



Right for Children, Families and Adults

Right Help Right Time

A Multi-Agency Guidance on the
Continuum of Need





Right Help Right Time

A Multi –Agency Guidance Delivering Effective Support for Children, Young People and their Families

1. Understanding the Continuum of Need

On behalf of the Walsall Safeguarding Partnership, I am pleased to introduce this framework for providing help and support to children and families in Walsall.

The slogan of our newly formed Safeguarding Partnership is “Walsall Right for Children, Families and Adults”. Our slogan reflects the collective responsibility of the agencies that make up the Safeguarding Children Partnership to identify and help children and families who require additional support.

Our shared ambition as a Safeguarding Children Partnership is to provide the right level of help at the right time so children and families can have their needs met outside of statutory safeguarding processes. This document provides the framework for those who work with children, families and adults who are parents/carers to identify and respond to the needs of children.

Working with vulnerable children and their families is uniquely rewarding and success is best achieved by adopting a strengths-based approach that underpins effective relationships with children and their parents/carers. The quality of relationships between professionals is equally important in delivering our collective responsibilities to help and keep safe the children of Walsall. Openness, respect and trust are the behaviours that should characterise our relationships with children, families and each other.

As we embark on our journey as a Safeguarding Children Partnership to provide help at the earliest point of need, we know that you come to work every day to make a difference to the lives of children and families and we hope this document supports you to make a greater difference.

Liz Murphy

**Independent Chair person
Walsall Safeguarding Partnership**

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3. Introduction

Children live in diverse and sometimes complex family systems. Most will have their day to day needs met by their parents or carers and from within their own community. These children will access those services that are aimed to support all children (Universal Services).

For some children and their families however, there are times when they will require additional help and support and a further smaller number of children will require protection from significant harm.

This guidance describes potential indicators of concern for children and their families and can be used to enhance and support collective understanding of risk. This will help inform “professional conversations” between services and practitioners, improving the quality and consistency of assessments. Helping us to have a good understanding of the “lived experience of the child”.

The Children Act 2004 is clear that all professionals working with children and their families should work together to keep children and young people safe.

In 2017, the Children and Social Work Act made it clear that agencies such as Clinical Commissioning Groups, Police and the Local Authority must put arrangements in place to make sure children and young people receive the help they need at the earliest opportunity.

In 2018 the Working Together guidance was revised as a response to those changes above and it stated that agencies should produce a document that outlines the continuum of need, outlining the local criteria for action and safeguarding. This document must be easily understood, transparent and easily accessible.

It should include:

- The process for Early Help assessment and the type and level of services to be provided <https://go.walsall.gov.uk/forms/on-line-tool>
- The criteria and level of need for when a child needs services under:
 - Section 17 of the Children Act 1989 (Child in Need).
<http://www.legislation.gov.uk/ukpga/1989/41/section/17>
 - Section 47 of the Children Act 1989 (Reasonable cause to suspect a child is suffering or likely to suffer significant harm).
<http://www.legislation.gov.uk/ukpga/1989/41/section/47>
 - Section 31 of the Children Act 1989 (Care and Supervision Orders).
<http://www.legislation.gov.uk/ukpga/1989/41/section/31/enacted>
 - Section 20 of the Children Act 1989 (duty to accommodate a child).
<https://www.legislation.gov.uk/ukpga/1989/41/section/20>

4. Our Ambition

The Safeguarding Partnership identifies key multi-agency ambitions in relation to safeguarding children and young people, including to:

- Deliver our shared responsibility for the safeguarding of children, young people and adults at risk in the borough.
- Promote positive working relationships with each other and children, adults and families

In addition, Walsall's Walsall Right for Children vision also sets out a commitment to ensure that all children have the best start in life and are safe from harm, happy and learning well. This is achieved by supporting the right children, at the right time, in the right place for as long as it's needed.

