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STOCKPORT'S MULTI AGENCY RESPONSE TO NEED

Guidance for professionals working with children, young people and families to know when advice, help and urgent response is needed

Quality Assurance

To be reviewed every 2 years

Version	Date	Authors	Issue Reason	Revision date
1	March 2023	Katie Cooper and Katie Bates	Refresh of level of need (threshold) document	

Safeguarding Children in Stockport

Stockport Family

Contents

Introduction

We want Stockport to be the best place for children to grow up happily, healthily, with confidence, ambition and surrounded by love, care, and kindness. We want them to have the very best start in life and to thrive through-out growing up and beyond. We want families to be supported where necessary to provide this care and we believe that families are the best place for most children to grow up. We believe that agencies working with children and families play an integral role in achieving this.

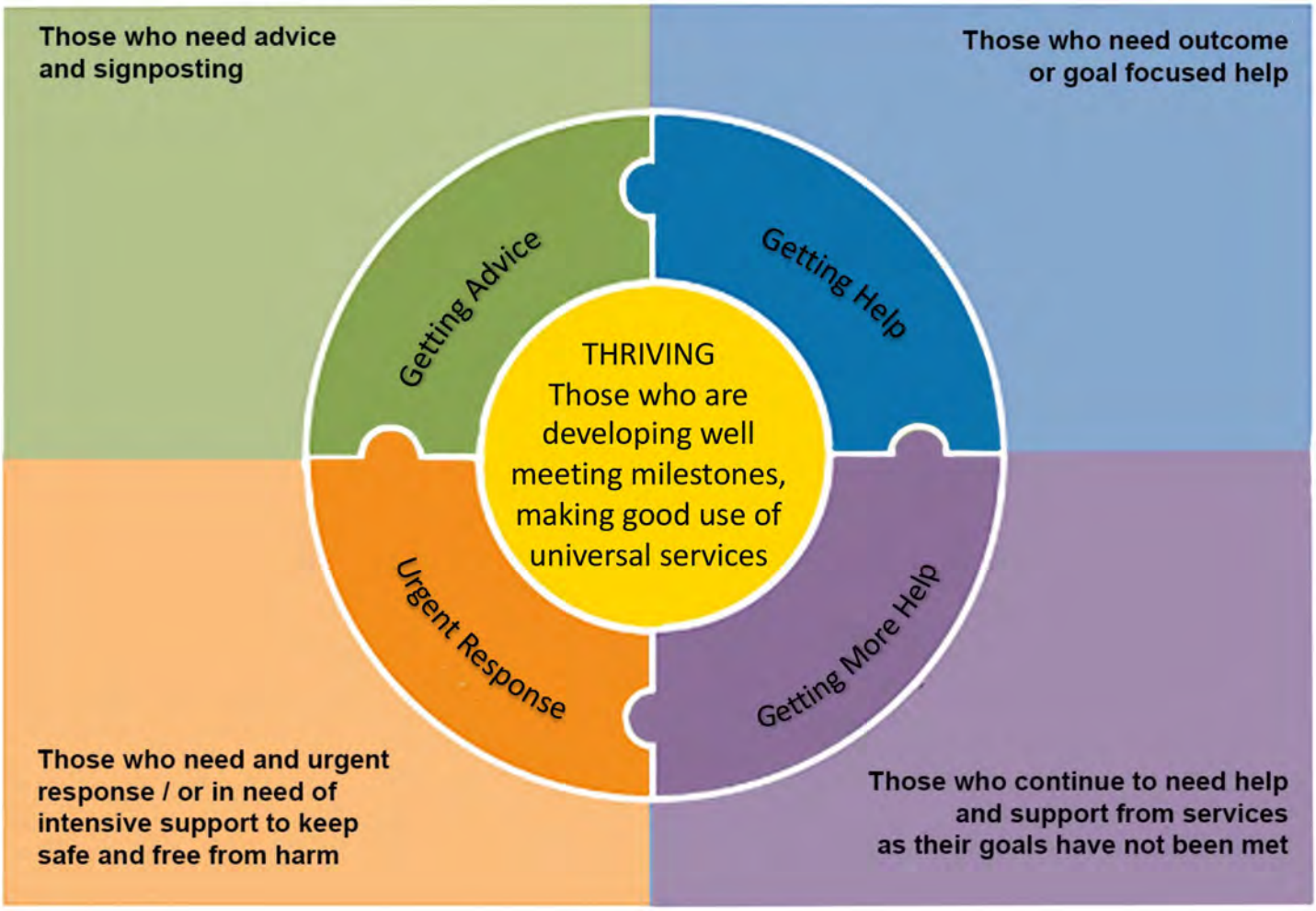
This multi-agency response to need model provides guidance to agencies and professionals working with children and families to understand the role they play in ensuring that children and their families get the right level of advice, support, and response at times of need.

