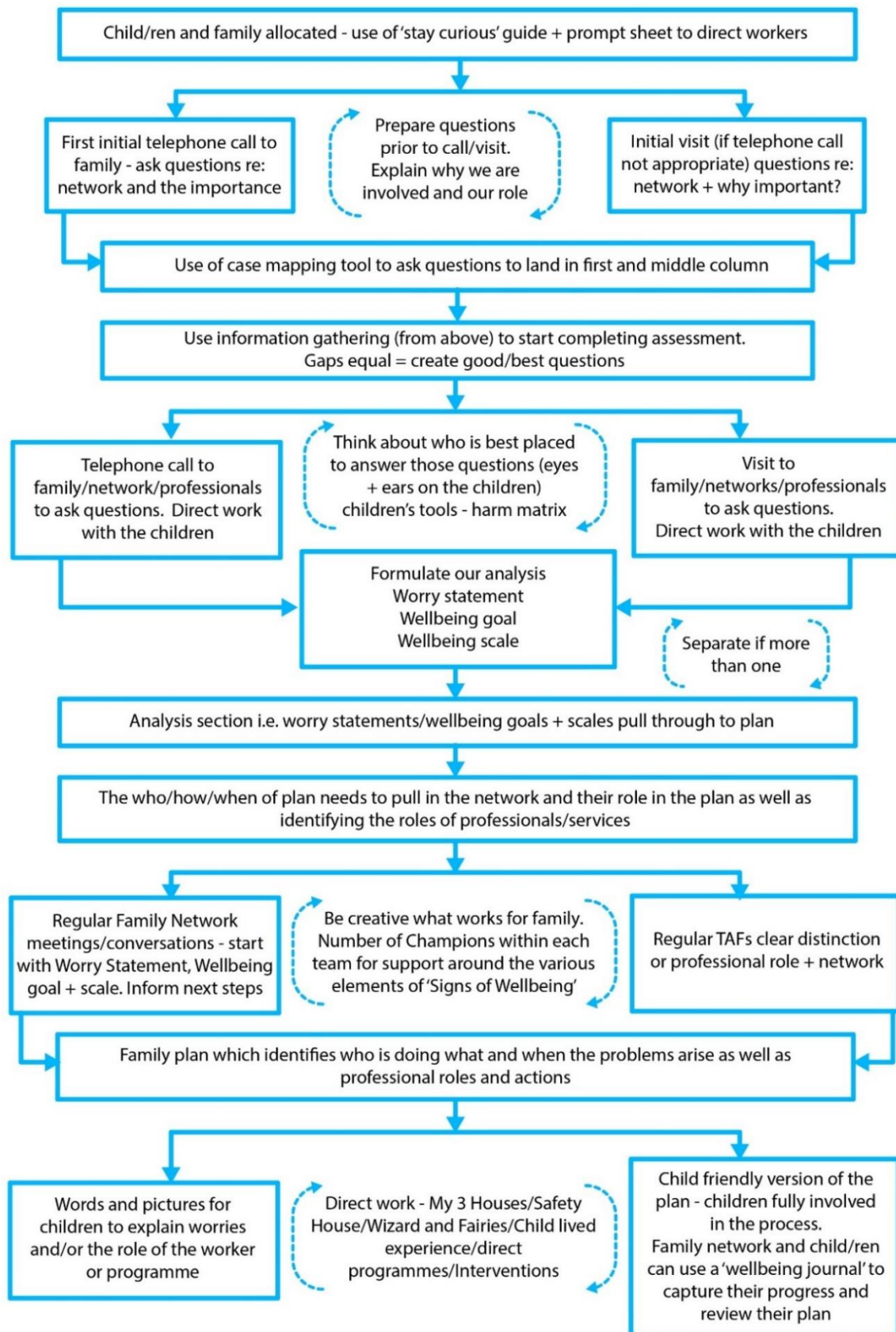
The only exceptions to this would be in Strategy meetings/discussions or Legal Planning meetings. In these circumstances the family should be notified in advance where possible of any meetings taking place and should be told of the outcome of the meeting as soon as possible.

Thought should be given to the timing of meetings to minimise the number of meetings that family members and others are attending. For example, 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 at a later time.



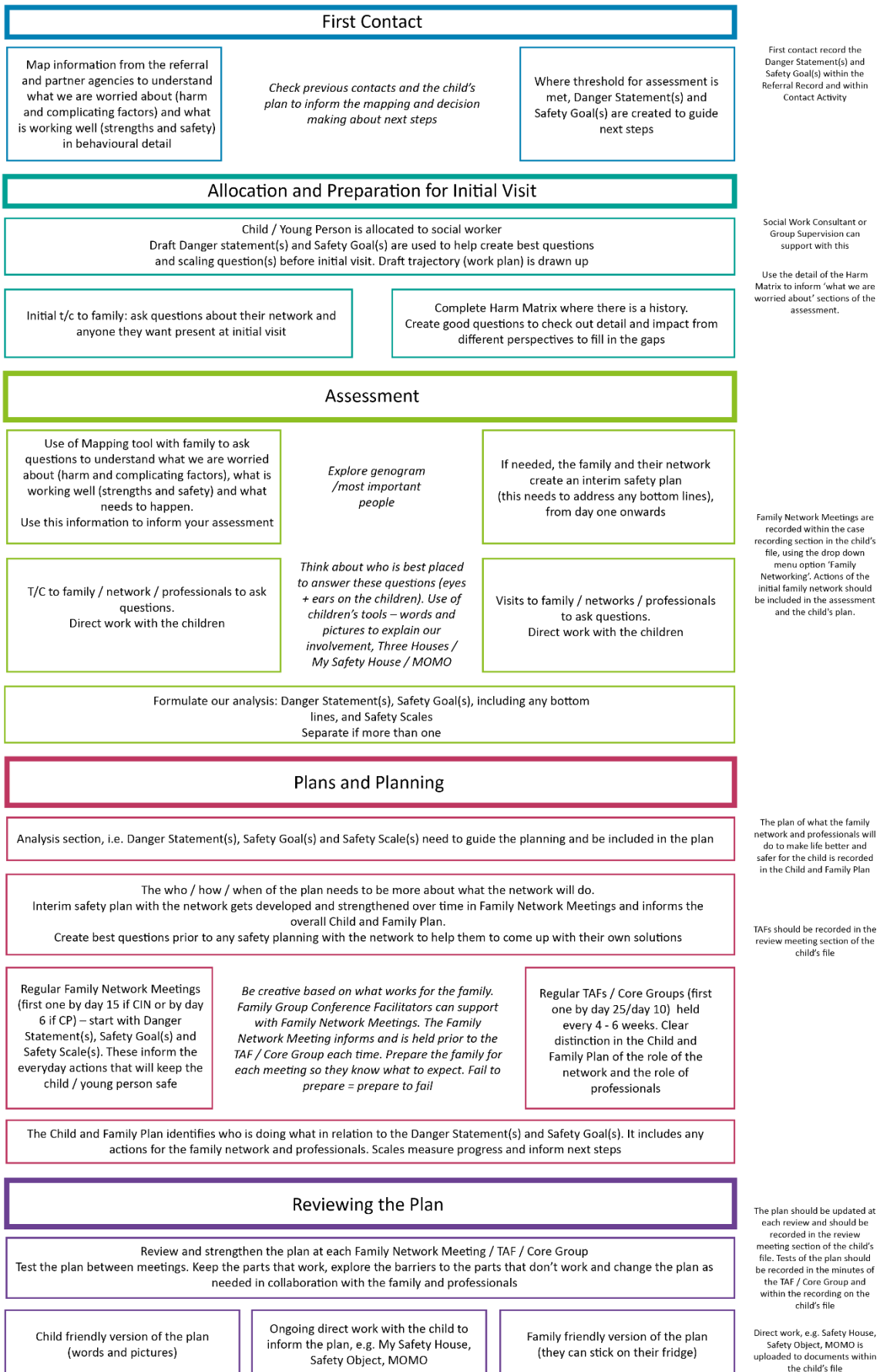
Child/Young Person’s Journey: Early Help

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

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](#)

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

Child focused	Is the child / young person’s voice, lived experience and the impact of what is happening to them front and centre of the referral and outcome?
Questioning Approach	Have we been careful about what we think we ‘know’ and asked lots of curious questions to understand the behavioural detail and the impact on the child / young person? Are we having reflective conversations with families and practitioners?
Evidenced based	Have we checked out information in the referral with our partners who know the child and family best?
Risk sensible	Are we balancing our exploration of the worries with what is working well to reduce the worries? Have we explored information to understand the things that are making life safer for the child / young person and written about this in behavioural detail?
Valuing children and families as experts in their own lives	Wherever possible, are we asking questions about the child/young person’s lived experience to the people who know them best (their network of family and friends, as well as practitioners)? Do we ask children, young people, mam, dad and their network of important people for their version of events, what they want to happen and what ideas they have to make things better? Have we checked out what these people think that life will look like when things are 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 family at the point of referral, and what it is that they do to help, so that we are involving the network from the earliest opportunity?
Language	Do we write about children and families in a way that is kind, straightforward and easy to understand?

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 and partner agencies to understand what we are worried about (harm and complicating factors) and what is working well (strengths and

Section 6.1

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. See the following external link: [Harm/Worry 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 assessment.

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"> 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 	<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"> 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 	<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</p>
<ul style="list-style-type: none"> During the assessment process all those identified in the Family Network will be spoken to. 	<p>Child and Family Assessment</p>	<p>Further bitesize sessions to be rolled out</p>
<ul style="list-style-type: none"> 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) 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 	<p>Recorded in Liquidlogic (within case notes and assessment, also in TAF minutes)</p>	<p>Further bitesize sessions to be rolled out</p>

Family networks

Expectations	Where will we see this?	What will help you?
<p>identified Family Network is articulated within the assessment.</p> <ul style="list-style-type: none"> 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) 		
<ul style="list-style-type: none"> The identified network must be involved in creating and reviewing the child and family plan. 	<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"> A review of the family safety plan to take place before the review TAF meeting and recorded in the Child and Family Plan. A member of the Family Network could be invited to the TAF to represent the Network. 	<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"> 7 domains to be used to inform your assessment on your 1st visit 	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"> The Mapping tool is used with the identified Family Network in every case. 	Mapping tool will be attached as a document to Child's file	
<ul style="list-style-type: none"> Direct work tool (such as 3 Houses) will be used to inform the mapping exercise 	Direct work will be attached as a document to Child's file	
<ul style="list-style-type: none"> All assessments should be shared with families to share our thinking before it is finalised and signed by the family. 	Case notes and assessment analysis	
<ul style="list-style-type: none"> 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. 	Assessment Case notes Child and Family plan and TAF minutes	

Words and Pictures

Expectations

- 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.
- 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
- 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

Where will we see this?

Final version of Words and Picture saved as a document on Child's file
Child provided with a copy

What will help you?

Support from Practice Leads
Workshops
Group Learning
SoS Guidance
SoS Share Point Resource
SoS Knowledge Bank
Practice Leads Workshops
Champions

A Questioning Approach

Expectations	Where will we see this?	What will help you?
<ul style="list-style-type: none"> • 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) • Managers/Practice Leads and Champions to role model Appreciative Inquiry within Supervision to support practitioners to use within work with children and families • Use of lots of relationship questions – Use of exception questions • Where we have concerns around thresholds use of harm matrix. • Use of scaling questions throughout the approach, including management oversight. • The use of best questions will highlight the behavioural detail in relation to the worries and 'what is working well?' 	<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"> • The Harm Matrix will be used where there are lots of worries / professional anxiety, disagreement or concerns re thresholds. 	<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

The following principles underpin our practice with children / young people and families through a Signs of Wellbeing approach.

Child focused

Is the child / young person's voice, lived experience and the impact of what is happening to them front and centre of the assessment? Have we, mam, dad or carers had a conversation with the child about why we are involved so that we can speak to them directly about the worries and what is working well, particularly in relation to the worries? Have we asked the child / young person what they want to happen and who they think may be good people to help? Does the child / young person's voice carry over to our worry statements and wellbeing goals and has the child / young person been involved in the planning?

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 lots of different people's perspectives so that everyone feels heard and involved? Who is best placed to ask questions too and who has eyes and ears on the children?

Evidenced based

Have we checked out what mam, dad, 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? Have we asked questions to understand how the things that are working well are making life better for the child / young person and family, so we know that these things are making a difference? Have we written our assessment in a way that balances the worries with what is working well, that goes into behavioural detail about both and says what the impact of the worries and what is working well is on the child / young person? Are we being clear about the worries and about existing wellbeing?

Valuing children and families as experts in their own lives

Are we asking questions about the child /young person's lived experience to the people who know them best (i.e. their network of family and friends, as well as practitioners)? Do we ask children, young people, mams and dads, and their network of important people for their version of events, what they want to happen and what ideas they have to make things better? Have we checked out what these people think that life will look like when things are better?

Exploring and involving the network

Have we been curious about who else is around this 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 asked the children who they would want to be included and who they think could help? Have we

	used tools to help with ‘family’ finding and asked questions to explore both the worries about involving other people and the possibilities that involving other people might create? Have we asked 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 with us about the things that they are most ashamed of or stressed by? Would we be open and honest if services were involved and how do we find a way to work around that? Do we appreciate the positive intentions behind actions, even where these actions may not turn out to be helpful? Do we thank families for trusting us enough to speak with us about the things that hurt them the most? Do we notice and appreciate the efforts that families make to try to improve things, no matter how small? Do we make sure that we write about children / young people and their families in a way that reflects the conversations that we have had with them so that families know what to expect in the assessment?
Language	Is the assessment understandable to the child / young person, mam and dad and the network using language that makes sense to them rather than professional jargon? Is the assessment written in a way that would make families want to work with us, instead of them feeling ‘got at’ or judged? If this assessment was about a child that you have a personal connection with, how would you want it to be written? Do we check out with children and families what language they use and then use this, where appropriate, in our written reports and assessment. Do we think about the impact our language has on those young people who ask to access their files taking into consideration those young people?
Valuing the family’s culture and uniqueness	Are we curious about what life is like for this family and the circumstances they are living in, taking into account their culture, identity, family traditions and beliefs and how this makes life better or harder for them?