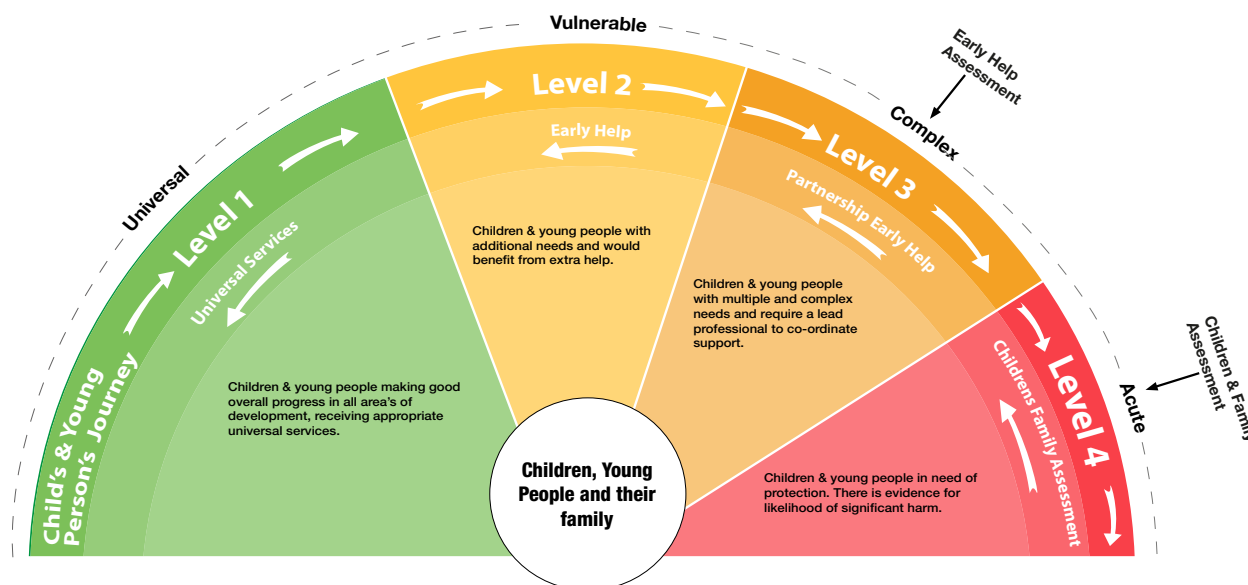
These combined visions will deliver child and family centred working and will focus on support to families through stronger partnerships under Working Together 2018.

5. Principles

It is important to understand the principles behind any decision to refer a child, young person and/or the family for further support. These principles form the basis upon which decisions will be made. Key considerations are:

- Have conversations been held with Children and Young People and have children and their families been listened to as early as possible?
- Is there a clear understanding of the child's "lived experience"? Has the impact the circumstances on a child's daily living been evidenced in what is being seen and heard?
- Has work been undertaken collaboratively to understand and improve children's lived experience?
- Is the approach being taken or taken so far open, honest and transparent with families?
- Is the family being empowered by working with them and including them in the process and thinking?
- Is work being completed in a way that builds on the families' strengths?
- Is the approach of this work building resilience in families to help them overcome the difficulties?

6. Continuum of need



Level 1. Universal: yours, mine, every child

Children and young people making good overall progress in all areas of their development and receiving appropriate universal services such as health and education.

Level 2. Single Agency Early Help

Children, young people and their families are experiencing emerging problems, or have additional needs that require some targeted support. They are likely to require early help for a time limited period, to help them move back to Universal (level 1) and reduce the likelihood of needing level 3 more targeted support.

Level 3. Partnership Early Help

Children, young people and families with identified vulnerabilities who are experiencing multiple and complex needs and are likely to need a more targeted, multi-agency co-ordinated approach. They are likely to require longer term help.

Level 4. Statutory Support – In need of protection, likelihood of significant harm

Children, young people and their families who are experiencing very serious or complex needs that are having a major impact on their expected outcomes or there is serious concern for their safety. These acute needs may require statutory intensive support for children and young people for protection. This may be as children in need - CIN (Section 17 of the Children Act 1989) or as children in need of protection- CP (under section 47 of the Children Act 1989). Children, young people and families receiving intervention for level 4 need are helped, where possible, in reducing the seriousness and complexity of need and are then enabled to access Early Help or Universal services as appropriate.

7. Determining need

(See guide “How to Respond” Appendix 1 and “Determining Need” Appendix 2).

This table identifies what action to take once the potential level of need is identified using the practice guidance in the determining need section of this document. It provides information about when an Early Help Assessment is required, who provides support to the family and how to access support and advice when completing an assessment.

