

# BUILDING SUPPORT FOR CHILDREN, YOUNG PEOPLE & FAMILIES IN PLYMOUTH

**ENSURING THE RIGHT SUPPORT, AT THE  
RIGHT TIME, FOR CHILDREN, YOUNG PEOPLE  
& FAMILIES IN PLYMOUTH**

**March 2022**

This document is for use by all practitioners working with children and their families across Plymouth. It may be seen as the 'threshold document' required by Working Together 2018.

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# INTRODUCTION

## THE PURPOSE OF THIS DOCUMENT

**Safeguarding is everyone's responsibility and it is vital that everyone is clear about how it fits within their role ensuring it continues to build upon our intention to be a trauma-informed city.**

Working Together to Safeguard Children is the statutory guidance that sets out mandatory expectations on all professionals that work with children. The Plymouth Safeguarding Children Partnership wants to ensure all practitioners in Plymouth are supported to understand what services are available as well as how and when to support children and families to access them.

This document sets out our agreed Partnership approach to how we work with children, young people and families. It aims to help you to understand the various types of support available and how to provide that to families or support them to access it elsewhere. This document sets out the various principles that we have agreed as a Partnership, ensuring it continues to build upon our intention to be a trauma-informed city.

Within this document you will find information about the way we do things in Plymouth, the various frameworks that support that, as well as a summary of some of the different assessments that might be used to support children, young people and families in Plymouth. There is signposting, throughout this document, to where you can find more detailed guidance.



**PLYMOUTH  
SAFEGUARDING  
CHILDREN  
PARTNERSHIP**

The term families is used throughout this document and should be considered in the broadest and most inclusive way. This includes many different types of family as well as the wider family network - extended family, friends, neighbours and others.

SEE THE PLYMOUTH SAFEGUARDING CHILDREN PARTNERSHIP WEBSITE - [WWW.PLYMOUTHSCP.CO.UK](http://WWW.PLYMOUTHSCP.CO.UK) - FOR LINKS TO THE LATEST GOVERNMENT GUIDANCE (WORKING TOGETHER TO SAFEGUARD CHILDREN) AND THE MOST UP TO DATE LOCAL PROCEDURES – SOUTH WEST CHILD PROTECTION PROCEDURES.

# A NEW APPROACH TO THRESHOLDS IN PLYMOUTH

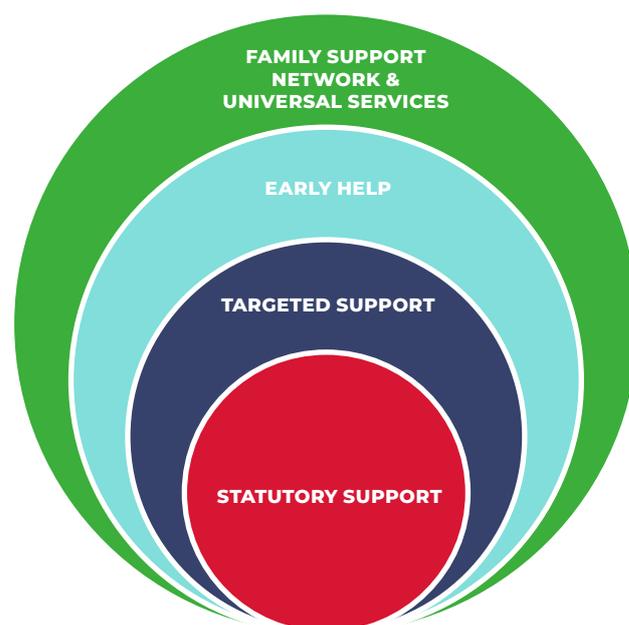
IN LINE WITH THE WIDER STRATEGIC VISION FOR 'A BRIGHT FUTURE' FOR ALL CHILDREN AND YOUNG PEOPLE IN PLYMOUTH; THE PLYMOUTH SAFEGUARDING CHILDREN PARTNERSHIP (PSCP) HAS DEVELOPED THIS DOCUMENT TO SET OUT OUR APPROACH TO SAFEGUARDING AND EARLY HELP IN PLYMOUTH. AS A PARTNERSHIP WE ARE COMMITTED TO ENSURING CHILDREN AND YOUNG PEOPLE IN PLYMOUTH HAVE THE RIGHT SUPPORT, AT THE RIGHT TIME TO KEEP THEM SAFE.

When considering a new approach to 'thresholds' we are guided by some core principles:

- *Living in families is where the vast majority of our children and young people are safest.*
- *Where support is needed for things to be different, families and their support networks are often the greatest resource we have to achieve change for our children and young people. Sometimes a little help and encouragement can assist families to find their own solutions.*
- *Where families need support to keep our children and young people safe, this should be offered at the earliest opportunity and in the most restorative way we can. This means always working 'with' families and seeking their consent, unless to do so would cause harm.*
- *Where risk to children and young people is increasing and families need support from statutory services, we will not remove the existing support and relationships but rather build additional support on top.*
- *Where families need statutory support, this should continue to be restorative and based on consent, as far as it is safe to do so. Statutory support should be in place only as long as it is needed to build strong and effective support within the family network and from non-statutory services.*
- *We will work with families in a trauma-informed way, understanding that past trauma may influence how families respond to an offer of help and support.*

Wherever services are accessed to provide support to families, it is important that these are seen as building blocks of support that add to the existing support that is in place.