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. The chronology guidance can be accessed in the Durham Children’s Procedures Manual via the following external link [Practice Guidance: Multi-agency Chronologies](#)



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

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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 MOMO (One App and Express). These tools can be accessed via the following links: [Three Houses.pdf](#); [Wizard and Fairies.pdf](#); [MOMO.pdf](#)



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

In Durham we follow the key principles below:

Clarity	Is it clear whose plan this is, why it is needed and how worried we are? Is there a Wellbeing Goal and a Scaling Question linked to every Worry Statement?
Plain language	Is the plan understandable to the child, young person, mam, dad, and network?
Behavioural	Is there a focus throughout on specific behaviours that have been observed, and that need to change and why? Does it show the step by step 'who does what' to reduce the worries?
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?
Child focused	Is their priority given to actions that directly improve the life of the child / young person? Where there are other plans (EHCP for example) are they aligned with this plan and referred to?
Parent Involvement	Is it clear that mams, dads or carers have been involved in the planning and the creation of the plan? Are they 'honoured' where they can be?
Informed Support Network	Does the plan show clear involvement of all connected support people (Family Network) in active roles within the plan? Does it include the role of other agencies and the involvement of other support services?
Child's Voice and Involvement	Is what the child /young person wants to change in relation to the worries, and their involvement clear throughout the planning and plan?
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 for the child?
Has the plan been tried and tested?	How confident are you that it will work? How do you know that the plan works? Are the children telling us that their life is getting better? Are we using scaling to evidence that the plan is progressing?
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?

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

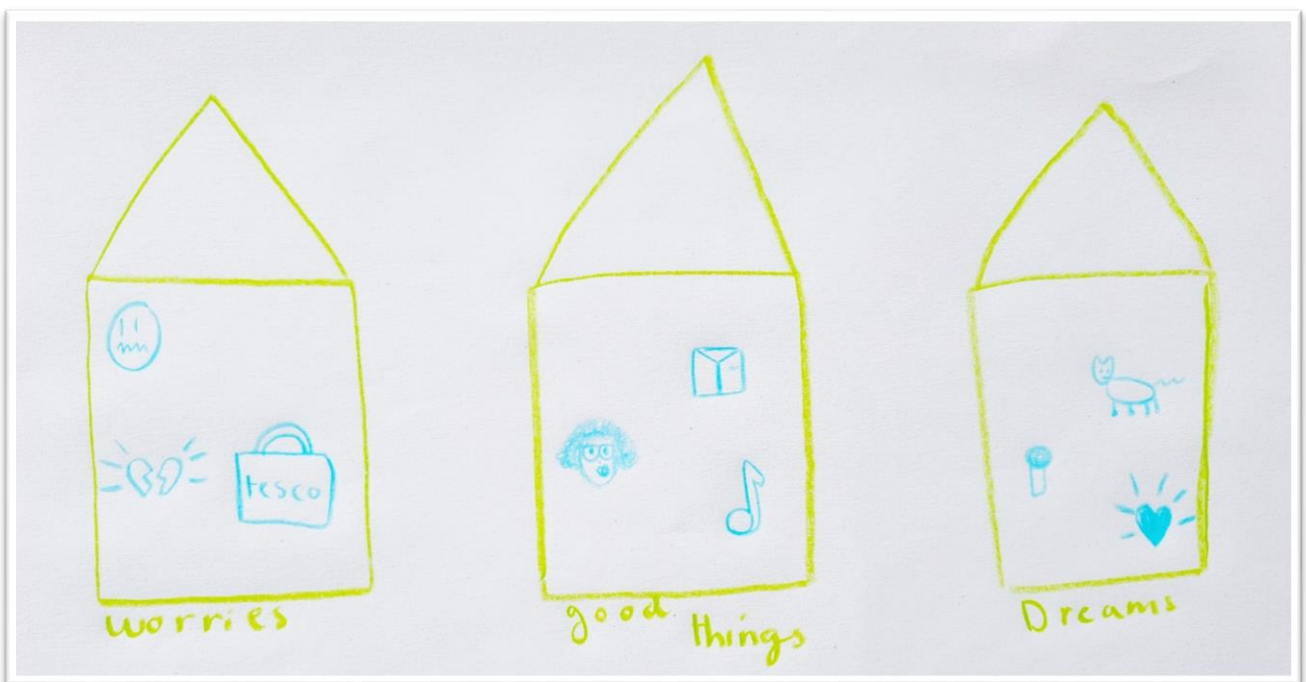
reduce the worries. We want to do everything possible to support the family to create their own plan without us imposing our ideas on them first. When we need to hold a Family Network meeting, for example when the family is being supported by an Intensive family Support Worker, the actions they agree 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.

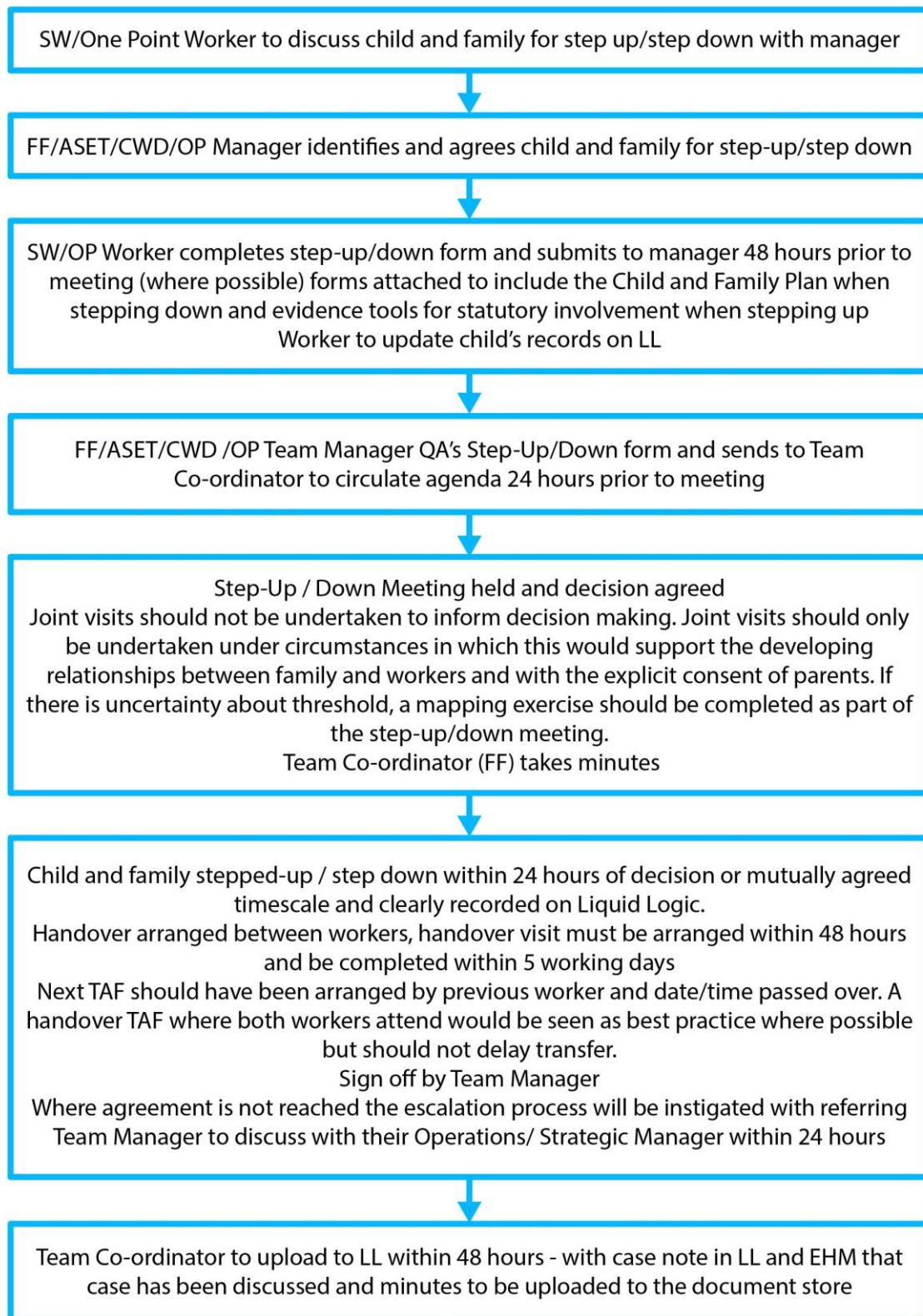
We should explore whether the child/young person wishes to be present for all or part of the meeting, or whether they wish to provide their views in another way, for example using the Mind of My Own (MOMO) Apps 'Prepare for a Meeting scenario', or direct work tools such as [Three Houses](#) and [Wizard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



Step Up/Step Down Flowchart

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

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



Child and Family Assessments: Families First

Signs of Safety

The following principles and expectations should **always** underpin our approach with children / young people and families. The next link takes you to a video of Elaine Smylie and Shelley Gill talking together about how these principles work in practice: [SOS Principles of Assessment](#).

Child focused	Is the child/young person's voice, lived experience 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 so that we can speak to them directly about the worries and what is working well in relation to the worries? Does the child/young person's voice carry over to our Danger Statements and Safety goals and has the child/young person been involved in safety planning?
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 lots of different people's perspectives so that everyone feels heard and involved? Are we having 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? Always consider 'how do we know?'
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? Have we written our assessment in a way that goes into behavioural detail about both and says what the impact is on the child/young person? Are we being really clear about any harm and existing safety, and have we analysed 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 people who know them best (family, friends, and partners)? Do we ask children, young people, mam, dad, and their network of important people for their version of events, what they want to happen and what ideas they have to make things better? Have we checked out what these people think that life will look like when things are 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 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 and asked questions to explore the worries about involving other people and the possibilities that involving other people might create? Have

	we asked 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 understandable to the child/young person, mam, dad, carers, and the network using language that makes sense to them? Is the assessment written in a way that would make families want to work with us, instead of them feeling 'got at' or judged? Do we check out with children and families what language they use and then use this, where appropriate, in our written reports and assessment. Do we use Language that Cares guidance? See external link Language that Cares.pdf
Valuing the family's culture and uniqueness	Are we curious about what life is like for this family and the particular circumstances they are living in, 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 worries or what is working might differ depending on their age and development and what they have seen, heard or experienced?

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. 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, commence any required safety planning and to use evidence-based 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 in the Durham Children's Procedures Manual via the following external link: [Practice Guidance: Multi-agency Chronologies.pdf](#)

Preparing for visit

We always visit the child and their family within the first 5 days of the family being referred. Where there is a history and we want to analyse the impact of the harmful behaviour on the child/young person over time, we may use the Harm/Worry Matrix to map what we already know (cumulative harm) and identify gaps in our understanding. The following link takes you to the Harm/Worry Matrix Tool: [Harm/Worry Matrix.pdf](#)

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 is available on Durham Children's Services Procedures Manual and can be accessed via this external link: [Our Network: Safety and Support for Children and Families.pdf](#). We can also use tools like cultural genograms, eco maps and Mobility Mapping with families to help identify their most important relationships.

The Harm Matrix

We can use the Harm Matrix to help us to analyse harm to a child/young person, particularly where there is a long history, and this helps to inform 'what we are worried about'. We 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 strategy meetings, to inform Child Protection Reports and to evidence the threshold for a Legal Planning Meeting.

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 sending children to school 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 their *coping response* to what is happening around them (impact), for example self-harm linked to them losing important relationships.

The 'Timespan' section explores how long the behaviour has been a worry and includes the number of incidents that we are aware of, or patterns of behaviour. This could also include the number of referrals to Children's Services.

'First, worst, and last' incidents 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 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 initial visit

We explain why we are visiting the family and ask them about their version of what has happened. In doing this, 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 difficult. The following link takes you to some example questions to help with this:

[Example Mapping Questions: Families First](#)

So that the assessment is balanced, we map the information across the 7 domains (past harm/worry, complicating factors, future danger, strengths, safety, goal(s) and next steps) and include this in our assessment. The Mapping Tool can support with this and is explained via the following external link:

[Mapping Tool Explained.pdf](#)

We check out information from the mapping with the family and the people that know the child/young person best (partners and the family network) with what the child/young person is telling or showing us and what we observe about the harm, strengths, and safety. During the assessment we speak to the

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important people who know the child/young person and their mams and dads/carers best for their views about the situation. We explore 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 their 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.

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 consider the Assessment Diamond when asking questions and analysing the impact of adult behaviour on the child/young person. The following external link takes you to the Assessment Diamond: [Assessment Diamond](#)

The child's section of the Child and Family Assessment focuses on what is happening in each individual child's life that is affecting their safety, wellbeing, health, and development. This is analysed and written in behavioural detail, with examples, according to what is working well for the child and what the worries are for the child.

The parent/carer section focuses on the detail of any worrying parental/adult behaviour (including triggers or things that have happened in the past that makes the worrying behaviour more likely to happen in the present), as well as strengths in parenting and what they are doing to keep their child safe.

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 professionals are doing that is making life more difficult for the family, for example, having too many professionals 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. Within our assessments we should separate out complicating factors from the issues that are causing harm to children.

Bottom Lines

If needed, we support the family and their network 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.

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; 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 in the Durham Children's Procedures Manual via the following external link: [Words and Pictures Short Form.pdf](#). This helps us to then use other tools, which can be accessed via the following external links: [Three Houses.pdf](#); [Wizard and Fairies.pdf](#), [MOMO.pdf](#), Express and [My Safety House.pdf](#)

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.

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

Our analysis needs to be clear about the harmful behaviour and how this affects the child/young person alongside the impact of any strengths and safety that reduce the worries for the child/young person. Any complicating factors should be separated out. 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 Danger Statement(s) with the family, that are written 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. Stronger Danger Statements include what the child/young person has told us about the worries and how it affects them.

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.

Scaling Questions are devised from 0-10 where 10 is what life will look like when the situation 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, mam, dad and/or carers, and the child/young person (where possible) should scale the situation so any difference can be explored. Scaling helps to inform next steps. See the following external link for tips on scaling questions: [Tips on creating and using scaling questions](#).

The following external 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 try to 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 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.pdf](#). We record this clearly in our assessment along with next steps.