Early Help and Assessing the Need for Early Help (See Appendix 3)

Early help is aimed at delivering a coordinated approach to multi-agency locality working. The priority is to deliver earlier efficient and effective services to families which is focused on children and young people. This is more effective in promoting the welfare and safety of children and young people rather than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life.

The effectiveness of early identification is underpinned by professional responsibility of both the referring and the receiving agency to ensure that services prevent the needs from escalating, to ensure that a child is offered the right service at the right time in order to reach their full potential.

Important points to consider along with the known history of the children, young people and their family:

- What are the worries about this child?
- What's working well?
- What needs to happen next?
- It is important to understand the child's circumstances holistically – child development, as well as the history of the child and their family.
- Parenting capacity and family/environmental circumstances.

The responsibility therefore is on all professionals from across the partnership to identify emerging concerns and potential unmet needs for children and their families.

'Working together 2018' identifies that professionals should be particularly alert to a child who:

- Is disabled and has specific additional needs.
- Has special educational needs.
- Is a young carer.
- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups.
- Is frequently missing from care or home.
- Is at risk of modern slavery, trafficking or exploitation.
- Is in family circumstances presenting challenges for the child such as substance misuse, adult mental health and domestic abuse.
- Is misusing alcohol or drugs themselves.
- Has returned home from care.
- Is a privately fostered child.

The Children Act 1989

The Children Act 1989 provides the statutory guidance for Local Authorities intervention in the life of a child. Where a child's need is relatively low level, individual services and universal services may be able to take swift action.

Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). The legal definition of a Child In Need of statutory services is:

“..a child shall be taken to be in need if –

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

(c) he is disabled,

and “family”, in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.”

Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act. The legal definition is:

Where a local authority—

(a) are informed that a child who lives, or is found, in their area—

(i) is the subject of an emergency protection order; or

(ii) is in police protection;

(b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm,

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare

Working Together 2018 gives guidance for consent as follows:

Consent should be sought from the child, young person and their parents or carers where it is safe to do so.

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

To share information effectively, all practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'.

Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent:

- If it is not possible to gain consent.
- It cannot be reasonably expected that a practitioner gains consent, or.
- If to gain consent would place a child at risk.

In cases where consent is not given, practitioners should consider how the needs of the child might be met. If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any practitioner.

Voice of the Child

There is a requirement for all practitioners to evidence that they have taken note of and recorded the wishes and feelings of the child wherever possible. This should be evident throughout any assessment and inform planning and type of support being provided.

8. What to do next

Remember....

- Offer help and support early on.
- Keep offering help and support.
- Use your Designated Safeguarding lead for advice, support and guidance.
- Contact MASH if the child is a child in need or at risk of significant harm.

There is an escalation procedure available which should be followed in the event of differing professional opinions or professional disagreement as to how best to respond to the needs of the child.

This can be found at:

<https://westmidlands.procedures.org.uk/local-content/4gjN/escalation-policy-resolution-of-professional-disagreements>

How to respond

Appendix 1

Level of need identified	Early Help Assessment required?	Referral/action/support
Level 1: Universal	No assessment required, universal services in place	Child, young person, carer or family accesses relevant universal services for advice/support such as GP, school, dentist, children's centre and voluntary sector.
Level 2: Early Help	If a single, clear issue or area of need is identified an Early Help Assessment (EHA) may not be necessary. If a number of concerns or needs at Level 2 are identified, an EHA must be undertaken.	<p>Offer support yourself, work with a professional partner or direct the family to relevant universal or early help support service for additional support.</p> <p>Completion of an Outcome Star maybe appropriate or at times the Early Help Assessment (EHA) maybe appropriate. Consultation and advice on the completion of the EHA can be accessed through the Early Help team. (Contact details in main document).</p> <p>Completion of the Early Help Partnership tool will help consideration whether or not more intensive support is required.</p>
Level 3: Partnership Early Help	<p>The Early Help Partnership tool should be completed when considering whether or not a more intensive, partnership Early Help intervention is required.</p> <p>If an Early Help Assessment has already been completed, or an Outcome Star the information should be sent to the services already involved, to update the EHA plan.</p>	<p>Completion of the Early Help Partnership tool will be requested and sent through to the Early Help Hub (EHpathway@walsall.gov.uk).</p> <p>Continue the help and support that you are providing, additional targeted work will be agreed along with roles & responsibilities of all following completion of an Early Help Assessment.</p> <p>Immediate referral can be made to Social Care Direct through the MASH if, having completed an EHA or new information obtained suggests the child is at risk of significant harm as per this guidance. Completion of a Multi-Agency Referral Form (MARF) will be requested</p>
Level 4: Specialist Statutory Services	Likely that an EHA has been completed but if not the EHA process should not be used at this point and referral should not be delayed.	Completion of a Multi-Agency Referral Form (MARF) will be requested. A telephone conversation about what is being seen or heard that raises the concerns to this level should be held with the MASH, identifying what has already been tried, what has worked and what else may be needed.