The network of family support is the longest lasting, most sustainable and most effective kind of support available. All services should be working to identify



and promote the strengths within the family network, whatever other support is in place.

Universal services are there for anyone to access, whenever they are needed and should remain in place, supporting families, where early help, targeted or statutory support is needed. This enables continuity of relationships for families and means they are less likely to become reliant on time-limited support such as targeted or statutory services.

Wherever early help, targeted or statutory support is required, it should be short-term with a clear plan to return to less intrusive and more sustainable support at the earliest opportunity.

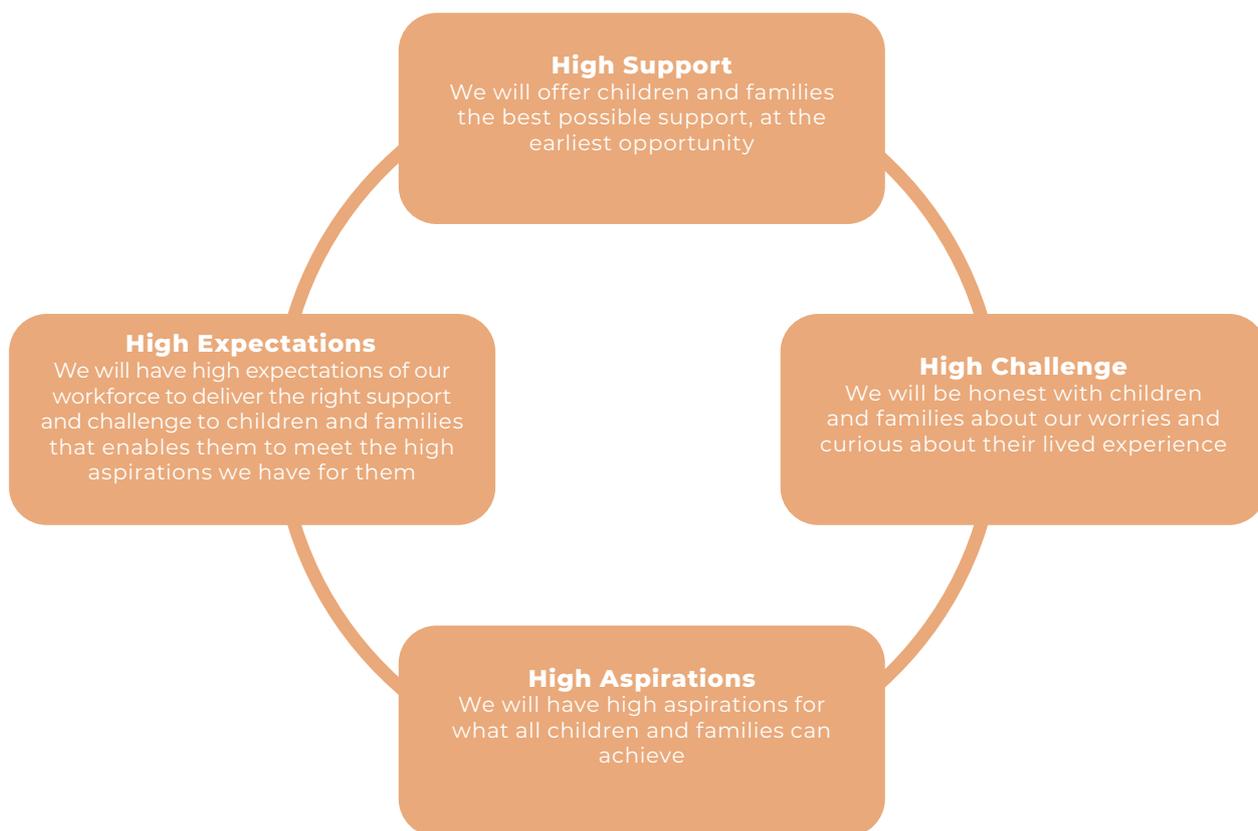
Families tell us that too often in the past, additional support such as statutory services, has resulted in them losing the positive relationships they have with other professionals and agencies, only for them to have to re-start these again at a later stage.

The approach set out within this document is about building support on top of what is already in place, not instead of.

# RESTORATIVE PRACTICE

RESTORATIVE PRACTICE IS ABOUT CREATING AND MAINTAINING RESPECTFUL, TRUSTING RELATIONSHIPS THAT ENABLE CHANGE FOR CHILDREN AND THEIR FAMILIES. IT IS ABOUT WORKING 'WITH' FAMILIES RATHER THAN DOING 'TO', 'FOR' OR INDEED 'NOT' DOING AT ALL.