In developing this guidance, we have talked to families, they told us told us what they need from agencies working with them. They told us they need professionals to focus on getting the right support and advice at the right time with a common use of language. This feedback is at the heart of this document.

We know that for some children and families, despite the best efforts of all, a safeguarding need may arise. This document has been developed with this in mind and is line with all agencies statutory duty as defined by Working Together 2018.

This guidance refers to ‘child,’ this is anyone who has not yet reached their 18th birthday. A 16-year-old living independently or is in further education, or in the armed forces, is in hospital, prison or a young offender’s institution does not change their status or entitlement to services and protection under the Children Act (1989). This includes unborn children and disabled young people until aged 24 years.

2. The multi-agency response to need model and applying it to practice



3. The model further explained…….

Thriving

Children and families that are thriving are usually those that are making the best use of universal services, such as health, childcare and education and are making good overall progress in all areas of their development. In Stockport we believe there are five essential ingredients to be thriving.

- Loving, nurturing relationships with parents and carers
- A safe home free from stress and adversity
- The right help to develop good language and other cognitive skills
- Support to manage behaviour and regulate their emotions
- Good physical and mental health and access to healthcare

When it is identified by a family member or professional that one or more of the essential factors are not fully secure this should be a trigger point to think about what may be needed to support the child, young person, parent/carer to thrive.

Getting advice & Signposting

People of all ages will from time to time need to seek advice in aspects of their lives. Children and families have the right to know what support is available and how they can access. Seeking advice can be a one off or can be re-occurring until the adult or child feels advice and guidance is no longer required.

Getting help

There can be times when a person or family needs help to achieve their goals and ambitions. People have the right to know what support there is available to them and how to access it; they also have the right to know when professionals believe they need help. Getting help can be a one-off event, for example, an additional home visit from a health visitor to focus on one area of support or it can continue for a brief period of time, for example, supporting parents with Solihull online course. Help should only end when the child, adult or family feel their goals are met. If goals are not achieved, for whatever reason, professionals need to talk to the child and family about this, this may include about how to get more or a different kind of help to ensure a good outcome for the whole family

Getting more help

There can be times when a child, adult or family need a plan of support and intervention from services. Children and families who need more help will be those where the family and/or a professional has identified that without help the child will be in need as defined by the Children Act 1989 – https://www.legislation.gov.uk/ukpga/1989/41/section/17/enacted

Children and families may be encouraged to engage in a more formal assessment to consider the whole family's need, for example, an early help assessment or social care led assessment and associated care plans that may stem from this assessment. When families are in receipt of more help a lead professional will oversee the plan. Assessment, goal setting and support plans are always shared with children and families – as goals and ambitions are achieved professionals should celebrate this progress with the family, and if progress is not achieved; professionals must talk to the child and family about this, this may lead to re- setting of goals and consideration of changing and/or scaling up the support plan.

Urgent Support

Children, families, and professionals may decide that without an urgent and/or intensive support a child may be at risk of serious harm, or their long-term outcomes may be impaired. In most circumstances, such level of involvement will require a referral to children's social care and/or children's mental health service. In most circumstances the request for involvement from such services should be discussed with the parent, and/or child as appropriate. The only occasion agencies may not talk to a child or their parent/carer about statutory involvement will be when it is believed by a professional that the child's safety will be compromised by doing so (see chapter 7). This may not be a long-term position and professionals will work at speed to put safety measures in place to ensure open communication with the child and their care giver can take place at the earliest opportunity.

4. Applying the model in practice with children and families

The model is purposely designed to not be a linear process, it is a flexible model that responds to a child, young person and families need as they arise and sits alongside agencies safeguarding responsibilities.

When applying the model professionals should always be think what help, support or intervention is needed for a child to maintain, return, or achieve a thriving state,

Annex (i) details and provides examples how to apply the level of need model can be in practice when working with children, young people, and families.