Practitioners guide to Determining Need

Appendix 2

A Practitioners Guide

Features	Level 1 Universal Needs Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
<p>Level I 'Universal': children, young people, carers and families with no additional needs who may from time to time require support that can be met within Universal Services.</p>	<p>Development Needs</p>	<ul style="list-style-type: none"> • Health visiting service
	<p>Learning/education</p> <ul style="list-style-type: none"> • General development is age appropriate • Achieving education key stages • Good attendance at school/college/training • No barriers to learning • Planned progression beyond statutory school age 	<ul style="list-style-type: none"> • Midwifery • School Nursing • Early Help teams
	<p>Health</p>	<ul style="list-style-type: none"> • Adolescent support services
	<p>Good physical health with age appropriate development, and language</p>	<ul style="list-style-type: none"> • Police
	<p>Social, emotional, behaviour, identity</p> <ul style="list-style-type: none"> • Good mental health and psychological wellbeing • Good quality early attachments, confident in social situations • Knowledgeable about the effects of crime and antisocial behaviour • Knowledgeable about sex and relationships and consistent use of contraception if sexually active 	<ul style="list-style-type: none"> • Housing • Voluntary and Community Sector
	<p>Family and social relationships</p> <ul style="list-style-type: none"> • Stable families where parents are able to meet the child's needs 	<ul style="list-style-type: none"> • Early years childcare settings
	<p>Self-care and independence</p> <ul style="list-style-type: none"> • Age appropriate independent 	<ul style="list-style-type: none"> • Schools (including SEN support)
	<p>Family and environmental factors</p>	<ul style="list-style-type: none"> • Online counselling services
	<p>Family history and wellbeing</p> <ul style="list-style-type: none"> • Supportive family relationships 	<ul style="list-style-type: none"> • Parenting groups
	<p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Child fully supported financially • Good quality stable housing/amenities 	<ul style="list-style-type: none"> • Adult mental health universal services
	<p>Social and community resources</p> <ul style="list-style-type: none"> • Good social and friendship networks exist • Safe and secure environment • Access to consistent and positive activities 	<ul style="list-style-type: none"> • SALT and drop in • Sexual health services
	<p>Parents and carers</p>	<ul style="list-style-type: none"> • Dentist
	<p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Parents able to provide care for child's needs appropriately 	<ul style="list-style-type: none"> • Ophthalmic services
	<p>Emotional warmth & stability</p> <ul style="list-style-type: none"> • Parents provide secure and caring parenting - praise and encouragement 	<ul style="list-style-type: none"> • Nurseries
<p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Parents provide appropriate guidance and boundaries to help child develop appropriate values 		