Restorative practice involves practitioners offering families a high level of support and challenge within the context of having high aspirations for those children and families. Restorative practice within and across agencies involves an equally high support and challenge relationship within the context of having high expectations of ourselves and each other.



Restorative practice is about using the positive and meaningful relationships we develop in order to achieve change for children and families. That means there will be times that practitioners and families don't agree with each other or need 'courageous and supportive conversations' that might feel difficult to have.

Restorative practice means being curious about what is seen, heard and felt. Practitioners should be curious with families and with each other to ensure there is the best possible understanding of a child or young person's lived experience in order to make decisions about the support to be offered.

# ITHRIVE FRAMEWORK

ONE OF THE MODELS THAT ASSISTS IN OUR APPROACH TO BUILDING SUPPORT FOR CHILDREN AND FAMILIES IS THE ITHRIVE FRAMEWORK, BASED ON THE MODEL DEVELOPED BY THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST AND THE ANNA FREUD NATIONAL CENTRE FOR CHILDREN AND FAMILIES. IT FOCUSES ON RESILIENCE AND RECOGNISING WHEN NEEDS MAY CHANGE AND HOW THE SYSTEM CAN RESPOND.



The iThrive framework is increasingly used in Plymouth as part of the design of services. This is based on a model of delivery used in mental health provision for young people, which aims to provide the right support, at the right time to enable young people to manage their needs. This can be translated across to families as a whole.

## Getting Advice: Family Support Network & Universal Services

Children, young people and families are supported to develop knowledge and understanding that enables them to develop and sustain healthy lifestyles, build resilience and manage their own needs

## Getting Help: Early Help

Children, young people and families can access help quickly and easily, receiving the personalised support they need, when they need it, at the earliest opportunity, for as long as they need it

## Prevention & Promotion

### Getting Risk Support: Statutory Services

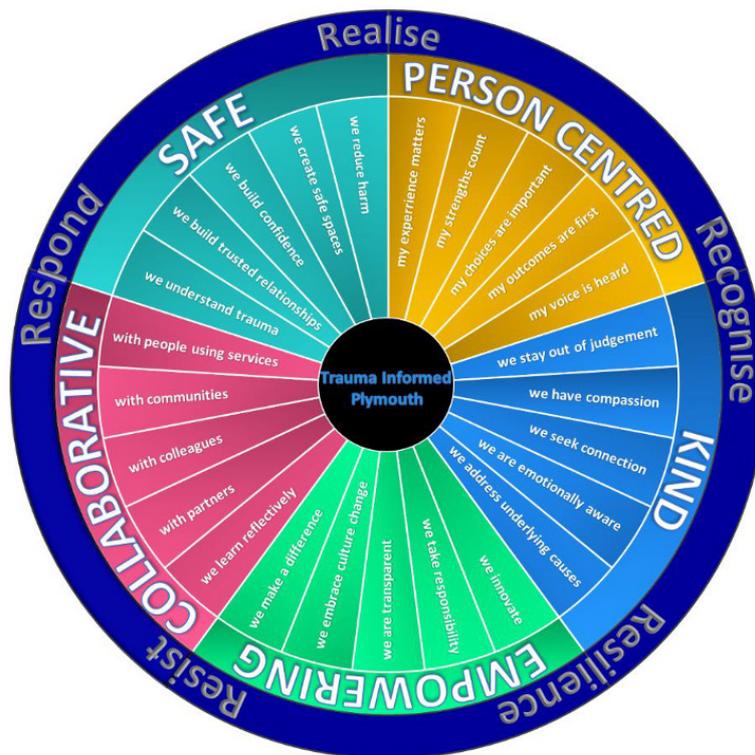
Children, young people and families who have recurring or significant needs that present a risk of harm and need expert support to manage crises, whilst maintaining existing supportive relationships - will include Children in Need, Child Protection and Children in Care

### Getting More Help: Targeted Support

Children, young people and families with higher levels of need receive the right personalised and specialist additional support alongside the services already in place

# TRAUMA-INFORMED PLYMOUTH

A KEY DRIVER FOR TRULY UNDERSTANDING THE EXPERIENCES OF OUR CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES IS A TRAUMA-INFORMED APPROACH. PLYMOUTH IS COMMITTED TO EMBEDDING A TRAUMA-INFORMED APPROACH ACROSS ALL SERVICES THAT WORK WITH BOTH CHILDREN AND ADULTS; THIS IS A GRASSROOTS MOVEMENT WHICH HAS THE SUPPORT OF SENIOR LEADERS AND AIMS TO LOOK AT COMPLEXITY THROUGH A TRAUMA-INFORMED LENS, TO FULLY UNDERSTAND LIVED EXPERIENCE AND THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES.



The PSCP is committed to applying the Plymouth trauma lens in all that we do, in-line with the Plymouth Trauma Network principles which are:

**Realise** what trauma is and how it can have wide spread impact for individuals, families and communities.

**Recognise** the signs and effects of trauma in individual people, families, groups and communities. This includes the workforce within organisations that deliver services.