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

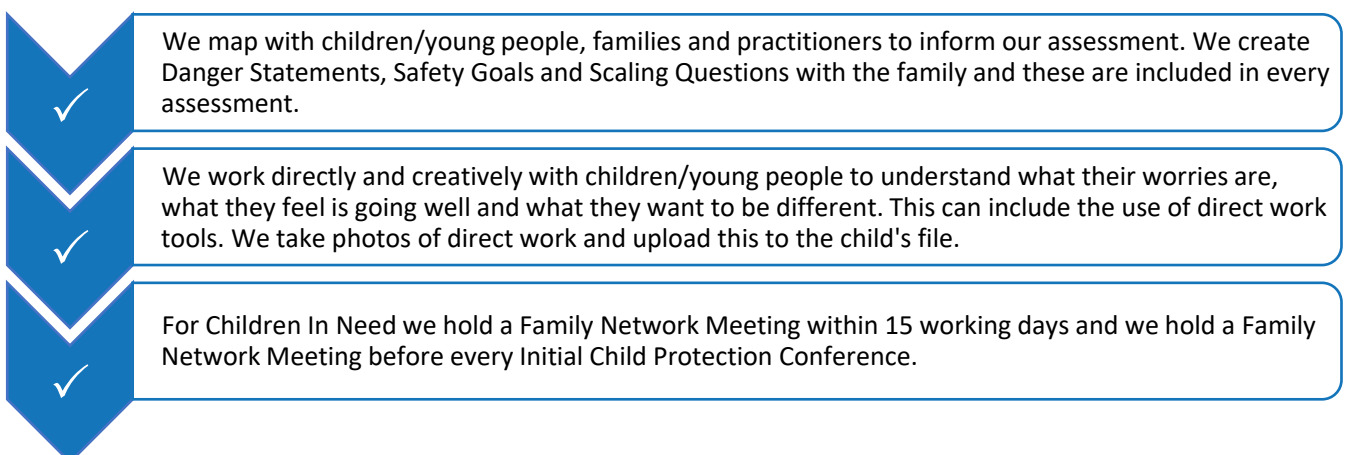
Our first assessment checkpoint takes place at allocation, then at days 10, 28 and day 40. At each checkpoint the Team Manager or Social Work Consultant has a discussion with the social worker to reflect on:

- 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.

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](#)

Things we must do!



Plans and Planning: Children in Need and Child Protection

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, 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 are safer, what they worry could happen if things don't change, 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 Safety Goal and a Scaling Question linked to every Danger Statement?
Plain language	Is the plan understandable to the child, young person, mam, dad, and network? Would a typical 8 year old be able to understand it?
Behavioural	Is there a focus throughout on specific behaviours that have been observed, and that need to change and why? Does it 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 including mam, dad, carers, and the family network in active roles within the plan? Does it include the role of other agencies and the involvement of other support services, for example what school and health are doing.
Outcome focused	Are there clearly written goals that describe what life for the child 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 safety and existing strengths for the child?

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?

Safety planning should ideally happen with a network as they are the eyes and ears on the children, especially when parents may be struggling.

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 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 hold a Family Network Meeting prior to 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 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 create safety and support plans for children.

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.

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

We may ask more questions to help the family network think through the detail of this, if needed. For example, how would they know if a parent 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 worrying behaviour and what are the network'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 Planning Template.pdf](#)

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

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

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. 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.pdf](#)

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 where possible or where they are not able to or do not wish to attend, we make sure that their views are shared.

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.

The Child's Plan

The plan should be created *with* the child/young person and their family and be written with them, in a way that makes sense to them, using plain, jargon free language. Lengthy Danger Statement(s) and Safety Goal(s) should be summarised in the plan so that Danger Statements include a brief example of the worry and the impact on the child and goals focus on what life will look like when we are no longer worried. The goals include any bottom lines needed to keep the child/young person safe. The safety plan is included in the Child and Family Plan so that this can be reviewed within subsequent TAFS (Child in Need meetings) or Core Groups. Examples of how we can do this are available on the Signs of Safety Share Point site, under Good Practice 'Child in Need Plans' and 'Child Protection Plans', via the following link: [SOS Good Practice Plans](#)

The Child and Family Plan references any other plans that the child/young person may have, for example Education and Health Care Plans (EHCP). Where there has been a Family Group Conference, the key actions agreed by the family are included in the Child and Family Plan.

Section 6.7

The plan focuses more on the day-to-day actions that mam, dad and/or carers and their network say they will take to ensure the child's safety and wellbeing rather than list of services to attend or a written agreement. We involve services with the agreement of the child/young person and their family. Where other agencies are involved, the actions in the plan are clear about the support that they are providing, the purpose of this and the timescales to access this support.

Timeline and Trajectory (work plan)

To build hope and increase buy in from everyone involved, we create a timeline (the number of weeks it will take to complete tasks) and trajectory (a workplan of key tasks) with families and practitioners, so we are clear about what needs to happen for the children's services to end our involvement. This sets out a vision for everyone about the tasks needed to achieve safety for the child/young person. We create the timeline and trajectory early on in our involvement with the child/young person and their family so that we are thinking about what is needed to get us out of the family's life from the point we first become involved.

We are clear about the number of weeks/months that we are in the planning stage and the tasks involved in this and the number of weeks/months that we are in the monitoring stage. We only move on with the trajectory so long as all goes well with the previous stage. We are clear about the Plan B for the child/young person if the work plan to end our involvement isn't successful. The Timeline and Trajectory template is available via the following external link: [Timeline and Trajectory CIN CP](#).

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

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

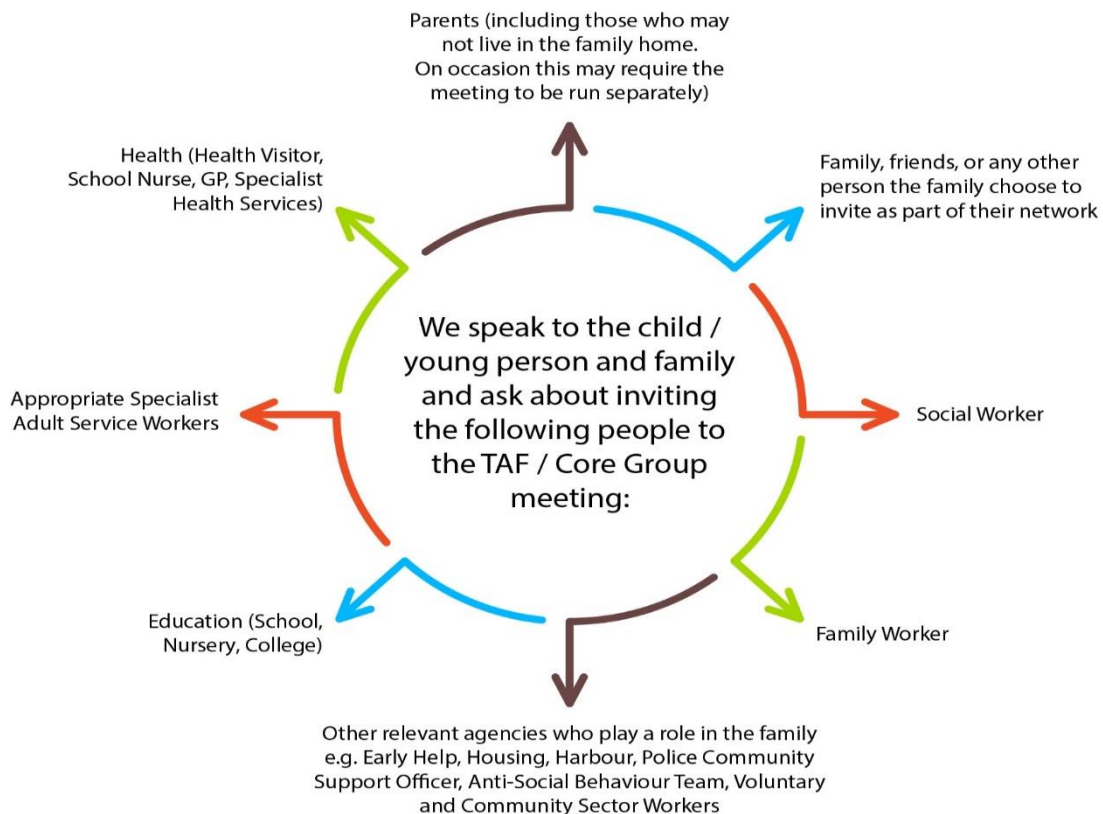
First Team Around the Family (TAF) / Core Group meeting after allocation

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 (MOMO) 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.pdf](#); [Wizard and Fairies.pdf](#), or [My Safety House.pdf](#)

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



Section 6.8

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.

We can use the initial TAF to map with families and other practitioners so that this information can inform our assessment of what the worries are, what is working well and what needs to happen. From the mapping, we start to agree next steps and use information from 'what is working well' to help build our plan with the child and family.

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 and relationship with services and what we may need to do differently to involve and welcome them.

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 strengthen and update the plan from one meeting to the next and 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; at least 4-6 weekly intervals. The TAF/Core Groups is about progressing the plan rather than seeking an update. This means that we focus on what is and isn't working in the plan, change any actions that aren't working, and we remove actions that have been completed.

The plan is guided by the Danger Statement(s), the Safety Goal(s), and Scaling Questions and is clear about who is doing what to achieve the Safety Goals. Any bottom lines needed to achieve safety are included in the Safety Goals. Triggers and warning signs can be included under 'What we are worried about' and the actions ('How we will do this or make sure it continues' column) state who will do what to keep the children safe when the triggers and warning signs are present.

Section 6.8

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.

Each Danger Statement and Safety Goal is scaled by everyone attending the meeting, including family members, as a measure and review of progress and to agree next steps between now and the next meeting.

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.

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.

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.

We prepare for the meeting with the family. This includes any changes to the safety plan through the Family Network Meetings. We keep the everyday actions that are working and through our conversations with the family and their network we change the things that aren't working. The safety plan is a long-term plan intended to be used when needed. Other actions will be time limited, for example, sessions with a family worker or a partnership agency. We remove these actions once they are completed.

At each TAF/Core Group we use the plan as the basis for the discussion. The actions are updated at each TAF/Core Group to include any changes made at the Family Network meeting alongside anything else that needs to happen.

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

- Introductions and a summary of the key issues (Danger Statements) and Safety Goal(s)
- Scaling of each Danger Statement(s) and Safety Goal(s); the 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), a new Danger Statement and Safety Goal is created before the meeting, and actions agreed to address this.

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. The social worker uses Appreciative Inquiry with the family and other practitioners to celebrate success and reflect on what we have learnt.

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.

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!

-  Our co-produced Danger Statements and Safety Goals should inform our planning with children, families and other practitioners.
-  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

Most of the time, the Harm Matrix is the tool we use to determine whether the threshold for a 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 should inform the discussion and the Section 47 Enquiry. The Harm Matrix has been built into the Strategy Request Form and this is available on the Durham Children's Services Procedure's Manual via the following external link: [Strategy Request Form.pdf](#)

We explore the questions in 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. In the strategy discussion, we always explore the strengths and existing safety that helps to mitigate the worrying behaviour identified in the Harm Matrix.

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.

Where 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. We talk about this during the strategy discussion as this helps us to frontload our information so we can make better decisions about thresholds.

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.pdf](#)

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 evidence the threshold for non-urgent strategy meetings and use this to guide our strategy discussions and S 47 enquiries
-  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 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; 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 children 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 prior to 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. This safety plan is included in the overall Child Protection Plan.

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 network 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 family, their important people and the professional network 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 (MOMO) 'Prepare for a meeting scenario.' A link to using MOMO in child protection is available on the Durham Children's Services Procedures Manual at the following external link: [Using MOMO in Child Protection.pdf](#)

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 updated if needed and limited to no more than four, in order for the plan to be 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.

Section 6.11

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) 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. The plan is more focused on the everyday actions of the family network to achieve the safety goals, rather than referrals to services to keep children safe.

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 strengthened 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 section 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.

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. 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 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.

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.

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 into pre-proceedings (PLO) or issue care proceedings. We use the Harm Matrix to help evidence this. See the following external link: [Harm/Worry Matrix.pdf](#). Wherever possible, we hold a Family Network Meeting before the Legal Planning Meeting, to explore what other support 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 mam 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 (Danger Statements)
- We are clear about what safety for the child/young person looks like to be able to exit PLO (Safety Goals)
- 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 Parents 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 point of view.

We focus on the safety goals and 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. Safety Goals should link to the specific worries that have led us to PLO so that we are focused on what life needs to look like for the child/young person for us to exit PLO. We do not include every goal in the child/young person's plan.

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.

Working and agreeing a trajectory 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 and trajectory 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 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.

Section 6.13

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 section of this guide.](#)

Parenting Assessments

The following principles and expectations should underpin our approach to parenting assessments.

Child focused	Are our Danger Statements clear about the impact of the parent's behaviour on the child/young person and are our Safety Goals clear about what life will look like for the child/young person to be safe? Are we clear about what it is that the parent does well to care for their child alongside the worrying parental behaviour and how this affects the care of their child? Do we observe parents and their children together so we can understand this relationship better?
Questioning Approach	Have we been careful about what we think we 'know' and asked curious questions to understand the behavioural detail and the impact? Do we have reflective conversations with parents? Do we use relationship questions to explore other people's perspectives and make use of creative tools such as 'Parenting Patchwork', 'Kids Needs' cards etc to support these conversations? Do we consider how intrusive it can feel to be 'assessed' and find ways to make this easier for parents, for example checking out 'is this okay?'
Evidenced based	Have we checked out what parents and children/young people are telling us through observation and from the perspectives of the people who know the parents best so that our understanding and decisions are based on evidence rather than opinion or a single story?
Risk sensible	Do we have clear Danger Statements from the outset and does our assessment focus on the key worries affecting parenting, and what is working well to reduce these worries? Have we written our assessment in a balanced way, that goes into behavioural detail about the worries and what is working well in the parents care of their child? Are we being clear about any harm, complicating factors, strengths, and existing safety, and have we analysed the parent's ability to meet the safety goals?
Valuing parents as experts in their own lives	Are we asking questions about parenting to mam and dad and the people who know them best? Do we ask parents for their version of events and what they want to happen? Do we explore 'best hopes' with parents?
Exploring and involving the network	Have we explored the parent's family history and been curious about who else is around this family who could offer support, even when parents 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? Have we asked 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 parents to be open about the things that they are most ashamed of and how intrusive this can feel? Do we find ways to honour their struggle and work around this? Are we kind when we need to say difficult things?

Language

Is the assessment understandable to parents and children using language that makes sense to them rather than professional jargon? Is the assessment written in a way that would make parents want to work with us, instead of them feeling 'got at' or judged? Do we check out with children and families what language they use and then use this, where appropriate, in our written reports and assessment?