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5. The early help assessment – knowing best what help is needed

Agencies working with children and families are fully committed to providing effective early help to children and families. This commitment is in line with statutory guidance in Working Together to Safeguard Children 2018 in which early help is identified as a more effective way to promote the welfare of a child than reacting later.

The early help assessment (EHA) is the commonly used assessment tool to assessment family need. It assesses the whole family situation and supports the family and practitioner to put in place a plan to support the outcomes the family want to achieve.

When an EHA has been initiated and leads to a support plan, often referred to as a Team around the Child/Family plan. This is whenwe describe the family as 'getting more help'.

The assessment aims to:

- be family and child friendly
- promote a conversation with families
- focus on what the family want to achieve
- allow the family to decide which areas they need support with and where they may be struggling

When a practitioner or family member identify emerging needs an early help assessment is a good way to find out what is working well in a family, build on the family's strengths and find ways of getting more help for a family as soon as possible to prevent things getting more difficult. It also enables a case summary to be formulated that informs the practitioner of the resilience and vulnerability factors in the family.

The EHA is consent based, this means that the informed consent from a parent/carer, or the young person (where appropriate) is needed before an early help assessment can be started.

https://www.stockport.gov.uk/early-help-assessment/overview-eha

Training is available to anyone working with children, young people, and families, who are be expected to complete an EHA as part of their role, take part in Team around the Child processes or may act as a lead professional for a family. For more information visit and how to access training, follow the below link

http://www.safeguardingchildreninstockport.org.uk/practitioners/training/

There may be times when the EHA is not the commonly used assessment within some service areas and whilst not named the EHA such assessments and associated plans for children and families are part of the offer of help and support to children and their families

Annex (ii) provide examples of applying early help processes with children and families.

6. The role of the lead professional

When families move into getting more help and/or an urgent response it is highly likely that the plan of support becomes multi-agency. When a number of agencies are working with one family co-ordination of agency's role and identified actions is key to ensure families know what the plan is, what the goals they are working towards are and co-produce with agencies involved what their family plan looks like. It is crucial at this time that a lead professional is identified to support the child, young person, and family to co-ordinate this help.

7. The role of the Multi Agency Safeguarding and Support Hub

The Multi-Agency Safeguarding and Support Hub (MASSH) is a point of contact for the public and professionals to request advice, share information about a child and or family and report concerns.

You can contact the MASSH to:

- make a referral concern about a child's immediate welfare and safety (more help / urgent support and response) – see Chapter 8.
- request support for a child and family (help / more help)
- request or share information about a child or family (getting advice and signposting)
- request advice about making a referral or advice about a child you are working with (getting advice and signposting)

There are 2 ways you can contact the MASSH. If you suspect a child has suffered or is at risk of immediate harm (urgent response) call 0161 217 6028 and select **option 1**.

The best way to make a referral to the MASSH for child for a child in need of help and support is via Contacting the MASSH - Stockport Council. You can also contact on **0161 217 6028** selecting **option 2** to request help/support for your child.

8. When safeguarding concerns exist

The Munro Review of Child Protection (2011) said that 'risk sensible' and not 'risk averse' practice is an essential component of an effective child protection system. Munro said that risk adverse practice usually entails displacing the risk onto someone else. This thinking is at the heart of this framework.

Managing risk and uncertainty is part of our everyday interactions with children and families. Professionals working with children and families must take responsibility in understanding their role identifying and acting on emerging needs and risks. This may require the professional to provide advice, signpost, and/or provide help in line with their role and responsibility. When professional judgement is that a child is in need as defined by the Children Act 1989 (in need of more help), or that a child has suffered or is likely to suffer significant harm (urgent response), a referral should be made immediately to the children's social care. Below is a definition of a child in need under s17 and a child in need of protection under s47.

- A child is in need as defined under s17 of the Children Act 1989 when:

  (a) is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part.