**Respond** by integrating knowledge regarding a trauma-informed approach into policies, procedures and practice.

**Resist** re-traumatising people, families and communities by showing sensitivity and compassion in all of our interactions and seeking to de-escalate & diffuse potentially traumatic interactions when they occur.

**Resilience** is promoted in supporting individuals and communities to cope with and adapt to adversity and have the strength to challenge situations where it might occur.

# STRENGTH IN FAMILY NETWORKS

IN PLYMOUTH WE RECOGNISE THE CRUCIAL ROLE THAT MEMBERS OF THE FAMILY NETWORK PLAY. THIS CAN BE MOTHERS, FATHERS, SIBLINGS, STEP-PARENTS, GRANDPARENTS, OTHER EXTENDED FAMILY MEMBERS, NEIGHBOURS, FAMILY FRIENDS AND CARERS. THESE PEOPLE ARE VITAL TO THE EXPERIENCE OF CHILDREN AND YOUNG PEOPLE, SHARING IN THEIR JOY WHEN THINGS GO WELL AND SUPPORTING THEM WHEN THINGS ARE MORE CHALLENGING.

Long before and long after professionals are involved with a family, the extended family network remains there – the most effective and sustainable support available to a family. It is for this reason that we seek to find the strengths within the family network and utilise these, at all stages of a child's journey.

## FAMILY GROUP CONFERENCE SERVICE

It is an opportunity for families and important people in a child or young person's life to meet together, to openly share and discuss information. We believe that families can make positive plans for their children if they have the information and support they need.

A Family Group Conference aims to provide a safe, comfortable and neutral environment for families to come together and talk. The aim of the meeting is for families to make a plan which will keep their children safe and work towards the best outcome. The focus of the meeting will always be centred around the needs of the child.



The Family Group Conference (FGC) service is available to all families in Plymouth and can be accessed by a referral from any professional by contacting [fgc@plymouth.gov.uk](mailto:fgc@plymouth.gov.uk)

# CONSENT

THE LAW REQUIRES THAT WE SEEK CONSENT FROM FAMILIES WHEN WORKING WITH THEM OR SHARING INFORMATION ABOUT THEM. THIS APPLIES TO UNIVERSAL SERVICES, EARLY HELP SERVICES, TARGETED SUPPORT SERVICES AND STATUTORY SERVICES. THE ONLY TIME THIS ISN'T APPLICABLE IS WHEN SEEKING CONSENT MIGHT PLACE A CHILD OR ADULT AT RISK OF FURTHER HARM.

When we talk first with families, about our worries for them, we are treating them with respect and we enable them to respond to those worries. Sometimes a conversation reassures us that the support is already in place. Other times, the conversation informs what type of support might be needed to build upon the strengths already within the family network.

Seeking consent from families is about more than just gaining permission to send a referral somewhere. Consent should be sought within the context of a supportive relationship that is based on honesty and true understanding of both the concerns and the support options available.

Consent should be re-sought regularly and particularly when making a change to the service being offered or seeking to make a referral to another service.

If you make a judgement that seeking consent would place someone at risk of harm, you should record your decision making and rationale very clearly within your records and on any referrals you make. Usually a decision to share information, without consent, should be made in consultation with a senior safeguarding lead within an organisation.

Practitioners should be comfortable seeking consent to undertake their work and to share information about those they are working with. They should also be comfortable that anything they have written about a family, including referrals to other agencies, could be seen by the family and should not contain anything that the family is not fully aware of. This fits with our city-wide values of working restoratively and being trauma-informed in our approach.

## THERE ARE A NUMBER OF REASONS FOR PLACING AN EMPHASIS ON SEEKING CONSENT:

**GENERAL DATA PROTECTION REGULATION (GDPR), DATA PROTECTION ACT 2018 STATES THAT CONSENT SHOULD BE SOUGHT TO SHARE INFORMATION UNLESS DOING SO WOULD PLACE SOMEONE AT RISK OF HARM**

**HUMAN RIGHTS LEGISLATION IS CLEAR THAT EVERYONE HAS THE RIGHT TO A PRIVATE AND FAMILY LIFE, UNLESS THERE IS AN OVERWHELMING REASON TO INFRINGE UPON THAT**

**WE KNOW THAT, OFTEN, HONEST CONVERSATIONS ABOUT CONSENT LEAD TO BETTER ENGAGEMENT WITH THE SUPPORT BEING OFFERED**

**WORKING WITH CONSENT IS AN INTEGRAL PART OF WORKING RESTORATIVELY WITH FAMILIES**

Sometimes a practitioner will seek consent to provide a service or share information and it is declined by a family. In these situations, that practitioner should explore the reasons thoroughly with the family. The discussion should be respectful, with the practitioner being honest and owning the concerns they have whilst also understanding the reason consent has been declined.