Valuing the family's culture and uniqueness

Do we consider any issues or barriers that parents might be experiencing and find ways to work around these, for example, where a parent has a learning difficulty, or doesn't speak English? Do we consider how the parent's culture, identity, traditions, and beliefs impact on the care of the children? Do we consider the parenting of each child as an individual and think about how the worries or what is working might differ depending on their age and development and what they have seen, heard or experienced?

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 use tools such as the Harm Matrix to help with this. The Harm Matrix can be accessed via the following external link: [Harm/Worry Matrix.pdf](#)

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.

Section 6.14

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.

See the attached external link for more tips on structuring the Parenting Assessment and example questions: [Parenting Assessment Guide](#)

Our analysis needs to concisely record the past and current harmful parental behaviour and what this means for the care of the child/young person, alongside the impact of any strengths and safety that reduce the worries for 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 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 the situation 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 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](#)

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

<p>Child focused</p>	<p>Is the child/young person's voice, day to day life and the impact of our decision making on them front and centre of the assessment? Have we had a conversation with the child/young person directly about their relationship with their brothers and sisters and what they want to happen? Have we considered what each individual child needs and whether they are best cared for together with their brothers and sisters, or apart?</p>
<p>Questioning Approach</p>	<p>Have we been careful about what we think we 'know' and asked lots of curious questions to understand the relationship between brothers and sisters, and how this might differ depending on whether they are at home, in school or in the community? Do we check things out from different people's perspectives so that we have a richer understanding of these relationships? Are we having reflective conversations with children/young people, parents, carers, and practitioners?</p>
<p>Behavioural</p>	<p>Do we explore what is happening in the relationships between brothers and sisters, and give examples, rather than using labels or making statements? Do we write about specific, observable behaviours? Always consider 'how do we know?'</p>
<p>Evidenced based</p>	<p>Have we checked out what children/young people, mam, dad, or carers 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?</p>
<p>Risk sensible</p>	<p>Are we balancing our exploration of the impact of children staying together with the likely impact of separating them? Have we explored all potential options for children to stay together, or stay connected, before we decide to separate them? Have we safety planned when there are difficulties in the relationship between brothers and sisters?</p>
<p>Valuing children and families as experts in their own lives</p>	<p>Are we asking questions about the child/young person's relationships and day to day life, to the child/young person and the people who know them best (family, friends, and partners)? Do we ask children, young people, mam, dad, and their network of important people for their version of events, what they want to happen and what ideas they have about potential solutions? Do we really listen to children/young people and act on what they are telling or showing us?</p>

Exploring and involving the network	Have we been curious about who else is around this family who could care for brothers and sisters, or support brothers and sisters to see each other? Have we used tools to help with 'family' finding so we can be sure we have explored all the options? Have we asked 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 acknowledge how difficult it can be for everyone (the children, family, ourselves as practitioners) when we are making decisions about whether to separate brothers and sisters? Do we clearly explain the reasons behind the decisions that we make, particularly where there are differences in opinion about what should happen?
Language	Is the assessment understandable to the child/young person, mam, dad, carers, and the network using language that makes sense to them? Is the assessment written in a way that is kind and sensitive, especially when we need to say difficult things? Do we check out with children and families what language they use and then use this, where appropriate, in our written reports and assessment. Do we use Language that Cares guidance? See external link Language that Cares.pdf
Valuing the family's culture and uniqueness	Are we curious about what life is like for brothers and sisters, individually and together? Do we consider their culture, identity, family traditions and beliefs and how we promote this regardless of where they are living? Do we recognise that their experiences may differ depending on their age and development, and do we consider this in our decision making?

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 of 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 of 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 section of this Practice Guide for more information on creating a Words and Pictures Story for children/young people.](#)

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. We include the assessment of Brothers and Sisters in our Timeline and Trajectory: [Timeline and Trajectory](#)

The Timeline and Trajectory outlines the key tasks that need to happen over an agreed timeframe for brothers and sisters to be able to live together again, for example as part of an overall return home plan. 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.

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](#)

The following principles and expectations apply when producing reports for court.

Child focused	Is the child/young person’s voice, lived experience and the impact of what is happening to them front and centre of our analysis and what needs to happen next?
Questioning Approach	Have we been careful about what we think we ‘know’ and asked curious questions to understand what has happened and the impact? Do we explore what has happened from different people’s perspectives, for example mam, dad, the child/young person, wider family, and professionals?
Evidenced based	Have we checked out what parents and children/young people are telling us through observation and by talking with other people who are involved with the family so that our understanding and decisions are based on evidence rather than opinion or a single story?
Risk sensible	Do we have clear Danger Statements from the outset, so that we are focused on the key issues? Are we being really clear about any harm, strengths, and existing safety in our analysis of risk and protective factors?
Valuing families as experts in their own lives	Are we working in partnership with families, rather than ‘doing to?’ Do we ask parents, children, young people, and their network of important people for their views and what they want to happen?
Exploring and involving the network	Have we been curious about who else is around this family who could offer support, even when parents 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? Have we explored how it is that the network help to care for the child/young person and whether they would consider being assessed as a connected carer?
Honouring families	Do we appreciate how difficult it can be for parents and children/young people to be open about the things that they are most ashamed of and how this may affect what they do and don’t tell us? Do we find ways to honour their struggle and work around this? Are we kind when we need to say difficult things?
Language	Is the report understandable to parents and the child/young person using language that makes sense to them rather than professional jargon? Do we check out with children and families what language they use and then use this, where appropriate, in our written reports?

Valuing the family's culture and uniqueness

Are we curious about what life is like for this family and the particular circumstances they are living in, taking into account 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 worries or what is working might differ depending on their age and development and what they have seen, heard or experienced?

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, including 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/Worry Matrix to map 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 following link takes you to the Harm/Worry Matrix Tool: [Harm/Worry Matrix.pdf](#)

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.pdf](#)

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, MOMO) 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, CAF/CASS 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: [PDJ12 Domestic Abuse](#)

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 (MOMO) to support our conversations with the child/young person. These tools can be accessed via the following links: [Short Form Words and Pictures](#); [Safety House](#); [Three Houses](#); [MOMO.pdf](#).

We make sure that we see children alone as part of the assessment so that they have the opportunity to 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:

1. **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.
2. **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.
3. **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.
4. **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.
5. **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 via the following external link: [Harm/Worry Matrix](#)
6. **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.
7. **The range of powers available to the court:** We look at all of 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 brief 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 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 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 take into account 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, available on the Durham Children's Procedures Manual via the following external link: [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.pdf](#)

Preparing for visits

We create some good, focused questions to explore the worries, stresses, or harm in more detail (gaps from the Harm/Worry Matrix) 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, 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.pdf](#)

We triangulate information from the mapping with the family and the people that know the child/young person best (their family network and other practitioners) with what the child/young person is telling or showing us and what we observe about the harm, worries, strengths, and safety. During the assessment we speak to all of the important people who know the child/young person and their mam, dad, or carers best for their views about the situation. 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,
- over what period of time and 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 MOMO [Express.pdf](#).

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. We include this plan in the overall Child and Family Plan or Child Protection Plan.

Wherever possible, we include children in safety 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. 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. 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 section of this Practice Guide](#)

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 in of pre-birth assessment and support, whether this 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, 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/young person 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 in the Durham Children's Procedures Manual: [Practice Guidance: Multi-agency Chronologies.pdf](#)

Preparing for Visits

We use the [Harm/Worry Matrix.pdf](#) 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.

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.

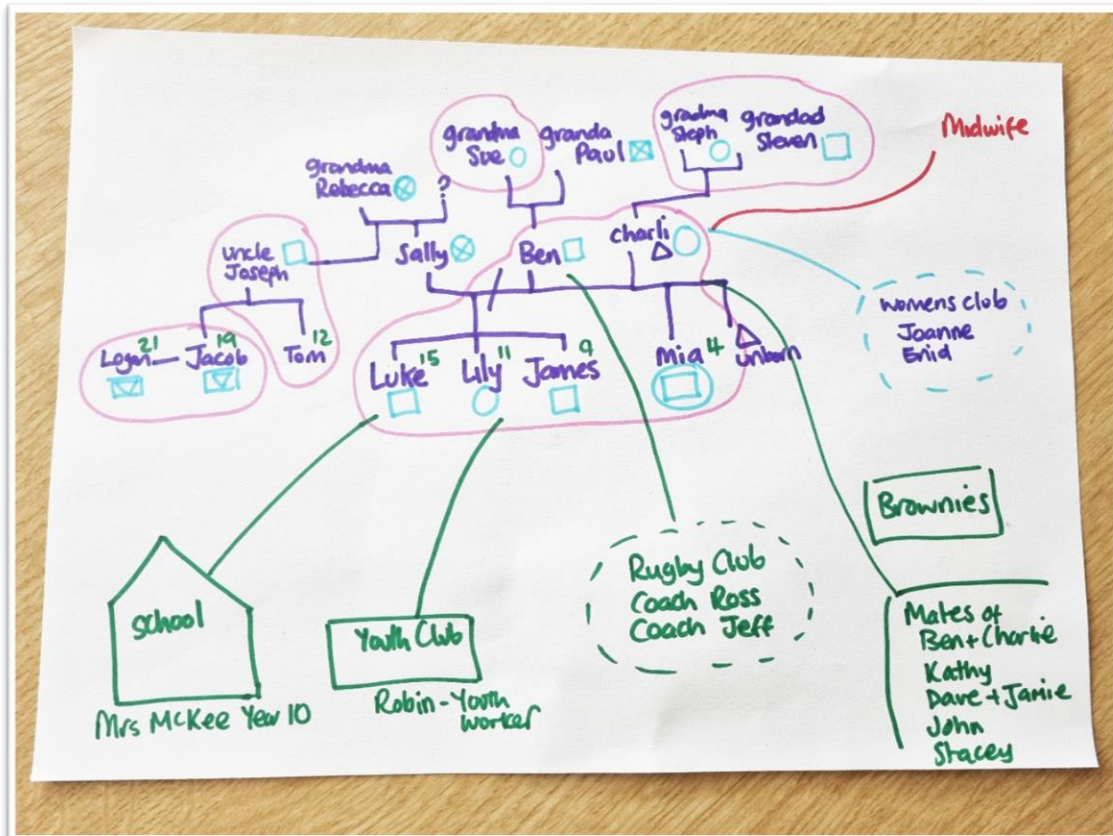
We identify at the earliest point if a PAMS (Parenting Assessment Manual Software) or ParentAssess is needed, for example, where a parent has a learning disability or difficulty. The ‘good practice guidance on working with parents with a learning disability’ should be followed. This can be accessed by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

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 all of the 7 domains (Past Harm/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.pdf](#)

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 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 into 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 able to look 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 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 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 more information on Words and Pictures.](#)

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 Network, 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: Child in Need and Child Protection.](#)

Children in Care

Building 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 and other important people. 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. Remember we are co-parenting children/young people. We know that children may 'vote with their hearts' and often choose to return to their parents' care, so we need to ensure that we continue to nurture these important relationships.

We should always be striving to include parents in all decision-making/reviewing forums. 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.](#)

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 family 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 trajectory 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.

Assessment Principles

We make sure that the following principles and expectations **always** underpin our approach with children/young people and families.

<p>Child focused</p>	<p>Is the child/young person's voice, day to day life and the impact of what has or is happening to them front and centre of the assessment? Whose voice do we listen to the most? Does the child/young person's voice carry over to our Success Goals and if the child/young person has any worries do these carry over to our Worry Statements? There may be times where practitioners have worries that the child/young person doesn't share. Do our Worry Statements capture this too?</p>
<p>Questioning Approach</p>	<p>Are we careful about what we think we 'know' about a child/young person, and do we continue to check this out with them and the people who know them best? Are we being really curious about who they are as people and what their strengths are as well as what we might be worried about? Do we see children/young people as 'static' in their history or are we curious about how they are starting to heal and develop a sense of belonging?</p>
<p>Behavioural</p>	<p>Do we explore what is happening in the child/young person's life rather than using labels or making statements? Do we write about specific, observable behaviours and are we curious about what this behaviour might mean? 'If the behaviour could talk, what might it say?'</p>
<p>Evidenced based</p>	<p>Have we checked out what the child/young person is telling us or through observation and have we explored this from the perspectives of the people who know the child/young person best? Where we have worries about a child/young person's behaviour, do we remember to view this from a trauma informed perspective so that we understand how these behaviours make sense?</p>
<p>Risk sensible</p>	<p>Where we have worries about a child/young person do we balance this by asking lots and lots of questions about what it is that is working well in their life, including the things that help us to worry less about them? Have we gone into behavioural detail and explored the impact of the strengths and the worries? Are we being really clear about the worries and about existing strengths, safety and belonging, and analysing what this means for the child/young person?</p>

Valuing children and families as experts in their own lives	Do we speak to the child/young person about their day to day life? Do we value and honour their views and experiences? Do we really listen and act on what they are telling us? Do we ask children, young people, their carers, mam, dad, and their network of important people what they want to happen and what ideas they have to make things better? Have we checked out what these people think that life will look like when the child/young person is succeeding?
Exploring and involving the network	Have we continued to be curious about who else is around this child/young person? This should include the people that are important to the child/young person. Are we continuously revisiting and nurturing family relationships and looking for evidence of change? How have we included the perspective of the child/young person, their mam, dad, carers, and other important people in our assessments?
Honouring	Do we appreciate how difficult it can be for children/young people to be open with us about the things that have happened to them? Do we make sure that we write about children/young people and their families in a way that reflects the conversations that we have had with them so that they know what to expect in the assessment? Do we pay attention to the child/young person's achievements, particularly when they may be struggling? Are we kind to children/young people and do we celebrate the things that are special to them?
Language	Is the assessment understandable to the child/young person, their carers, mam, dad, and their important people using language that makes sense to them? Is the assessment written in a way that would make children/young people want to work with us, instead of them feeling that we just don't 'get' them? Remember that children can access their files at any time. Do we use the exact words of the child/young person where possible? Do we use Language that Cares guidance? See external link Language that Cares.pdf
Valuing the child/young person's culture and uniqueness	Are we curious about what life is like for this child/young person and their particular circumstances, considering their culture, identity, family traditions and beliefs and how do we honour these things? Have we thought about how we keep these connections alive? Do we consider each child/young person as an individual and think about how the worries or what is working might differ depending on their age and development and what they have seen, heard or experienced?