  (b)the health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

  (c) is disabled
- A child is need of protection under s47 of the Children Act 1989 if there is reasonable belief that he/she is or likely to suffer significant harm

When a professional is concerned that a child needs support / protection as defined above professionals must make a referral to children's social care. The access point for children's social care is the multi-agency safeguarding and support hub (MASSH). The below link provides details of how to do this.

https://www.stockport.gov.uk/contacting-the-massh

Stockport's core team around the school (TAS team) provides opportunity for core TAS members to consult and call in for advice from the link social worker to the school if they believe needs for a family are increasing and efforts to support the child or family are not reducing concerns. This may lead to social care intervention under s17 or s47. Core TAS members are a child's school or college, the link school age plus worker, the link social worker and the school nurse. In such circumstances the consent of the parent/carer is required.

When a professionals or organisations identify a safeguarding concern for a child or family, they are working with the local safeguarding procedures must be followed. This can be a difficult time for the family and therefore the family's relationship with their trusted professional is all the more important to ensure that they are supported to be make progress to be thriving.

Example 1

A school nurse working with a teenager was required to make a referral to the Police and the MASSH following a disclosure made by the young person that identified him as a victim of sexual exploitation. This led to a s47 child protection investigation. The school nurse maintained contact with the young person and his family throughout the investigation. This included attending a joint visit with the allocated social worker leading the s47 investigation and attendance at a strategy discussion. If at any time it is considered that a child may be in need as defined by the Children Act 1989 (in need of more help), or that a child has suffered or is likely to suffer significant harm (in need of risk support), a referral should be made immediately to the local authority's children social team. For professional's part of Stockport's core team around the school (TAS) a referral can be made directly to the Children's Social Care Team via the link social worker.

8. Working restoratively with children and families and shared decision making

In Stockport we encourage the use of restorative approaches that put relationships with children and their families at the heart of any work we do support children to thrive. We want professionals working with children and families to develop strong relationships so that when families identify that they may need more support they know who can help them, or when a professional identifies a family needs support, they can talk to families about this.

Working restoratively encourages professionals to work as a team with families to support them to thrive. It requires professionals to try to understand each family's unique situation and support them to identify their goals and achieve great outcomes.

If you want to understand more about restorative practice, then please visit the website http://www.restorativestockport.co.uk/

9. Step up and step-down practice in Stockport

The process of step up and step down is an extremely important function in a child and their family's journey through services. The aim of step up and step down (step in and out) is to ensure that children and families receive consistent, seamless support, at the right time and from the right range of professionals. This guidance must be considered through the lifetime of involvement with a family, with specific focus at the start and end of involvement.

The EHA and subsequent team around the child/family plans are crucial elements of the step up and step-down process. When practitioners identify emerging needs for a family, conversations should start with the child and parent/carer and consent for an EHA should be gained as a first step to getting more help for a family. In most circumstances, children's social care will not accept a referral to their service in the absence of an EHA unless it is felt that the child in need of support or protection as defined in s17 / s47 of the Children Act 1989 as described in chapter 7.

Annex (iii) provides examples of applying the level of need to document alongside step up/down processes.

All professionals whose role requires to them to provide help, support, guidance and/or intervention must have a good understanding of Stockport's step up/down processes.

https://www.proceduresonline.com/stockport/cs/pdfs/step-up-step-down-protocol.pdf#:~:text=This%20Policy%20describes%20the%20multi-agency%20protocol%20for%20use,of%20Need%20document%20which%20can%20be%20found%20here%3A

10. Useful Resources and References

- Stockport Safeguarding Children Partnership website: this website holds a range of practice guidance and specific policies and procedures
  http://www.safeguardingchildreninstockport.org.uk/practitioners/

- For guidance on safeguarding practice, you can access the greater Manchester procedures:
  https://greatermanchesterscb.proceduresonline.com/index.htm

- The Designated Officer for the Local Authority, previously known as LADO, is the single point of contact for all professionals to report concerns, request advice and share information when there are concerns about a professional working with children.
  For further information and to notify the LADO of a concern please follow

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Annex Documents

GETTING ADVICE

Annex (i)

Applying the multi-agency response to need model: practice example

The examples below demonstrate how there are times that all families may need advice and signposting to achieve good overall development. The examples below are not an exhaustive list and are designed to give professionals working with children and families a helpful range of scenarios in how the model can be applied to practice.