If consent has been declined, or in exceptional circumstances, contact with the family can't be made, then the practitioner should discuss with a senior safeguarding lead within their organisation. If following this discussion, it is felt that information sharing is necessary to keep a child or young person safe, then contact should be made with Plymouth MASH

# WHAT TO DO IF YOU'RE WORRIED ABOUT A CHILD OR YOUNG PERSON IN PLYMOUTH

## COURAGEOUS AND SUPPORTIVE CONVERSATIONS

There will be a number of different opportunities for professionals to have conversations with children and families, where some support and some challenge would make a positive difference to them.

We know that the earlier these conversations happen, the better we can support children and families and have a more meaningful impact on their outcomes.

Everyone who works with children shares a responsibility to have these courageous and supportive conversations, being open and honest with families.

Sometimes, these conversations will be the start of an assessment and plan, which should focus on improved outcomes for children and should be clear who is responsible for what.

Conversations should be constructive, clear, open, honest and involve the family and their wider network of support.

Sometimes these conversations will be challenging and not everyone will agree.

Everyone should have the opportunity to express their worries.

Everyone should identify the strengths and safety plans in place.

Strengths should be built upon to enable safe and positive outcomes for children and families.

We should have high expectations of our workforce and be confident that at every stage of support, whatever type of support, the involvement of professionals should be helpful and lead to positive outcomes for children.

We should have high aspirations for our children and families, knowing that with the right support and challenge, they can be safe, healthy and happy.

# GETTING HELP: PROVIDING HELP

EARLY HELP IS USUALLY PROVIDED BY UNIVERSAL SERVICES SUCH AS CHILDREN'S CENTRES, SCHOOLS, COLLEGES, EARLY YEARS SETTINGS, HEALTH VISITORS, SCHOOL NURSES AND MANY OTHER AGENCIES. EARLY HELP IS PROVIDED BY THE MOST APPROPRIATE AGENCY FOR THE FAMILY THAT NEED IT.

*Early help means providing support as soon as the need emerges, at any point in a child's life.*

Early help is usually provided by Universal Services such as Children's Centres, Schools, Colleges, early years Settings, Health Visitors, School Nurses and many other agencies. Early help is provided by the most appropriate agency for the family that need it.

Often the most appropriate agency will be the one that has an existing and supportive relationship with the family or an agency that specialises in the age range or particular challenges that are most relevant. For example, a family with pre-school children where some parenting support is needed, will often be best supported by a Children's Centre who specialise in both this age group and this particular area of support.

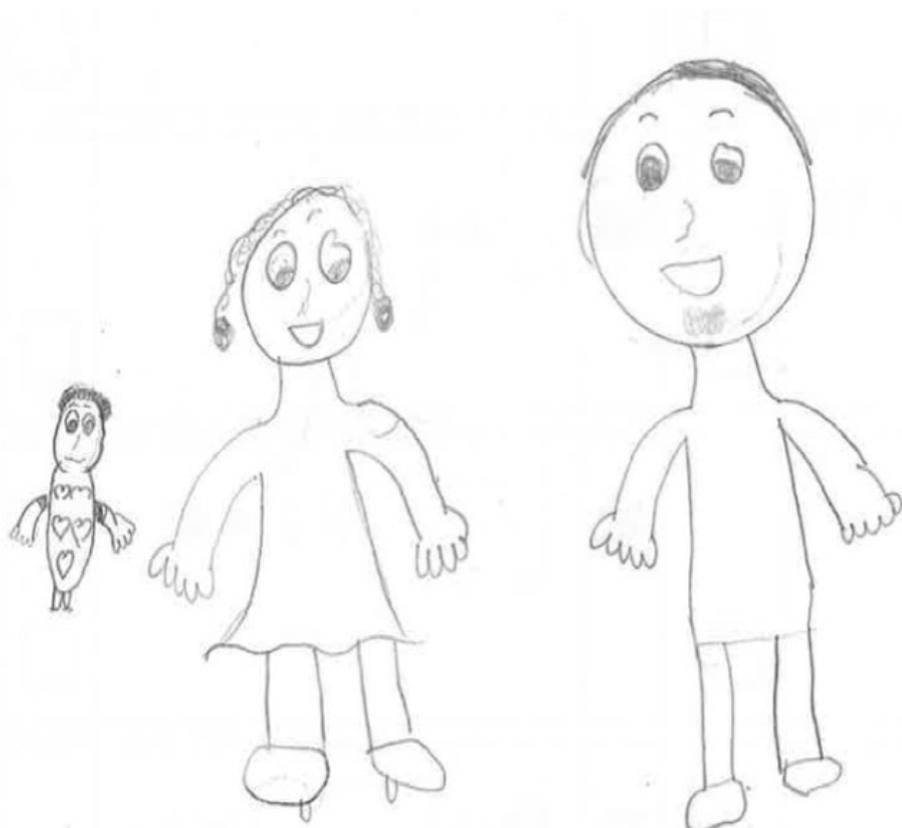
When an agency becomes aware of the need to support a family with early help, they should access support and resources via the online portal: [www.plymouthonlinedirectory.com/article/1889/Early-Help-Assessment-Tool](http://www.plymouthonlinedirectory.com/article/1889/Early-Help-Assessment-Tool).