Child and Family Assessment

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 use the Mapping Tool to guide our assessments. The Mapping Tool is available on the Durham Children's Services Procedures Manual and is explained via the following external link: [Mapping Tool Signs of Success](#). This allows us to understand what is going well for the child/young person across different areas of their life, any worries and what needs to happen to make life better for the child/young person or to help them achieve and succeed. Our mapping

considers any past trauma (past harm) that the child/young person has experienced and how this may be affecting them currently.

We spend time with children/young people to get to know them and so we can understand what life is like for them. 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 partnership agencies) with what the child/young person is telling us or showing us in their behaviour and we write about this in behavioural detail in our assessments/reports. We always remember to be kind and think about the language we use when describing children/young people. Example questions to support mapping are available on the Durham Children's Services Procedures Manual and can be accessed via the following external link: [Example questions Mapping: Children in Care](#)

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

When other practitioners have worries, we help them to be clear and specific about their worries, clarifying how often, over what timeframe, and how serious these worries are. 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 can use the Harm Matrix to help us with this. The following external link takes you to the Harm/Worry Matrix Tool: [Harm/Worry Matrix.pdf](#)




In our analysis in each section, we include Success Goals which are linked to each Care Regulation in the report, for example health, education. 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. We only create Worry Statements where we need to, so not every Success Goal requires a Worry Statement.

We use scaling questions directly with children and young people to understand their perspective and where they think things are at. We should also ask scaling questions to mam, dad, carers, and other members of the Care Team.

Our Success Goals, Worry Statements and Scaling Questions are used to guide and inform our planning.

More tips on writing Worry Statements, Success Goals and Scaling questions can be found via the following link: ['How To' Guide: Worry Statements, Success Goals and Scaling Questions](#)

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.
-  As co-parents, we involve mam and dad in all of our assessments.

Plans and Planning: Children in Care

In Durham we make sure we **always** follow the key principles and expectations below:

<p>Child's Voice and Involvement</p>	<p>Have we spoken to the child/young person about what they want to happen? Do we speak to them about what life will look like for them when things are going well, and when they are happy and achieving? Have we spoken to the child/young person about who they want involved in their plan and what they want these people to do? Where children/young people tell us they are worried, do we include their worries in any worry statements?</p>
<p>Clarity</p>	<p>Is it clear that this is the child/young person's plan and we use their name or it is written by the child/young person themselves "I feel....., I want....." Is it clear what success will look like for this child/young person across the different areas of their life? We may not always have worries about a child/young person, but where we do, do we have a Worry Statement linked to the Success Goal? Worries may be linked to past trauma and how this is affecting the child/young person now.</p>
<p>Parent Involvement</p>	<p>How are we including mam, dad or carers in decision making and plans for the child/young person as a co-parent? Do we consider as children get older, they may 'vote with their hearts' and seek out their family? Are we creating opportunities to nurture these relationships now and in the future? Is it clear that mam, dad, or carers have been involved in the planning and the creation of the plan? Have we thought about how mam and dad can be involved in their child's everyday life, for example, attending school performances or football matches?</p>
<p>Child focused</p>	<p>Is priority given to actions that directly improve the life, stability, wellbeing, and safety of the child/young person? Where there are other plans (EHCP, PEP, Health Assessment and Plan, for example) are they aligned with this plan and referred to? Have we asked the child/young person what would make their life better day to day and how can we make this happen?</p>
<p>Informed Support Network</p>	<p>Does the plan show clear involvement of all important people to the child/young person so that the child/young person has a sense of belonging and lifelong connections? This could include carers, mam, dad, wider family members, friends, and community members. Does it include the role of other agencies and the involvement of other support services for example what Supporting Solutions Service or Full Circle are doing? Where there are difficulties in our relationships with families, do we keep revisiting these networks to try to involve and include them in the plan?</p>
<p>Behavioural</p>	<p>Do the Success Goals say what life will look like in behavioural and relational terms, when the child/young person is reaching their potential? Does the planning show what behaviours and actions need to happen to achieve the success goals and/or address the worries? Where we have worries about a child/young person's safety, do we include what needs to happen to keep the child/young person safe?</p>

Outcome focused	Are there clearly written Success Goals that describe what life for the child/young person will look like when the plan has progressed, and the child/young person is succeeding and achieving? These should be focused on the ultimate end goal (what we are aiming for in the longer term). What are our best hopes for the child/young person, and have we explored this from a range of perspectives, for example, the child, their mam, dad, their carers, and their other important people? Do we use scaling questions to help measure progress towards goals?
Plain language	Does the child/young person and their important people understand their plan? Would the child/young person recognise themselves in their plan? How have we talked to the child/young person and their important people about their plan? Have we spoken to the child/young person about how they want their plan to be recorded, for example, "Sam feels..., Sam wants.... Or 'I feel....., I want....."
Time	Is the plan flexible and does it consider how children progress and develop over time? This links back to our ultimate end goals and how we help to prepare the child/young person for independence. Does the plan identify clear timescales for actions?
Risk Sensible Practice	Where we have worries about a child/young person's safety, do we work with them and their important people so that risk can be managed? Do we consider their strengths and the actions of the people who care about them to keep them safe?
Bottom lines	Do we strive to actively include mam and dad as co-parents in our decision making and planning? Do we nurture relationships with the child/young person's most important people, so that they have lifelong connections?
Has the plan been reviewed and strengthened?	How confident are we that the plan is making a difference and how do you know? Does the plan consider any changes that have happened in the child/young person's family including any opportunity to return the child/young person home?
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? This could include what we will do if the relationship between the child/young person and their carer breaks down or supporting children/young people to return to the care of their families when there is evidence that things have changed.

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.

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.

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](#)

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.

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.pdf](#)

A key aim of Signs of Success 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 in the care plan 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 Trajectory

To build hope and increase buy in from everyone involved, we create a timeline (number of weeks it will take to complete tasks) and trajectory (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 trajectory so long as all goes well with the previous stage. See the following external link for the Return Home Timeline and Trajectory: [Return Home Trajectory](#)

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 trajectory 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 and trajectory to return this child/young person to their parents care will be shorter than a timeline/trajectory 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 and Trajectories can be found on the Signs of Safety Share Point site, via the following link: [SOS Good Practice Trajectories](#)

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 trajectory. The family network check in with and keep 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.

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.

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.](#)

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?'

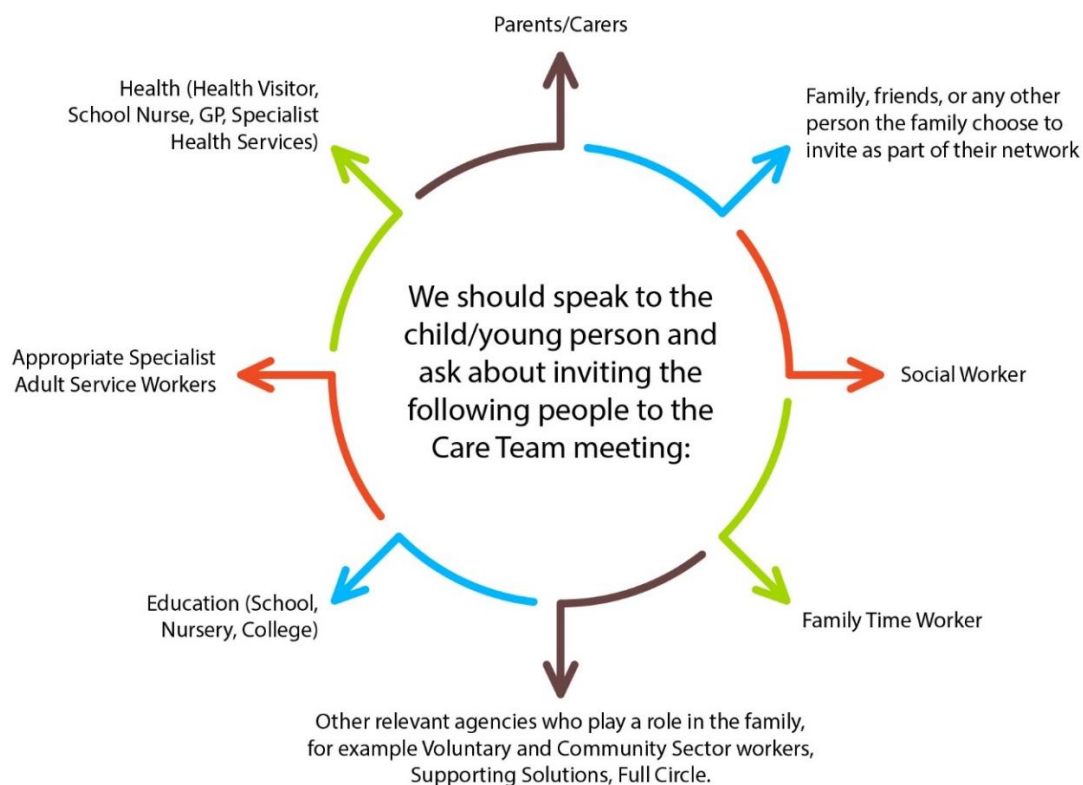
Prior to the meeting

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: [Three Houses.pdf](#), [Wizards and Fairies.pdf](#).

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 agencies to arrange. We discuss with the child/young person who is the best person to attend from the agencies 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.

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.

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.

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.

The plan is guided by the Success Goals, any Worry Statements and Scaling Questions. Actions in the plan should be updated to reflect who is doing what to meet the child/young person's changing needs and circumstances.

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.

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.

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 case recording system 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 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 referenced 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. It is these actions from the Care Plan that 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.

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.

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
- Re-visit the Success Goals and Worry Statements, leading to a review of the 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.
- Record taking in the form of Care Team minutes will be a responsibility shared by all practitioners. Care Team minutes should be recorded on the child/young person's file and shared with them. The minutes and plan should be typed, and quality assured by the team manager/social work consultant. A copy is securely shared with all Care Team members including those who were not able to attend, within 10 working days. It is the responsibility of Care Team members to identify any disagreements/inaccuracies within minutes or the plan and alert the social worker to this.

Placement Plans

When a decision is made that a child/young person is not able 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.

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 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 (where 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.

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.

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 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.

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.

Section 6.25

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.

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 trajectory 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 MOMO 'Prepare for a Meeting Scenario'. These can be accessed via the following external links [Three Houses.pdf](#), [Wizards and Fairies.pdf](#).

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 MOMO, '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 assessment 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 strive to involve them throughout.

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 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

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.

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](#)

In Durham we make sure we **always** follow the key principles below:

Young Person focused	Is the young person's voice, lived experience and the impact of what is happening in their life front and centre of the assessment? Does the assessment bring the young person to life? Does the young person's voice and what they want to happen carry over to the Success Goals?
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 young person and do we check things out from different peoples' perspectives? Are we having reflective conversations with young people wherever possible?
Behavioural	Do we explore and write about what is happening in the young person's life rather than using labels? Do we write about specific, observable behaviours? Always consider 'how do we know?'
Evidenced based	Have we checked out what young people are telling us through observation and from the perspectives of the people who know them best so that our understanding and decisions are based on evidence rather than opinion or a single story?
Risk sensible	Is our assessment balanced between what is going well in the young person's life and any worries or things that they are struggling with? Are we being clear about how the young person is succeeding, any harm to the young person and the things that help them to stay safe?
Valuing young people as experts in their own lives	Are we asking questions about young person's day to day life to them and the people who know them best (family, friends, and partner agencies)? Do we ask young people and their network of important people for their version of events, what they want to happen and what their ideas are to make things better? What are young people's best hopes for themselves? Do we really listen to 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 young person who could offer support (both family and professional)? Have we used tools to help with 'family' finding? Have we asked the network for their perspective as part of the assessment, and have we said what it is that they already do to help?
Honouring young people	Do we appreciate how difficult it can be for young people to trust us and be open about the things that have happened to them? Do we find ways to honour their struggle and work around this? Are we careful to avoid blaming young people who are being exploited?

Language

Is the assessment understandable to the young person and their important people? Do we use language that makes sense to them? Is the assessment written in a way that would make young people want to work with us, instead of them feeling 'got at' or judged? Do we check out with young people what language they use and then use this, where appropriate, in our assessment? Do we use Language that Cares guidance? See external link [Language that Cares.pdf](#)

Valuing the young person's culture and uniqueness

Are we curious about what life is like for this young person and the circumstances they are living in, considering their culture, identity, family traditions and beliefs and how this makes life better or harder for them? Do we consider the young person as an individual and think about how the worries or what is working might differ depending on their age and development and what they have seen, heard or experienced?

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 to Support Pathway Plan 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 16th birthday. This includes young people who are or have been in our care.

In Durham we make sure we **always** follow the key principles below:

Young Person's Voice and Involvement	Have we spoken to the young person about what they want to happen? Do we speak to them about what life will look like for them when things are going well, and when they are happy and achieving? Have we spoken to the young person about who they want involved in their plan and what they want these people to do?
Clarity	Is it clear that this is the young person's plan and we use their name or it is written by the young person themselves, for example "I feel....., I want....." Do we have a Success Goal for each area of the young person's life that they need support with, that states what life will look like when they are achieving? This can include our best hopes for the young person too.
Young Person focused	Is priority given to actions that directly improve the life, success, wellbeing, and safety of the young person? Where there are other plans (EHCP, PEP, Health Assessment and Plan, for example) are they aligned with this plan and referred to? Have we asked the young person what would make their life better day to day and how can we make this happen?
Informed Support Network	Does the plan show clear involvement of all important people to the young person so that the young person has a sense of belonging and lifelong connections? This could include carers, mam, dad, brothers, sisters, wider family members, friends, and community members. Does it include the role of other agencies, including adult services? Have we linked the young person with the Care Leavers Hub?
Behavioural	Do the Success Goals say what life will look like in behavioural and relational terms, when the young person is achieving what they want? Does the planning show what behaviours and actions need to happen to achieve the success goals?
Outcome focused	Are there clearly written Success Goals that describe what life for the young person will look like when the plan has progressed, and the young person is succeeding and achieving? Do we use scaling questions to help measure progress towards goals?
Plain language	Does the young person and their important people understand their plan? Would the young person recognise themselves in their plan? Have we written about the young person in a kind, strengths based way?
Time	Is the plan flexible and does it consider how we help to prepare the young person for independence? Does the plan identify clear timescales for actions?