During an ante natal visit, a mum to-be talks to her midwife about being worried about her finances when she starts her maternity leave and is worried about how to budget for the impending reduced income. The midwife provides the mum to be support via the Money Advice Service at **https://www.moneyadviceservice.org.uk/en/articles/sorting-out-your-money-when-youre-pregnant**	During an ante natal visit, a mum to-be talks to her midwife about being worried about her finances when she starts her maternity leave and is worried about how to budget for the impending reduced income. The midwife provides the mum to be support via the Money Advice Service at **https://www.moneyadviceservice.org.uk/en/articles/sorting-out-your-money-when-youre-pregnant**	A parent approaches a nursery setting to ask them for support on child development expectations. They signpost parent to the Start Well website & Tiny Happy People website and discuss Ages and Stages Questionnaire and Early Years Foundation Stage tools. https://www.startwellstockport.co.uk/ https://www.bbc.co.uk/tiny-happy-people

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GETTING HELP

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Applying the multi-agency response to need model: practice examples

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A 7 year child attends a mainstream school. School have noticed a deterioration in school attendance and the child is often late. School had a conversation with the parents and the parents talked about their struggles with routine and school refusal type behaviours being displayed by their son. With parents' consent, the school held a TAS discussion and identified parenting support. School also completes the red flags checklists for social communication needs to see if they could be an underlying need.

A 7 year child attends a mainstream school. School have noticed a deterioration in school attendance and the child is often late. School had a conversation with the parents and the parents talked about their struggles with routine and school refusal type behaviours being displayed by their son. With parents' consent, the school held a TAS discussion and identified parenting support. School also completes the red flags checklists for social communication needs to see if they could be an underlying need.

A parent raises with their schoolteacher that the don't feel the child is achieving academically and they are concerned that the child doesn't have strong friendships / is not keeping up with their peers. The schoolteacher discusses this with the parent and agrees the child may need some support, they use the entitlement framework in school to put support in place at school and explain the strategies to the parent and create a plan and agree to review this in a few weeks.

Annex (i)

Applying the multi-agency response to need model: practice examples

The examples below demonstrate how there are times that all families may need more help from a professional or agency to achieve good overall development. The examples below are not an exhaustive list and are designed to give professionals working with children and families a helpful range of scenarios in how the model can be applied to practice.

A 13 year old had accessed school based Mosaic service (children and young people drug and alcohol service). Within the sessions at school, he talked about his parents alcohol use. In conversation with the parents, agreement for the Mosaic service to extend their support offer through Mosaic's family team. The family remain open to Mosaic and the parents are now attending the THINK family programme designed to support parents/carers to understand the impact of their alcohol use on their children. The young person continues to see her Mosaic person in school and regularly reaches out for support.

Mosaic Drug and Alcohol Services - Stockport Council

A family of 4 children are open to the School Age Plus (SAP) service, the SAP worker has been leading on an early help assessment and support plan with the family for 4 months due to worries being raised how things were in the family home, some outstanding medical appointments and, the children missing a lot of time in school due to lateness. With the parents' consent the SAP worker completed a Graded Care Profile, which identified needs for all children. Despite efforts and support offered to the family, improvements were not made, and a review of the graded care profile plan identified things had not got better and in some areas a little worse. Again, with the consent of family, the information was shared with social care. This identified the need for a social care led assessment under S17 of the Children Act 1989.

http://www.safeguardingchildreninstockport.org.uk/wp-content/uploads/2020/04/GCP2-Information-Sheet-for-Professionals.pdf

http://www.safeguardingchildreninstockport.org.uk/wp-content/uploads/2020/04/GCP2-Parent-Guide-Easyread.pdf

A child was being supported by school due to emerging special educational needs; this identified a plan of support in the classroom environment using the entitlement framework. Through this support and observation of the child some 'red flags' were emerging with potential ASD traits that remained evident following 2 terms of classroom support. The school discussed this with key partners and completed the social communication questionnaire and with the parents and agreed together an onward referral to the single point of access via the Multi Agency Safeguarding and Support Hub to consider a potential for diagnosis of autism. This subsequently led to a multi-agency assessment for autism.

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Annex (i)

Applying the multi-agency response to need model: practice examples

The examples below demonstrate how there are times that a child or family may need an urgent response and/or intensive support from an agency, and in most circumstances, this will include the involvement of children's social care and/or child mental health services to ensure a child's safety. The examples below are not an exhaustive list and are designed to give professionals working with children and families a helpful range of scenarios in how the model can be applied to practice.