Where a professional or agency requires some additional support to ensure they are providing the right early help, they can contact the **Early Help Advice and Support Team to seek this – 01752 668000**. Within this sits the Creative Solutions Panel which enables multi-agency discussions that seek to find creative solutions from within the many resources available across Plymouth. More information about the Early Help Assessment Tool (EHAST) can be found later in the document.

# GETTING MORE HELP: ACCESSING TARGETED SUPPORT

Sometimes families will need a little more support than the typical early help offer. In Plymouth we call this targeted support. A range of services across the city offer more targeted support such as family therapy, Young Carers groups, specialist parenting programmes, Adolescent Support Team, Family Intervention Project and many others. More information about the range of services available, across the city can be found in the:

**Plymouth Online Directory – POD**  
[www.plymouthonlinedirectory.com](http://www.plymouthonlinedirectory.com)



# GETTING RISK SUPPORT: CHILDREN'S SOCIAL CARE

CHILDREN'S SOCIAL CARE IN PLYMOUTH IS KNOWN AS THE CHILDREN YOUNG PEOPLE AND FAMILIES SERVICE (CYPFS). SUPPORT FROM CYPFS IS ACCESSED VIA THE PLYMOUTH CHILDREN'S GATEWAY WHICH IS HOME TO THE PLYMOUTH MULTI-AGENCY SAFEGUARDING HUB (MASH).

When a professional requests that the MASH consider if a child should have a Single Assessment, this is known as a Contact. The MASH will consider the information provided, consult with the person making contact, talk to the family and review the information they hold across various agencies that sit within the MASH. All Contacts should be in writing, using the current MASH Contact form – [www.plymouthscb.co.uk/making-a-referral](http://www.plymouthscb.co.uk/making-a-referral).

Where there is an immediate risk of harm to a child then consideration should be given to contacting the emergency services via 999. For urgent child protection concerns (that need a response the same day), a call should be made to the **Plymouth Children's Gateway on 01752 668000**. All calls will need to be followed up, the same day, with a written MASH Contact form.

Prior to making a MASH Contact professionals must always seek out the advice of a safeguarding lead within their organisation, to ensure that it is the most appropriate service for the family.

As with early help and targeted support, all the same principles of consent still apply. The only time information about a child or family should be shared without seeking their consent, is when doing so would cause harm. As with all assessments and information sharing, consent should be informed and meaningful. It is good practice to share any MASH Contact form directly with the family, prior to submission. The views of the child/young person and their family can and should be included on any MASH Contact.

As outlined earlier in this document, it is vital that when statutory services become involved, the family and Universal support should remain involved. Short-

term involvement of statutory services should be used to strengthen the family network as well as the Universal provision in place to enable the family to succeed and thrive once statutory support ends.

Sometimes, CYPFS will need to initiate a Strategy meeting. This will involve all relevant professionals coming together, often at short notice, to consider if there is a need for Section 47 processes to be initiated, in order to ensure the safety and well-being of a child. Whilst a Strategy meeting and any subsequent Section 47 Enquiry is not voluntary, most of the time it would be reasonable to continue to work 'with' families as far as possible.

The following principles continue to apply during statutory processes, such as Strategy meetings or Section 47 Enquiries:

- Working restoratively with families
- Seeking to work consensually with families, as far as it is safe to do so
- Being trauma-informed in our approach
- Ensuring existing support networks are built-upon rather than replaced
- Seeking to promote the strengths within the wider family support network

More information about the way CYPFS work with families to undertake a Single Assessment can be found later in the document.

See the Plymouth Safeguarding Children Partnership website  
[www.plymouthscp.co.uk](http://www.plymouthscp.co.uk)

for links to the latest government guidance (Working Together to Safeguard Children) and the most up to date local procedures (South West Child Protection Procedures). These provide more detail about what a Strategy meeting and Section 47 Enquiry are.

# ASSESSMENTS IN PLYMOUTH

THROUGHOUT THE VARIOUS TYPES OF SERVICE PROVISION AVAILABLE, THE NEEDS OF CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES SHOULD BE ASSESSED ALONGSIDE THE FAMILY.

It should be formally recorded and shared with the family, every time. What is written about children, young people and families should be done so in a way that is clear, accessible, fair and most importantly, trauma-informed. Families shouldn't find out new information when reading an assessment; it should have already been discussed and considered alongside them.

The views, wishes and feelings of children, young people and their families should be a central part of any assessment. Include details of how they view their lives, what they would like to be different and what their aspirations are for themselves and each other. Support families to identify and document their own strengths and aspirations within any assessment. A good assessment will often be a therapeutic intervention in itself.