Risk Sensible Practice	Where we have worries about a young person's safety, do we work with them and their important people so that the risk can be managed? Do we consider their strengths and the actions of the people who care about them to keep them safe? Do we create a safety plan with them that is clear about who will do what to help them stay safe?
Bottom lines	Do we nurture relationships with the young person's most important people, so that they have lifelong connections? Do we support the young person to become independent?
Has the plan been reviewed and strengthened?	How confident are we that the plan is making a difference and how do we know? Does the plan consider any big changes that have happened in the young person's life, for example moving home, and do we review the plan at these points?
Contingency plan	Where there are indicators that the plan, or parts of the plan, aren't working, is it clear what will happen next?

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.

Trajectory (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 trajectory 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 can 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 further 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 and can help 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 using the 'This Is Me' scenario within Mind of My Own.

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. 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.

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.

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), Wellbeing 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 and trajectory 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 to 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 on Durham Children's Services Procedures Manual and is available via the following external link [Our Network: 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.

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!

-  Mapping informs the carers assessment and annual review.
-  We always explore the carers wider network of support and consider the Mockingbird Model where this would be helpful.
-  We identify and hold a Family Network Meeting during an assessment of Special Guardians.

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 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](#)

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.

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.

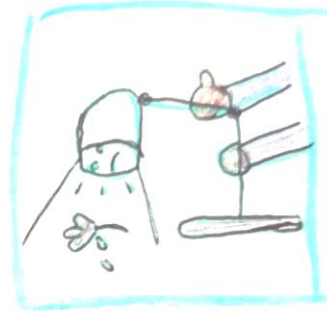
We support foster carers to create a Words and Pictures story for children to help explain any moves from one foster carer to another. This is so that children are better prepared for the move, they understand the reasons for this, and they don't blame themselves. [Please refer to the contents page for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

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.

We use Appreciative Inquiry in our team meetings and in our conversations with carers and children/young people to really notice and celebrate all the good things and how this has come about. More information on Appreciative Inquiry can be found on the Durham Children's Services Procedures Manual at the following external link: [Appreciative Inquiry Guide.pdf](#)

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 and trajectory 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 support 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 support 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 more information about Life Story work.](#)

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 and that 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](#)

Countywide and Specialist Services: Emergency Duty Team, Full Circle, Supporting Solutions, Supporting Family Time, Rapid Response Team, ASET

Emergency Duty Team (EDT)

Please continue to refer to the existing procedures via the following external link: [EDT Operating Procedures.pdf](#)

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, lived experience and the impact of what is happening to them front and centre of what needs to happen next?
Questioning Approach	Have we been careful about what we think we ‘know’ and asked lots of curious questions to understand the behavioural detail and the impact on the child/young person? Are we having reflective conversations with families and practitioners?
Evidenced based	Have we checked out information in the referral with our partners who are available and involved?
Risk sensible	Are we balancing our exploration of the worries with what is working well to reduce the worries? Have we explored information to understand the things that can make life safer for the child/young person right now?
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?
Valuing children and families as experts in their own lives	Do we ask children, young people, mam, dad and their network of important people for their version of events, what they want to happen and what ideas they have to make things better?
Exploring and involving the network	Have we been curious about who else is around this child/young person and family, and how they could help <i>right now</i> ?
Language	Do we write about children and families in a way that is kind, straightforward and easy to understand?
Valuing the family’s culture and uniqueness	Are we curious about what life is like for this family and the circumstances they are living in, taking into account their culture, identity, family traditions and beliefs and how this makes life better or harder for them?

The Initial Call or Visit

We create good, focused questions to explore what has happened and the worries in more detail, alongside questions to explore what helps to reduce the worries. When we first speak to the family, we ask about their network and check out that the family are happy to have any of these people present if we visit. We explain why we are speaking with or visiting 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 with what we are observing when we visit and with any information received from partners.

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 is working well and what they would like to happen. We use tools such as the Three Houses and Mind of My Own (MOMO) app.

Next Steps

We co-create a safety plan with the family and/or partners that is clear about what needs to happen to keep the child/young person safe and who will do this. We record this on the child's file, and we state how what has happened has affected the child/young person and what this could mean for the child/young person in future if things don't change (Danger Statement).

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.pdf](#)

Following this assessment, we allocate a worker who links in with those around the child (and the child or young person when direct work takes place) to produce a therapeutic plan that considers the impact of the trauma on the child or 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 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 networks and how these 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 Network: Safety and Support for Children and Families.pdf](#).

If we think that a child or young person is at risk of harm, we work hard with the child 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/Worry Matrix to help. The Harm Matrix can be found via the following external link: [Harm/Worry Matrix.pdf](#).

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 using and creating scaling questions.pdf](#).

Supporting Solutions (Edge of Care; ERASE; Family Group Conference)

Edge of Care

Please continue to refer to the Operating Procedure for Edge of Care, which can be accessed via the following external link: [Edge of Care Procedures.pdf](#)

Where children or young people 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. 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 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 and trajectory 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 using and creating scaling questions.pdf](#)

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.

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 use 'Language that Cares' guidance, which can be accessed via the following external link: [Language that Cares.pdf](#).

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'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's plan if needed.

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 trajectory of key tasks to work towards increasing the amount and the quality of family time. The trajectory can be accessed via the following link: [Supporting Family Time Trajectory](#)

Rapid Response

Where children or young people aged 7-17 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 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.

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 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 and mediation. 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 using and creating scaling questions.pdf](#).

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 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 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, Rollercoaster parent support and other relevant agencies. The work we do with the child/young person and their family informs the child's overall plan.

Adolescent Safeguarding Exploitation Team (ASET)

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 professionals 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.

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

When we are assessing young people who are experiencing harm outside of the home, the focus of our assessments shifts to who they are spending time with either online or in the community, the places that young people spend their time, and exploring any 'push and pull factors' that could be influencing what is happening.

'Push' factors are those things that make it harder for the young person to spend time at home, for example difficulties in the relationship between the young person and their parents, or parents who are struggling to give their child the care they need. 'Pull' factors are things that the 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 young person and appears to care about them, even if their intention is to exploit the young person. We are careful not to fall into victim blaming when 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 (the same age or older) in a position of power who are responsible for exploiting 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 young people: [Appropriate language: child exploitation](#)

Timeline and Trajectory (roadmap)

We use a Timeline and Trajectory to plan our work with the young person and their wider family network so that we are clear about the tasks that need to happen from the start until the end of our involvement. This includes the preparation stage, where we plan our assessment, into the planning and monitoring stage, where we outline the steps needed to build safety for the young person and how we review and strengthen this over time. The Timeline and Trajectory can be accessed via the following external link: [Timeline and Trajectory.pdf](#)

Harm Matrix

We use the Harm Matrix to help us understand what has already happened to the young person outside of the home or online, and what the impact of this has been on the young person. We pay attention to the harmful adult behaviour that is affecting the young person or groups of young people. 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.

Language that Cares guidance is available via the following link: [Language that Cares.pdf](#). The Harm/Worry Matrix can be accessed via the following external link: [Harm/Worry Matrix.pdf](#).

Preparing for visits

We create some good, focused questions to explore the worries or harm in more detail (gaps from the Harm/Worry Matrix) and questions to explore strengths and safety that reduce the worries. This includes a review of any previous Child Exploitation Matrices / times when the young person has been missing from home / any Return Home Interviews.

We create questions to explore what is happening in the young person's life, both in and out of the home, based on the reason for referral, such as homelessness, hospital admissions etc. We make sure to ask lots of questions to explore the strengths and what is already working to help reduce the worries about the young person and their circumstances.

The initial visit

When assessing young people who are at risk outside of the family home, we aim to piece together a clear picture of the young person's situation and what is happening around them in the community by talking with the young person, their family and other people who know the young person best. The main aim of our initial visit is to get to know the 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 young person in their life.

One of the first things we do is to create a genogram/eco map/Mobility Map with the young person and their family so that we understand who the most important people are to the young person and how it is that they help. This includes people who the 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 young person is in contact with, who we have worries about. We use this information to inform 'what is working well' and 'what we are worried about' in our assessment.

We explain why we are visiting the young person and their family and what can be expected from us. We update any Danger Statements from the referral and share these with the young person and their family so that they are clear about what we are worried about from the outset.

We ask questions to explore what the worries or stresses are from different people's perspectives, what things are going well and what everyone is doing to keep the young person safe and well in relation to the worries. So that the assessment is balanced we map the information across the 7 domains (past harm, 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.pdf](#)

We triangulate information from the mapping with what the young person is telling or showing us and what we observe about the harm, worries, strengths, and safety. During the assessment we speak to all the important people who know the young person and their family best for their views about the situation. We explore what they have done or are doing to make life better and keep the young person safe and well.

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

- their observations of the young person and their family,
- how often the worrying, harmful or stressful behaviour is happening,

- over what period of time and how this is affecting the young person (developmentally, socially, emotionally)
- what any brothers, sisters or the wider family are telling us about the worries.

We use scaling questions to check out the views of the young person and their family and what they feel needs to happen for things to improve.

We think about how research informs our thinking and how this applies to [this](#) young person in [this](#) family, in [their](#) situation.

Involving the child/young person

We map with the young person 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 young person to these places so that we can understand their world and offer our perspective, and we include this in our assessment under 'what we are worried about' and 'what is working well'. This mapping of safe and unsafe spaces also includes the 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 young person, their family, and practitioners.

When exploring what we are worried about, this can also include any behaviour by the young person themselves that is causing us to be worried about them, for example, drug use. We are curious about what is happening in the young person's life and how this is affecting their behaviour. Sometimes we may not know what is happening in the 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 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 the young person.

Safety Planning with the Family Network

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

We talk with the young person and their family about involving other people who care about them so that they can be 'eyes and ears' on the young person when they are away from home, for example a family friend who contacts the young person's parents if they see them when they are missing. We use information from the mapping of safe and unsafe spaces with the 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 these people can also look out for young people in the community and step in to help when needed.

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.

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

1. **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 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: [Words and Pictures Short Form](#)

2. **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.
3. **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 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. Examples of Words and Pictures can be found on the Signs of Safety Share Point Site under Good Practice, via the following link: [Signs of Safety Share Point](#). Many other international examples can be found on the Signs of Safety Knowledge Bank: [Signs of Safety Knowledge Bank](#).

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' and 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

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worries are even where mam, dad or carers don't agree. For example, a parent may say that they haven't hit their child. We would include this version of events in the Words and Pictures story alongside the worry that practitioners have that the parent did hit 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 and aren't intimidating to draw. 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 mam and dad 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 child's final plan. This is often focused on the safety planning elements of the final plan, so the child/young person knows who will do what 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!

-  Children/young people should have a Words and Pictures explanation of their plan.
-  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.

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 more information on Words and Pictures.](#)

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. Family 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 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 Booklet](#); [From Me to You - Grandparents Booklet](#); [From Me to You - Parents Booklet](#)

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; 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](#); [My Milestones 1-3 years](#); [My Milestones 4-6 years](#); [My Milestones 7-9 years](#); [My Milestones 10-12 years](#). We may 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 Letter 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

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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

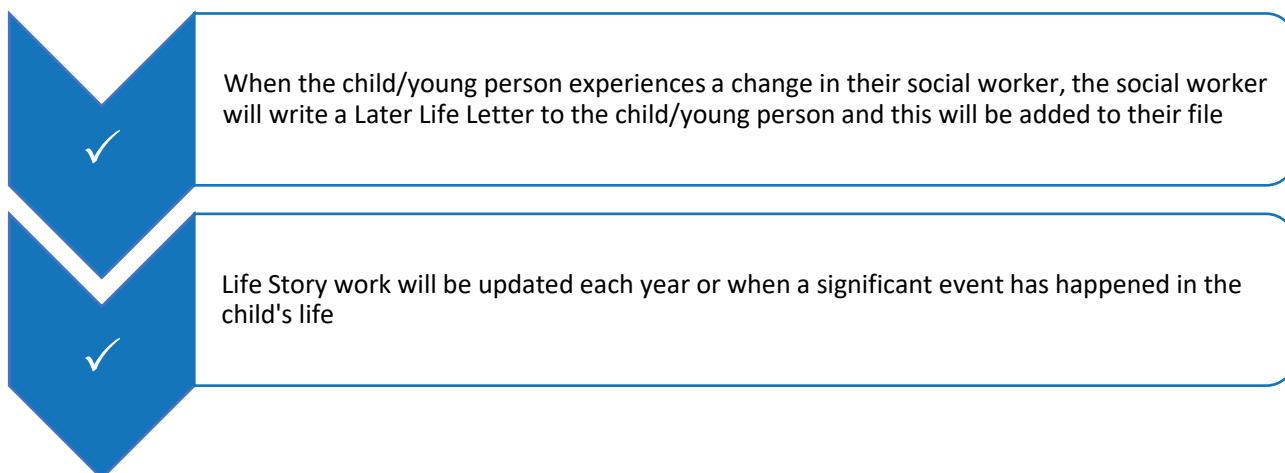
Life Story work gets reviewed and updated at least once every year, when we complete our assessment of the child/young person. Life story work may be updated at other times, for example when a significant event happens in the child/young person's life, such as the birth of a new brother or sister; the 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 the child/young person.

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

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!



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; colour; class; culture; education; employment; ethnicity; sexual orientation; spirituality. 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](#)

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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 always 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.

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, 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 males and females 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 can 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

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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](#)

The following are some useful 'best questions' that may help you explore additional needs and the impact of these on the child/young person and the family: [Example Questions](#)

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.

Who can access 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.

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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

Management Oversight, Reflection and 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 / Supervision Early Help.pdf](#). 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 at the following link: [Group Supervision](#). We can use it 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 can 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, 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 and on the child/young person's file. We photograph any of the live 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.pdf](#)

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.

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 led, 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 following external link takes you to the Harm/Worry Matrix Tool: [Harm/Worry Matrix.pdf](#)






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/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!

-  We discuss every child at least monthly and this is evidenced on the child's file.
-  Our supervision is always reflective, analytical and shows evidence of tools such as Appreciative Inquiry or mapping.
-  Social workers have one to one supervision once per month. Group supervision happens at least once per month.
-  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.
-  We consider a range of evidence at legal planning meetings and decision-making panels.