Features	Level 2 Early Help Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
<p>Level 2 - a family's needs can be met by a universal service offering extra support within its own remit or by signposting or working together with another service where applicable. They are likely to require early help / intervention for a time limited period, to help them move back to Universal (Level 1) and reduce the likelihood of being moved to level 3 and level 4.</p>	<p>Development Needs</p> <p>Learning/education</p> <ul style="list-style-type: none"> • Limited access to books, toys or educational materials • Occasional truanting or non-attendance and poor punctuality Poor stimulation • Some fixed term exclusions • Identified language and communication difficulties • Few or no qualifications NEET • SEN support at school level <p>Health</p> <ul style="list-style-type: none"> • Slow in reaching development milestones • Overdue immunisations or checks • Minor health problems • Dental problems and untreated decay - poor dental hygiene • Experiment with tobacco, alcohol and illegal drugs • Parent has undergone FGM procedure, but risk assessment undertaken by health professionals identifies there isn't a perceived risk of the child being subject to the procedure • Overweight/Underweight <p>Social, emotional, behaviour, identity</p> <ul style="list-style-type: none"> • Difficulty making and sustaining relationships with peers and • Early onset of sexual activity or at risk of early pregnancy • Lack of confidence/low self-esteem which affects behaviour • Social isolation development • Lack of positive role models • Child subject to persistent discrimination • Exhibits antisocial/anti-authoritarian behaviour • Emerging concerns in relation to attachment • Low level mental health or emotional issues • Low level concern about child being radicalised or exposed to intervention extremism • Children involved in bullying or low level cyber bullying • Resistance to boundaries and adult guidance • Lack of empathy • Exhibits aggressive challenging behaviour <p>Self-care and independence</p> <ul style="list-style-type: none"> • Lack of age appropriate self-care skills and independent living skills that increase vulnerability to social exclusion 	<ul style="list-style-type: none"> • Health visiting service • Midwifery • School Nursing • Early Help teams • Adolescent support services • Police • Housing • Voluntary and Community Sector • Early years childcare settings • Schools (including SEN support) • Online counselling services • Parenting groups • Adult mental health universal services • SALT and drop in • Sexual health services • Dentist Ophthalmic services • Nurseries

Features	Level 2 Early Help Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
	<p>Family and environmental factors</p> <p>Family and social relationships and wellbeing</p> <ul style="list-style-type: none"> • Parents/carers have relationship difficulties which affect the child • Low level inter-sibling violence and aggression • Child has some young carer responsibilities • Unresolved issues arising from parents separation • Family is socially isolated <p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Overcrowding in poor housing conditions • Families financial resources impact negatively on child's basic physical needs • Housing arrangements are temporary or unstable and child's needs not being met • Unstable or unknown immigration status • Serious debt or rent arrears <p>Social and community resources</p> <ul style="list-style-type: none"> • Families are victim of hate crime • Associating with anti-social or criminally active peers • Poor access to leisure and recreational amenities and activities • Risk of gang involvement or vulnerability to gang activity/exploitation <p>Parents and carers</p> <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Inappropriate child care arrangements • Some exposure to dangerous situations in the home or community • Low level concerns about parental alcohol or substance use • Young or inexperienced parents • Parental lack of insight into effects of child's exposure to parental conflict <p>Emotional warmth & stability</p> <ul style="list-style-type: none"> • Inconsistent parenting, but development not significantly impaired • Inconsistent responses to child/young person • Failure to pick up on the child's emotional cues <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Lack of routine and inconsistent boundaries • Poor supervision within the home • Low level physical chastisement that does not cause physical injury Inappropriate parental chastisement e.g. puts child in stress positions • Threatening and menacing behaviour towards the child 	

Features	Level 3 Partnership Early Help Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
<p>Level 3 - Young people, carers and families with identified vulnerabilities who are experiencing multiple and significant complex needs and are likely to require a multi-agency co-ordinated approach. They are likely to require longer term intervention to help them move to Level 2 or Level 1 services.</p>	<p>Development Needs</p> <p>Learning/education</p> <ul style="list-style-type: none"> • Short term exclusions or at risk of permanent exclusion, persistent absence from school • SEN school support or EHCP truanting • No access to books, toys or educational materials • Children who are electively home educated where there are concerns that their educational needs are not being consistently met • Inadequate stimulation leading to developmental problems • Parent does not engage with school and actively resists support <p>Health</p> <ul style="list-style-type: none"> • Child has some chronic/recurring health problems or a disability where treatment is not being sought or adhered to • Mental health issues emerging e.g. conduct disorder, ADHD, badly managed anxiety, depression, eating disorder, self-harming • Developmental milestones not being met due to parental care • Failure to engage in antenatal services • Persistent substance misuse • History of Female genital Mutilation (FGM)in family • Lack of food • Parent has undergone FGM procedure but risk of child being subject to procedure is unknown and needs to be further assessed unsafe sexual activity • Self-harming behaviours • Growing professional concern about fabricated and induced illness but there is no current evidence of significant harm • Mental ill-health concerns not being addressed or acknowledged <p>Social, emotional, behaviour, identity</p> <ul style="list-style-type: none"> • Evidence of regular/frequent drug use which may be combined with other risk factors • Child under 18 is pregnant • Evidence of gang affiliation and gang related activities • Low or medium level indicators of CSE • Concern about child being radicalised or exposed to extremism • Child or young person engaging in risk taking behaviours • Child or Young person is starting to commit offences and re-offend • Mental health/physical needs impact adversely on the care of the child • Prosecution of offences resulting in court orders • Child is engaging in cyber activity that potentially places others or themselves at risk of harm • Significant low self esteem • Clear concerns about parent and child attachment 	<p>Where practitioners identify that a child and their family would benefit from a more intensive response than they can provide, they should discuss this with the family and complete an Early Help Partnership tool/ assessment to help to identify the child's, young persons and/or family's needs and develop a plan to address these. Guidance and support can be accessed through the Early Help Hub or Locality teams.</p> <p>A more intensive level of family support may be needed from Early Help.</p> <p>These indicators are meant as a guide but clearly rely on professional analysis and interpretation.</p> <p>If you are in doubt about whether the child's circumstances are at level 3 or 4 you can ask for advice and support from the Early Help team.</p>