## CHILD-CENTRED & INVOLVE THE CHILD, FAMILY AND WIDER NETWORK

<b>Outcome focused &amp; leads to action being taken</b>	<b>Give families the opportunity to come up with their own solutions</b>	
<b>Factual &amp; evidence based</b>	<b>Holistic</b>	<b>Build on previous assessments</b>
<b>Respect diversity</b>	<b>Transparent &amp; open to challenge</b>	<b>Focus on strengths as much as difficulties</b>

## EARLY HELP – EARLY HELP ASSESSMENT TOOL

Early help is the term used to describe the support and intervention offered to children and families when a problem or worry starts to emerge. Providing early help is more effective than reacting later in order to promote positive outcomes. Using the early help assessment tool (EHAT) is an opportunity for one or more agencies to work with a family at an early stage to share information, assess their needs and then coordinate the most appropriate services to meet those needs.

There will be a designated Lead Professional who will take responsibility for co-ordinating the completion of the assessment and the implementation and review of the plan. Often there will be other agencies involved to support the Lead Professional with the assessment, implementation and review.

The early help assessment tool provides a template that facilitates discussion and engagement with the family. Further information about early help and who can provide it can be found here: [www.plymouthscb.co.uk/earlyhelp/](http://www.plymouthscb.co.uk/earlyhelp/)

*'Preventative services will do more to reduce abuse and neglect than reactive services, and the co-ordination of services is important to maximise efficiency'*

**Eileen Munro**

# ADOLESCENT SAFETY - SAFER ME ASSESSMENTS

IN 2021, THE PLYMOUTH SAFEGUARDING CHILDREN PARTNERSHIP (PSCP) LAUNCHED THE ADOLESCENT SAFETY FRAMEWORK (ASF).

This is a new way of supporting older children and young people, in Plymouth, who are experiencing harm outside of the home.

The ASF is a response that understands the different needs of children and young people aged 11 and over. Existing safeguarding systems were developed to protect children and young people from harm mainly from within the family. However there has been an

increasing recognition of the different risks young people face outside the family home. This could be in their communities, within a peer group, online or in school.

These risks can be described as 'contextual' and so the ASF is based on the principles of 'contextual safeguarding.'

The sorts of contextual risks and threats to young people's safety can be:

CHILD SEXUAL  
EXPLOITATION

PEER  
EXPLOITATION

CHILD  
CRIMINAL  
EXPLOITATION

GANG  
ACTIVITY

ONLINE  
EXPLOITATION

Within the ASF are the Safer Me and Safer Me Plus Assessments. They provide a way of assessing, planning and intervening at an early help, Child in Need and Child Protection level, where concerns are primarily from outside the home.

Many of the processes and procedures for supporting children and young people under the ASF remain the same. The difference is the focus of the discussion. Assessment, planning and intervention will shift to the issues external to the home. That is not to say difficulties within the family should not be considered as there

will be an interplay between the two that needs to be understood. The participation of families is key and there will be a focus on creative ways of trying to engage the child or young person so they remain central to decision-making and planning around their safety.

Further information and documentation around the ASF can be found here:

[www.plymouthscb.co.uk/asf](http://www.plymouthscb.co.uk/asf)

# SOCIAL CARE - SINGLE ASSESSMENTS

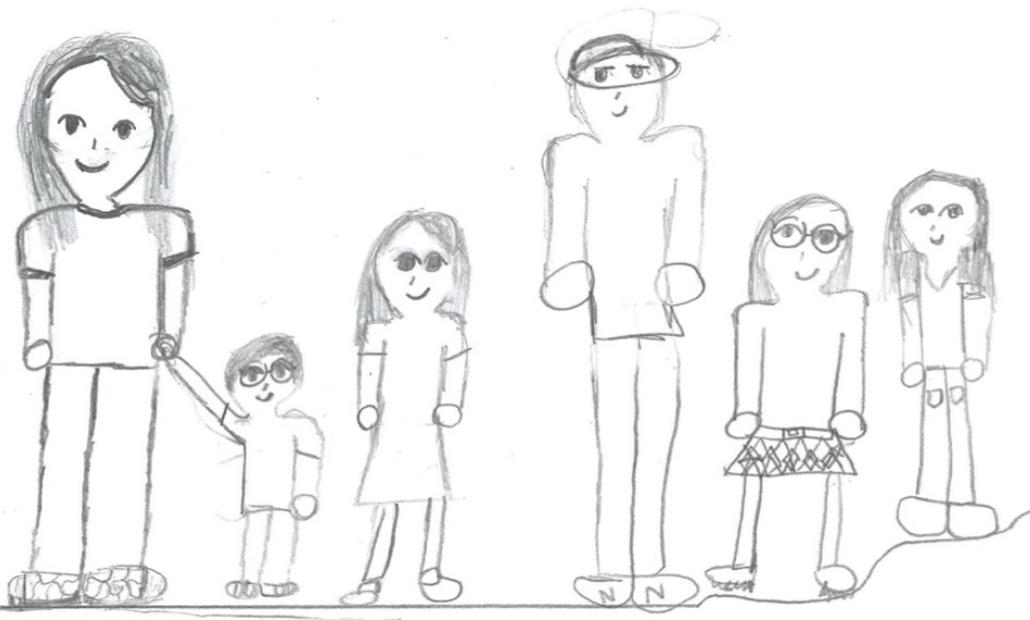
WITHIN PLYMOUTH CHILDREN'S SOCIAL CARE, SINGLE ASSESSMENTS ARE THE PRIMARY METHOD OF ASSESSMENT.