What Good Looks Like

<p>Contact/ Referral</p>	<p>Contact/Referral shows clear understanding of when appropriate to refer to social care.</p>	<p>Contact/Referral on agreed format, containing all relevant information and is clear about the reason for referral</p>	<p>Contact/Referral responded to promptly (within 24 hours) and decisions taken are appropriate to identified need.</p>	<p>Decision making takes account of previous referrals/contacts.</p>	<p>What are we worried about: harm and complicating factors and what's working well: strengths and safety are recorded with specific behavioural detail.</p>	<p>Manager's risk analysis, scaling next steps and rationale for decision is evidenced and appropriate for referral information and history.</p>	<p>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.</p>
<p>Basic Information</p>	<p>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.</p>	<p>LL records indicate that practitioner and managers have reviewed and quality assured records.</p>	<p>Danger Statements, Safety Goals, and Scaling are evident on file and address specific behaviours.</p> <p>Danger Statements include the views of the child / young person about the impact of the worries on them (where possible).</p> <p>Safety Goals include what the child / young person tells us they want to be different in relation to the worries.</p>	<p>Case recordings are written in plain, jargon free language that is compassionate and would allow a child / young person to understand their story.</p>	<p>Files for looked after children include a recent photo.</p>		

<p>Assessment</p>	<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>
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<p>Planning</p>	<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 case file recording 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>
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<p>Review</p>	<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>
<p>Management Oversight</p>	<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 case 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'

'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'

'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'.

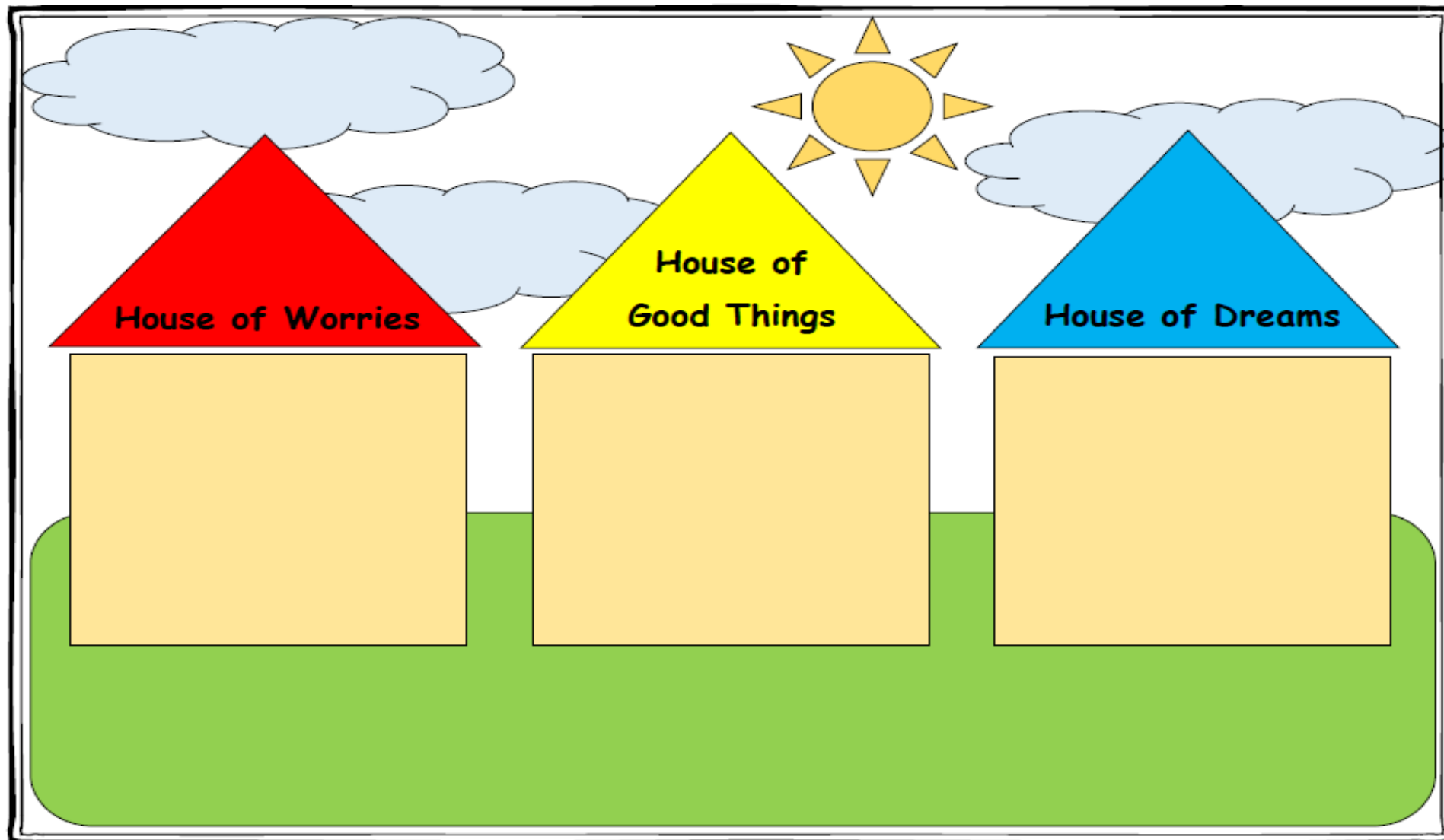
Tools and Resources

Harm Matrix

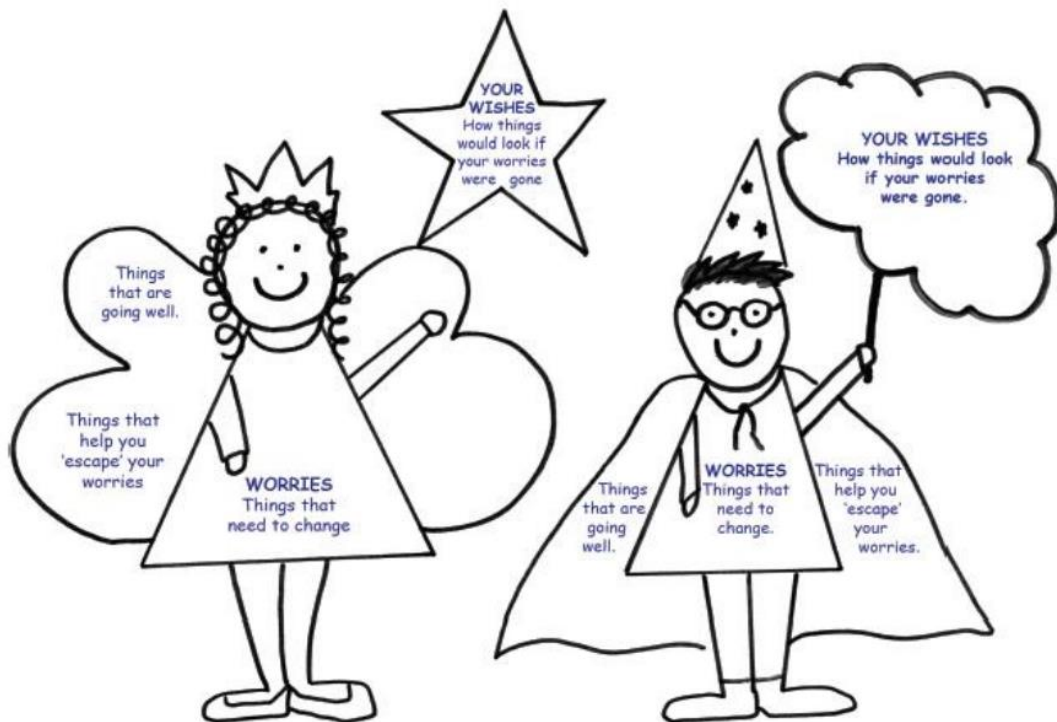
Durham Harm / Worry Matrix

Behaviour	Timespan	Severity			Impact on the child
		First	Worst	Last	

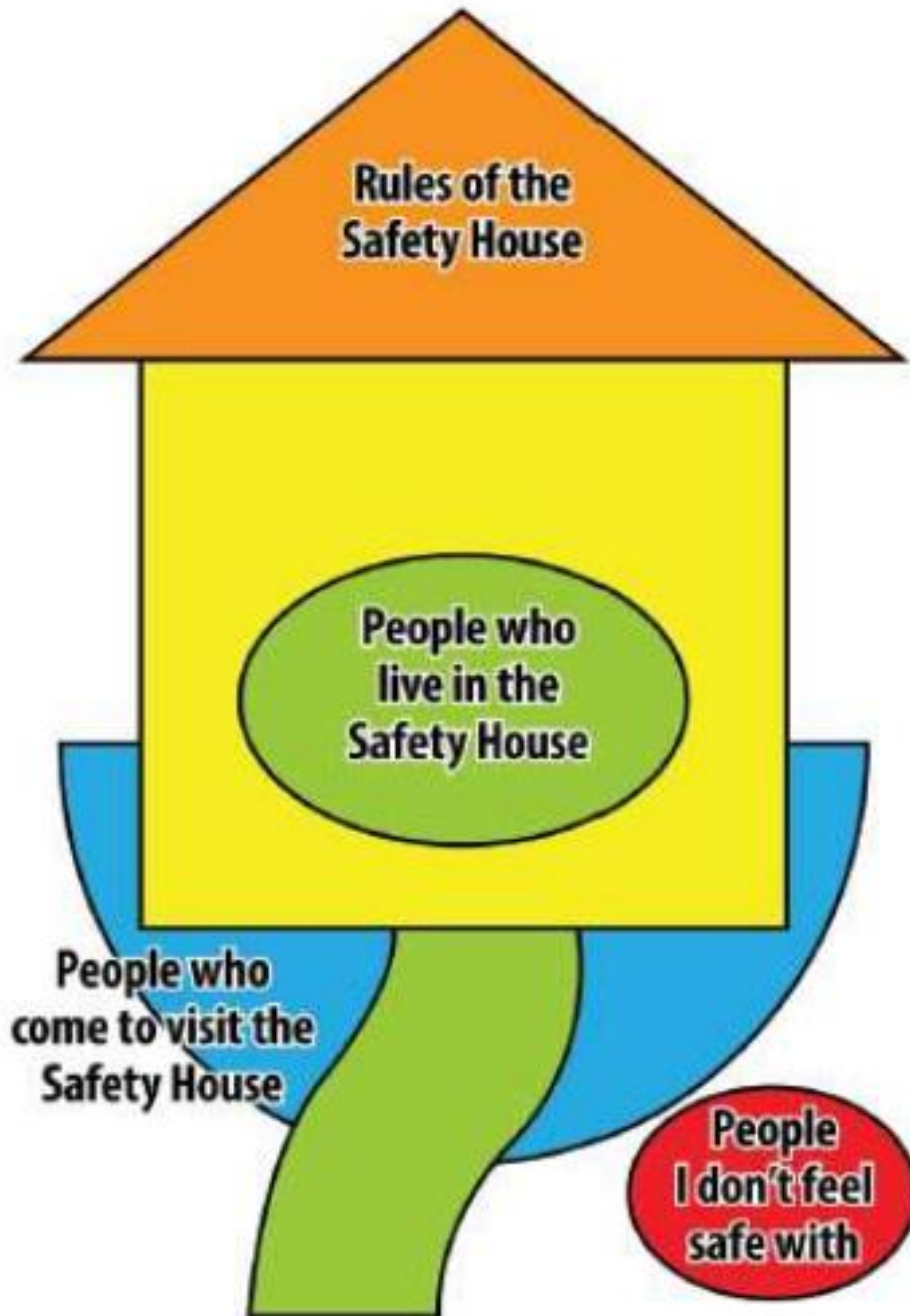
Three Houses Tool



Wizard and Fairy Tool



Safety House



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.

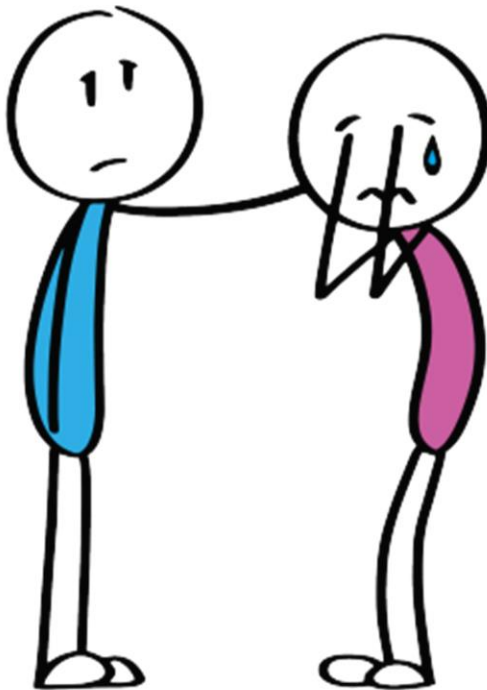


Why do you have a network?

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.