Thomas is a 15 year old male is living at home with his mum, dad, and younger sibling. There has been growing concerns for the immediate welfare of Thomas. His parents have reported him missing from home on 6 occasions in the last 4 weeks. Each time Thomas has been located by the police at the same address, the registered tenant is a 29 year old male. Parents have been worried that Thomas is using drugs in the property, but police attendance has not been able to evidence this, however, the 19 year male is well known to the police for possession of drugs and previous involvement in violent crimes. Thomas' mum and dad are very worried about Thomas and do not want him to visit the property and despite their best attempt to stop him the cycle has continued. Due to the number missing form home reports and concern for the immediate welfare of Thomas a strategy discussion is convened. As a result of the strategy discussion an action was identified to service an Abduction Warning to the 19 year old preventing him from having Thomas in the property.	A parent found a suicide note in their daughters, Faith, bedroom on a weekend. Faith is 15 years old and in Year 11 at school. They took their teenager to the hospital emergency department, and this resulted in an urgent mental health assessment by CAMHS to consider immediate risk. The young person was seen in A and E by the Mental Health Liaison Team. The risk assessment identified as high risk and admitted to ward while further assessment and support was identified for the young person and family. Prior to discharge parents received information on how to best safety plan, who to contact if they worries increased prior to a 7 day follow up by the community mental health team was completed. In addition, the parents spoke to hospital staff about other immediate stressors in the family, of particular note was the person refusal to attend school following the COVID -19 restrictions. The parents agreed for an onward referral to Stockport's Multi Agency Safeguarding Hub for further exploration and support from early help services. Contacting the MASSH - Stockport Council	A parent took their immobile, 6 month old baby to the GP for a routine appointment. Upon examination, the GP noticed a bruise on the inner thigh. The GP asked parent if there was any explanation for the mark, the parent could not give one. The GP could not identify any medical cause for the mark and in his opinion; this was a bruise without explanation. The GP rang the MASSH to make a referral to children's social care following the Bruising protocol in immobile babies and children. The referral was accepted by the MASSH, and subsequent immediate referral made to the duty social care team. The duty social worker made immediate arrangements for strategy discussion inviting the GP, health visitor, police, and paediatrician. The social worker consulted with the parent throughout this process. A child protection medical was undertaken, at this point the parents told the paediatrician and the social worker that they think that there is a possibility that the baby's car seat belt is quite tight and tricky to fasten. The paediatrician looked at the seat belt and the seat and concluded that this was a reasonable explanation for the bruise to the inner thigh. The s47 investigation concluded no further action. Without doubt, this was a stressful and difficult time for the family. The social worker communicated with the parents throughout the process. As the injury was an accidental injury, there was no further role for social care and the family quickly exited social care services. The baby's health visitor continued to work closely with the family to provide support and reassurance. https://greatermanchesterscb.proceduresonline.com/chapters/pr_bruising_babies_child.html?zoom_highlight=immobile+baby

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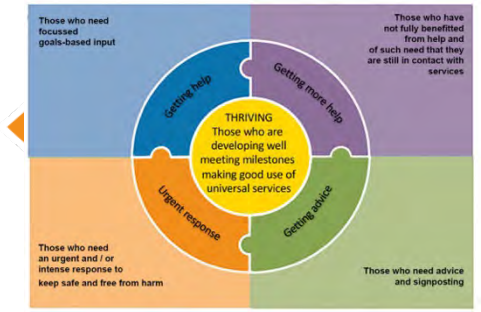

Annex (ii)

Getting more help for children and families

The below provides examples of how conversations with children and families can seek to access more help for families when need is identified……