This is a statutory assessment that replaces the initial and core assessments that used to be undertaken. A Single Assessment will cover many of the same areas as the Early Help Assessment Tool, but will always be undertaken by a qualified social worker. There will often be a focus on risk and consideration of significant harm. Once completed, the information is analysed and a judgement formed, alongside the family, about the most appropriate service to meet the needs of the child or young person. This could be support from agencies operating early help or it could be some ongoing support from Children's Social Care as a 'Child in Need' or 'Child Protection'.

The involvement of Children's Social Care in the life of a family is necessary for only a very small number of children and families across Plymouth. The vast majority of the time, families can be more appropriately supported through Universal and early help services.



## OTHER ASSESSMENTS



There are a number of other assessments and tools that are used within single agencies or across agencies. These will be used, at times, to help inform the assessments outlined above and to help professionals and families to consider which type of support is best for them, at this time.

# GETTING IT RIGHT FOR CHILDREN, YOUNG PEOPLE AND FAMILIES IN PLYMOUTH

WHILST SUPPORTING A CHILD, YOUNG PERSON OR FAMILY, THERE WILL BE TIMES WHERE PRACTITIONERS HAVE DIFFERENT VIEWS ABOUT THE MOST APPROPRIATE SUPPORT OR SERVICES.

There are a range of situations where disagreements may arise; however, there will be times where there are differing views about access to services or a lack of shared understanding around who should do what and when.

Good practice is for the practitioners involved to have a further discussion that is focused on the needs of the child or young person and rooted in the values of a restorative approach.

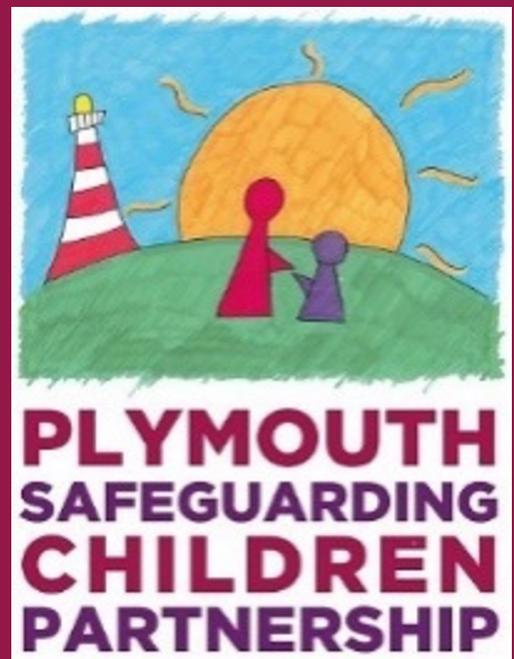
Where a resolution is not achieved at this stage, practitioners should speak to their line manager and use the Plymouth Safeguarding Children Partnership Case Resolution Protocol as a guide for seeking resolution -

[www.plymouthscb.co.uk/case-resolution](http://www.plymouthscb.co.uk/case-resolution)



Plymouth Online Directory:  
[www.plymouthonlinedirectory.com](http://www.plymouthonlinedirectory.com)

Plymouth Safeguarding Children Partnership:  
[www.plymouthscp.co.uk](http://www.plymouthscp.co.uk)



**IF MORE INFORMATION ABOUT THIS DOCUMENT IS REQUIRED THEN THIS CAN BE FOUND BY VISITING THE PSCP WEBSITE - [WWW.PLYMOUTHSCP.CO.UK](http://WWW.PLYMOUTHSCP.CO.UK)**

**IF YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION WITHIN THIS DOCUMENT THEN PLEASE CONTACT THE PSCP BUSINESS UNIT VIA THE PLYMOUTH SAFEGUARDING CHILDREN PARTNERSHIP MAILBOX**

**[PSCP@PLYMOUTH.GOV.UK](mailto:PSCP@PLYMOUTH.GOV.UK)**

The artwork for this document was kindly drawn by the pupils of Discovery Multi-Academy Trust, Plymouth – thank you!

Last updated by the Plymouth Safeguarding Children Partnership in March 2022. This document went out to all agencies within the Partnership for consultation. Thank you to the following agencies for their direct contribution, collaboration and creation of this document:

*City College Plymouth; Devon & Cornwall Police; Children, Young People & Families Service, Plymouth City Council; Early Years, Plymouth City Council; Devon NHS Clinical Commissioning Group; Barnardos; Action for Children; PSCP Workforce Development; Discovery Multi-Academy Trust; Education, Participation & Skills, Plymouth City Council; Livewell South West; Stoke Damerel Community College; PSCP Education Reference Group; Lark Cluster Children's Centres; University Hospitals Plymouth NHS Trust*