Features	Level 3 Partnership Early Help Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
	<p>Self-care and independence</p> <ul style="list-style-type: none"> • Lack of age appropriate behaviour and independent living skills, likely to impair development or compromise safety <p>Family and environmental factors</p> <p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> • Parental illness or disability leading to inability to provide basic care • History of ongoing domestic violence • Risk of relationship breakdown leading to child possibly becoming looked after • Concerns about inter-sibling violence and aggression which does not result in significant emotional or physical harm • Child is a young carer and this is adversely impacting on their development and welfare • Destructive or unhelpful involvement from extended family <p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Severe overcrowding, temporary accommodation, homeless • Intentionally homeless • unemployment <p>Social and community resources</p> <ul style="list-style-type: none"> • Family require support services as a result of social exclusion • No recourse to public funds • Parents socially excluded, no access to local facilities • Families financial resources seriously compromise child's basic physical needs being met/their general wellbeing <p>Parents and carers</p> <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Child is left at home alone but this does not seriously place them at significant risk • Inappropriate child care arrangements which are consistently prejudicing the child's safety and welfare • Health and safety hazards in the home • Escalating concerns that parental alcohol or substance use is adversely impacting on the child • Parent fails to prevent child's exposure to potentially unsafe situations through cyber activity <p>Emotional warmth & stability</p> <ul style="list-style-type: none"> • Inconsistent parenting impacting emotional or behavioural development • Parent is unresponsive or fails to recognise child's emotional needs • Parent ignores child or is consistently inappropriate in responding to child <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Parent provides inconsistent boundaries or responses 	

Features	Level 4 – Serious / Complex Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
Level 4 Serious complex needs; Children, young people and families who are experiencing very serious, prolonged or complex needs that are having a major impact on their expected outcomes or there is serious concern for their safety. These acute needs may require statutory intensive support for children and young people to be protected.	<p>Development Needs</p> <p>Learning/education</p> <ul style="list-style-type: none"> • Chronic non-attendance, children persistently missing from education, truanting, permanent exclusions, consistently poor educational attainment/progress, which are attributable to the parenting that the child is receiving and the parent has consistently failed to cooperate with services at the early help level to address this • Children where there are significant concerns that the child’s educational needs are not being met • Inadequate stimulation leading to significant developmental delay <p>Health</p> <ul style="list-style-type: none"> • Serious physical and emotional health concerns that are consistently not addressed by the parent e.g. failure to thrive, seriously obese/underweight, serious dental decay, persistent and high risk substance misuse, acute mental health problems including self-harming behaviour, risk of suicide, specific physical or medical conditions which require specialist interventions • Concern about serious unexplained injury • Persistent presentation to professional with injuries: raising concerns about child safety/ parental behaviour Child is at serious risk of FGM • There is evidence of FGM from a lead clinician • Refusing medical treatment endangering life • Poor nutrition / hygiene • Repeat/patterns of injuries, infestations/infections <p>Social, emotional, behaviour, identity</p> <ul style="list-style-type: none"> • Serious persistent offending behaviour attributable to neglectful absent parenting Allegations of child on child sexual harmful behaviour • Serious concerns that the child is being sexually and criminally exploited • Child under 16 is pregnant • Safety and welfare seriously compromised by gang involvement and parents failure to manage these significant risks • Complex mental health issues requiring specialist interventions which are consistently not being adequately managed by the parent • Frequently go missing from home for long periods which seriously compromises the child’s safety and wellbeing • Child emotional health and physical safety is compromised by exposure to radicalisation and extremist ideology • Child is engaging in cyber activity that places them at risk of harm from others and is not managed by the parent • Child goes missing and child’s age/level of vulnerability means that welfare and safety is seriously compromised <p>Self-care and independence</p> <ul style="list-style-type: none"> • Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm 	<p>Immediate safeguarding concerns/child protection</p> <p>If a child is at risk of physical, emotional, sexual abuse, or neglect, refer to MASH.</p> <p>Where an immediate response is required because of the child’s physical / medical health dial 999 for an ambulance.</p> <p>Where a child’s safety is at immediate risk contact the police by dialling 999</p> <p>After any immediate protective action has been taken you need to speak in person to MASH. If this incident occurs out of hours contact EDT service.</p> <p>You will be required to complete the Multi-Agency Referral Form.</p>