The early help assessment with consent	When consent for an EHA is not achieved	Specialist intervention and assessment
A family is working closely with their housing officer due to ongoing issues of anti-social behaviour in the neighbourhood of where they live. The parents talked to the housing officer about their struggles in managing their own children's behaviour. The housing officer and the parent recognised the need to bring together these conversations within an early help assessment and to seek and share information with other key agencies working with the family, namely education and health. The early help assessment and its findings was shared with the family and a multi-agency meeting called a Team around the Family meeting. The housing officer, family, representative from each of the children's school and school nurse attended the meeting. Together the family and professionals agreed a plan of support, which included access to Stockport's RESPECT programme organised by the Targeted Youth Prevention Team.	A 14 year old male attends a school nurse drop-in session, he talks to his school nurse about feelings of anxiety and thoughts to self-harm but has not acted on these thoughts. The school nurse undertook an emotional wellbeing assessment with the young person. During the assessment, the male scored low on actual risk to harm himself, but it did identify triggers to his anxiety, he talked about stress at school due to upcoming exams, he talked about his worry for his baby brother as he has recently been unwell. With the young person's consent, the school nurse shared detail of young person recent disclosures and explored the benefits of the information being brought together within an EHA. Parents gave careful thought to the early help assessment, they decided that they did not want to consent to EHA at that time; they wanted time to reflect of their son's recent worries and put in their own strategies, with the ongoing support of the school nurse before progressing to an EHA. (Getting advice, signposting, and help)	A 15-year-old girl assaulted another young person in an unprovoked attack which resulted in a conviction of actual bodily harm, the Youth Court imposed a Referral Order, and the young person was required to work with Stockport's Youth Justice Service for the duration of the order. The Youth Justice Officer was required to complete a specialist assessment called the 'asset' assessment to best understand the young person's offending behaviour, the likelihood of re-offending, level of vulnerability and risk of serious harm. The assessment informed a plan with identfied goals and intended outcomes.

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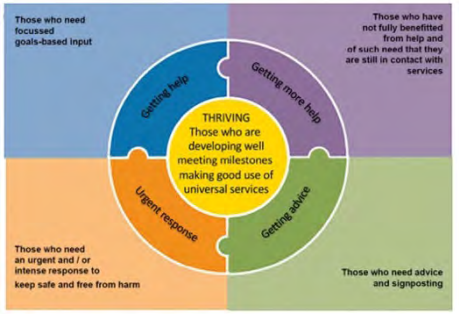

Annex (iii)

Step-up, step-down in action – practice examples

The below provides some of example of how step-up, step-down (in and out) can been applied in live with the multi-agency response to need model……

Step up to children social care	Step up to more help	Step down across the model
Jonny is 6 year old boy and has a diagnosis of Rett Syndrome. Jonny has an Education, Health, and Social Care Plan (EHCP) and has access to Stockport's shortbreak service for respite activities in the school holidays. Jonny would be described as sitting with the 'getting help' quadrant of level of need framework. At Jonny's last EHCP review Jonny's parents spoke about the need for more respite and wanted to explore opportunities for an overnight shortbreak, the school agreed (with the parents' consent) to start an early help assessment (EHA), this action meant that Jonny and his family stepped up to 'more help'. The EHA identified the profound impact of disability and the immediate need for increased help, again with the parents' consent a request to 'step up' to children's social care was made. The Children with Disability Team reviewed the early help assessment, and a social worker was allocated to the family.	An expectant 23 year old expectant mother discloses to her midwife that she smoked cannabis on a daily basis up until finding out she was she pregnant at 14 weeks gestation. The mother provided consent for a referral to Stockport Mosaic (drug and alcohol service) and had attended the first appointment. The midwife also sought consent from the mother-to-be to start an early help assessment, but consent was declined. The midwife was worried that the needs of the baby may be unmet without a plan of support that could be achieved through an EHA. The midwife informed the mother she intended to make a referral to the Multi Agency Safeguarding and Support Hub (MASSH) because of this. The MASSH received the referral and a social worker spoke with the mother. Mother explained her reasons for not wanting an EHA. She also explained that she was fully committed to maintaining abstinence and felt the drug and alcohol service were best placed to support her. The MASSH social worker concluded that the level of need identified for the baby was not one of 'risk or harm'. The absence of the parents' consent the MASSH social worker could not intervene further. The referral did not result in a step up to children's social care. The mother did continue to receive help and advice from both the enhanced midwifery service and Mosaic service and associated specialist assessments were completed.	A sibling group of 3 are open to Children's Social Care and are subject to a child protection (CP) plan following the oldest child's disclosure of sexual abuse. The CP plan ended after 6 months when there was clear evidence that the parents were able to effectively safeguard their children. It was agreed at the CP review that the family could 'step down' to a s17 child in need plan meaning that the family remained open to children's social care. The social worker remained the lead professional and chaired regular team around the child (TAC) meetings. 3 months later at a TAC meeting the plan was reviewed. It was agreed that there remained a role for regular team around the child/family meeting, but this did not require continued social work involvement. The social worker ended their involvement and the family 'stepped down' from social care. The children's school was identified as the new lead professional and team around the child meetings continued.