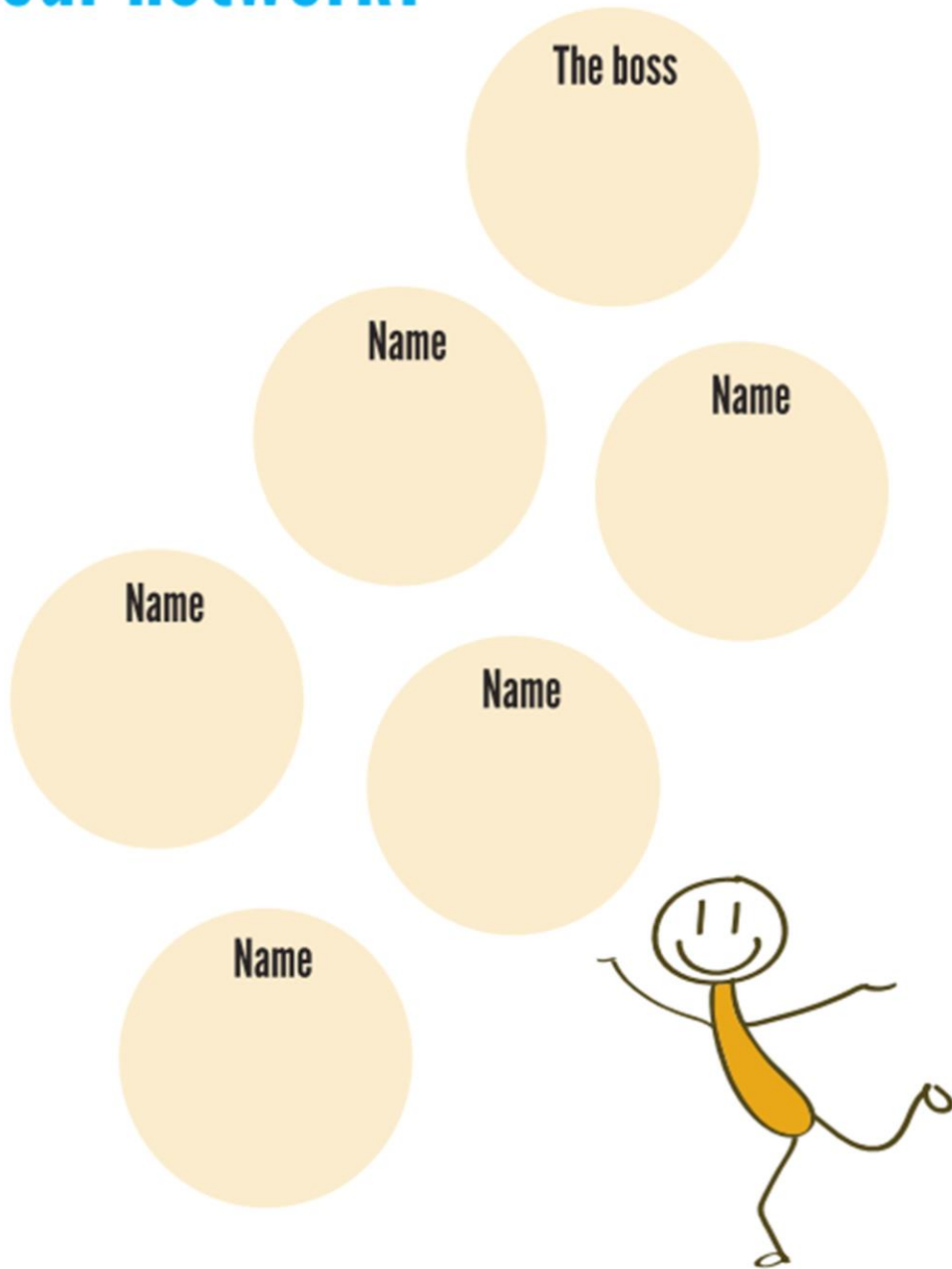
Once you, your network and your worker are confident that the plan works, and will continue to work, your network will take over full responsibility for the plan.



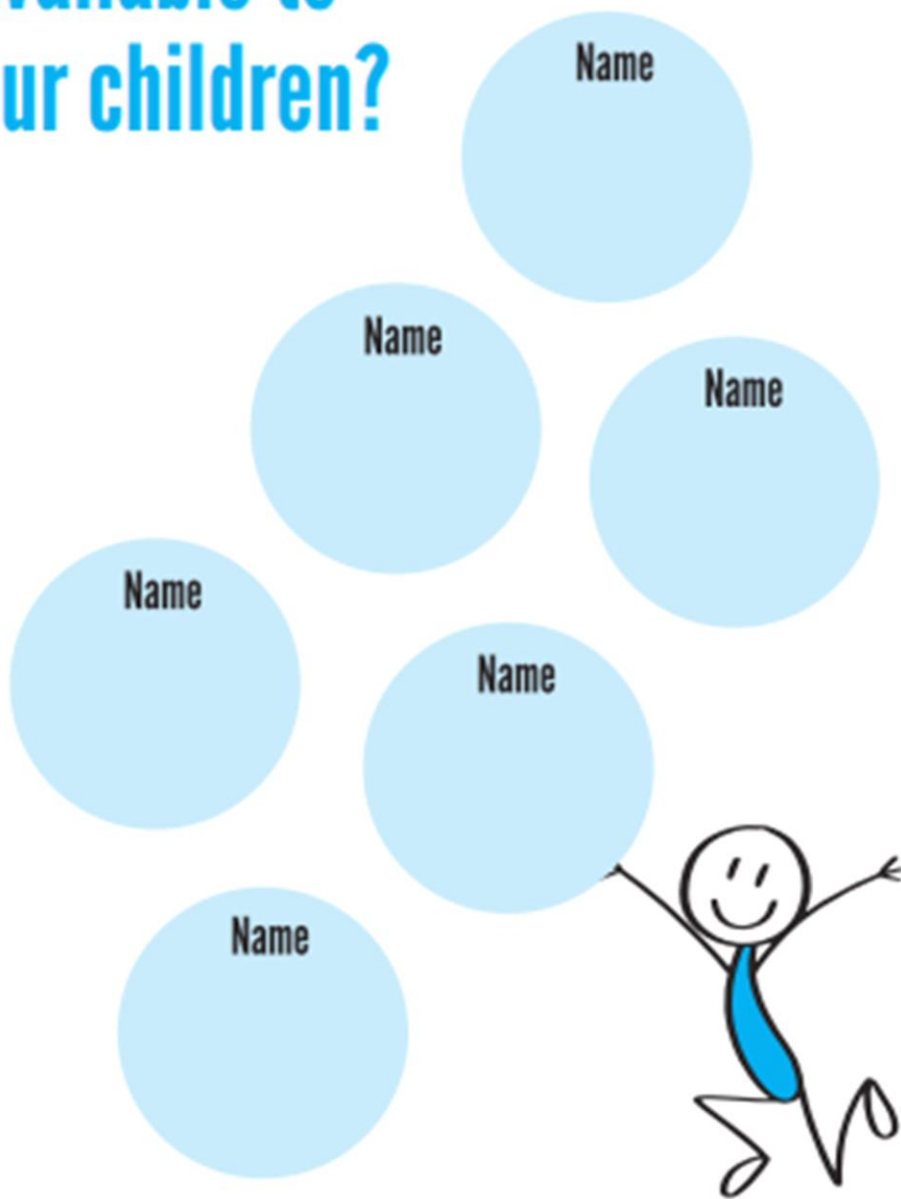
It is important for someone to be in charge of this plan so they can make any changes if needed.

The Boss

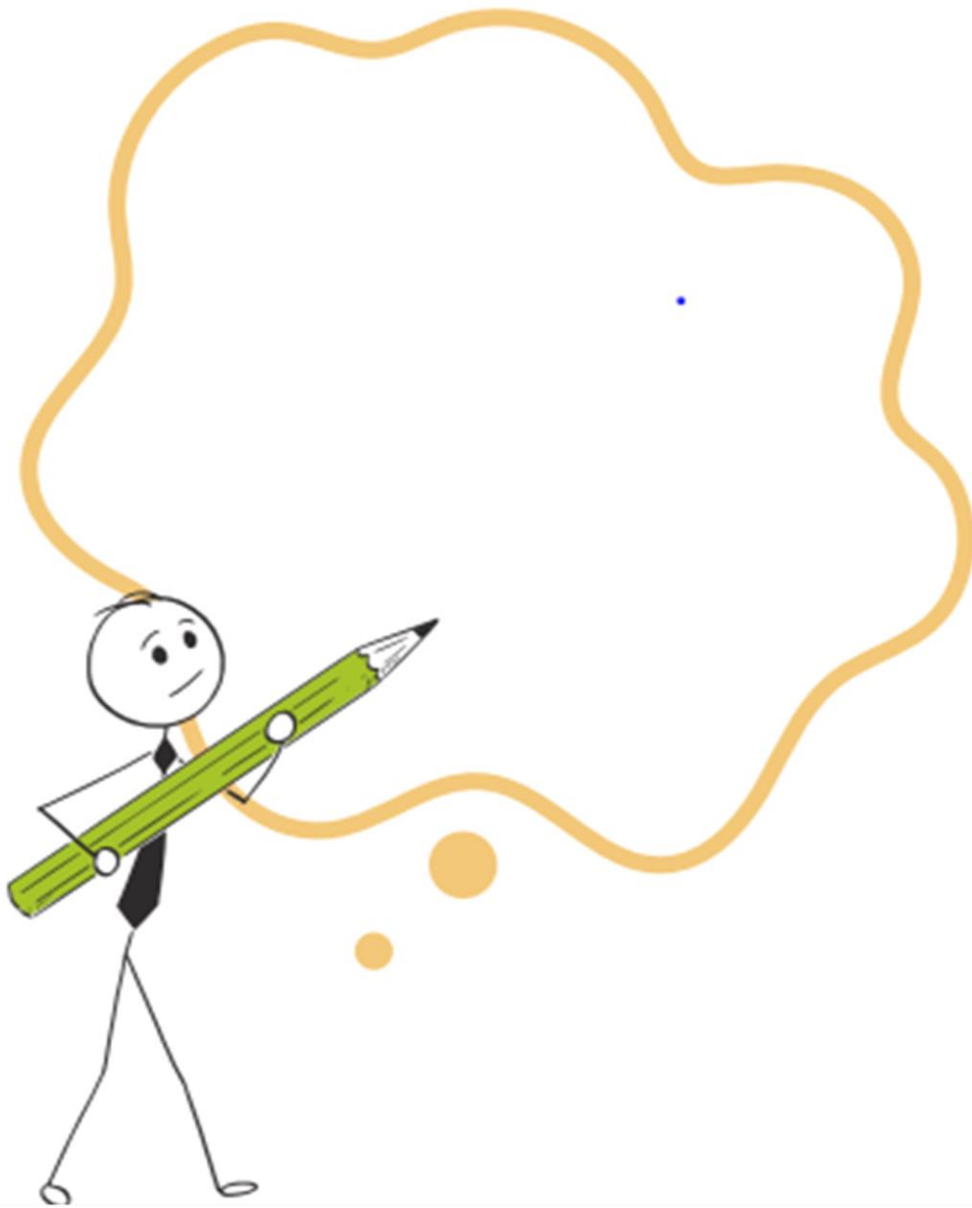
Who are the people in your network?



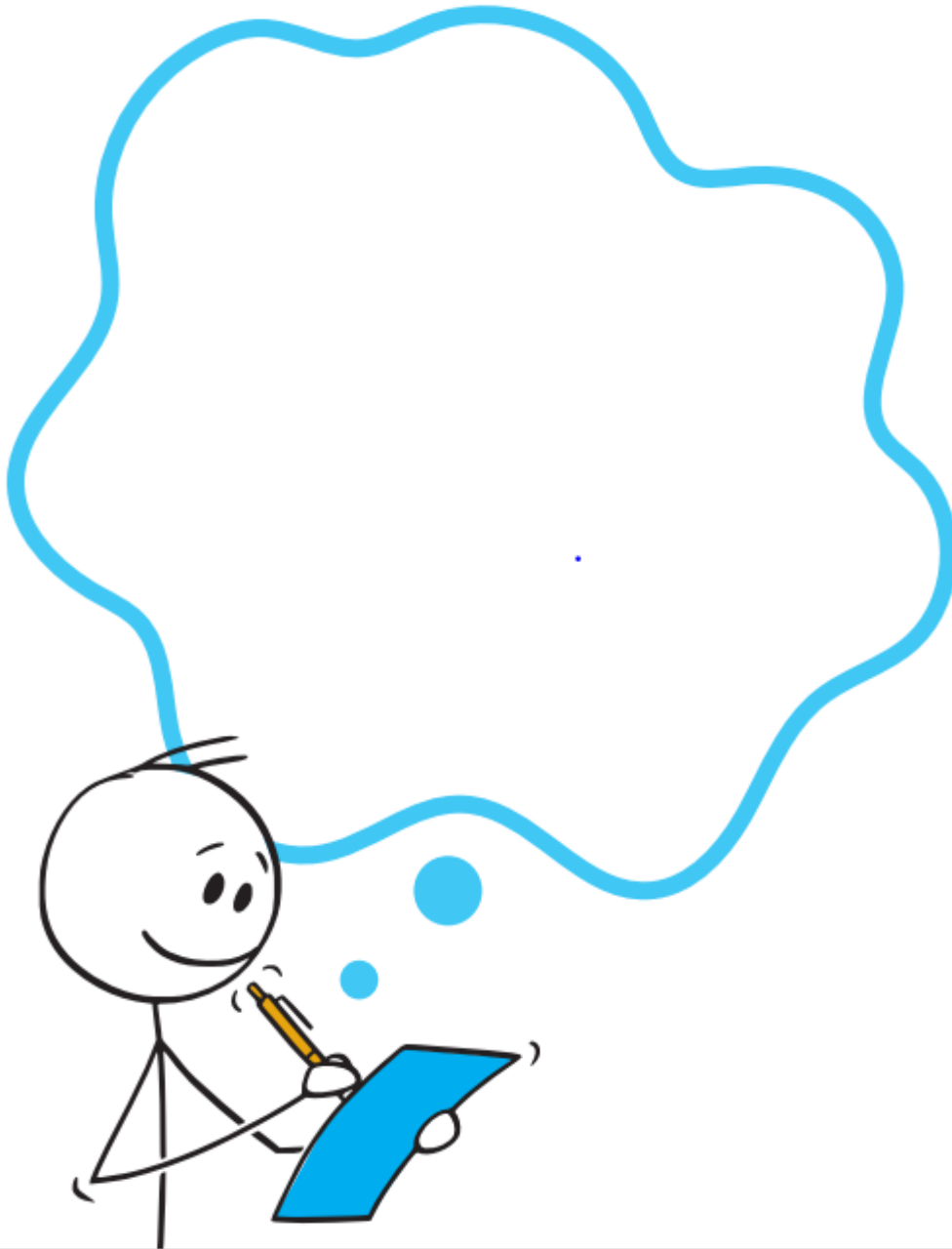
Who in our network are available to our children?



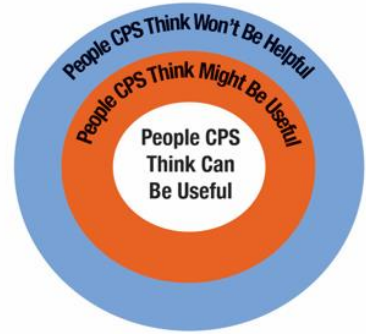
Who would I like to join our network?



Who would our children like to join our network?



Safety Circles



Timeline and Trajectory – Early Help / Child in Need / Child Protection

Weeks	Steps / Tasks	Meetings / calls	Changes

Timeline and Trajectory – Return Home

RETURN HOME TRAJECTORY PLAN	
FAMILY NAME	DATE AGREED
<p>WORRIES What the child / young person, parents and professional are worried about and how this affects the child.</p>	
<p>STRENGTHS, SAFETY AND NETWORKS What Strengths, safety and network of support are already in place?</p>	
<p>CHILD/ YOUNG PERSONS GOALS 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?
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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?