Features	Level 4 – Serious / Complex Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
<p>Children, young people and families receiving intervention for level 4 need are helped, where possible, in reducing the seriousness and complexity of need and are then enabled to access early Help or Universal services appropriately.</p>	<p>Family and environmental factors</p> <p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Clear evidence that a family is destitute/ No recourse to Public Funds <p>Social and community resources</p> <ul style="list-style-type: none"> • High levels of domestic violence that put the child at serious risk • Imminent risk of parental/carer and child relationship breakdown leading to child possibly becoming looked after. • Child is young carer and this is significantly impacting on their development and welfare • There are indicators that a child/young person is at risk of honour based violence or forced marriage • Parental illness or disability resulting in inability to provide basic care leading to serious neglect of the child's needs • Concerns about inter-sibling violence and aggression which does result in significant emotional or physical harm and is not managed by the parent Child is subjected to physical, emotional, sexual abuse or neglect • Persistent but unsubstantiated concerns about physical, emotional or sexual abuse. • Child is privately fostered • There is nobody with parental responsibility to ensure the child's wellbeing and stability of care • Unaccompanied minors • Trafficked children <p>Parents and carers</p> <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Parents mental health or substance misuse seriously compromises the health, welfare and safety of the child • Parent has a history of being unable to care for previous children • Parent has a severe physical or learning difficulty that seriously compromises their ability to meet their child's basic needs • Parental disclosure of serious harm to the child • Parent is unable to assess and manage serious risk to the child from others within their family and social network <p>Emotional warmth & stability</p> <ul style="list-style-type: none"> • Inconsistent parenting significantly impairing emotional or behavioural development <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Consistent lack of effective boundaries set by the parent leading to risk of serious harm to the child 	<p>Immediate safeguarding concerns/ child protection</p> <p>If a child is at risk of physical, emotional, sexual abuse, or neglect, refer to MASH.</p> <p>Where an immediate response is required because of the child's physical / medical health dial 999 for an ambulance.</p> <p>Where a child's safety is at immediate risk contact the police by dialling 999</p>

What is Early Help

Appendix 3

Delivering effective support for children and families in Walsall

Working Together 2018

“Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action” (Working Together 2018, paragraph 16, pg. 11). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

What is Early Help?

Early Help is ‘all of our responsibility’ and the Early Help Walsall Partnership acknowledges that to have a chance of helping children, young people and their families, getting the ‘Right Help at the Right Time’ is critical, if we can identify problems at the earliest opportunity and work together and support each other we can and will make a difference and stop problems escalating.

Early Help includes all services that are available to children, young people and their families as well as services for more vulnerable families who need a greater level of support. In Walsall our aim is to ensure that those who need Early Help services will receive them in a timely and responsive way, making sure that education, social and emotional needs are met.

Guiding Principles

Our principles are clear and we will make sure that we:

- Talk to and listen to children, young people and their families as early as possible, understand the child’s lived experience.
- Work collaboratively to understand and improve children’s lived experience.
- Are open, honest and transparent with families in our approach.
- Empower families by working with them.
- Work in a way that builds on the families’ strengths.
- Build resilience in families to overcome difficulties.

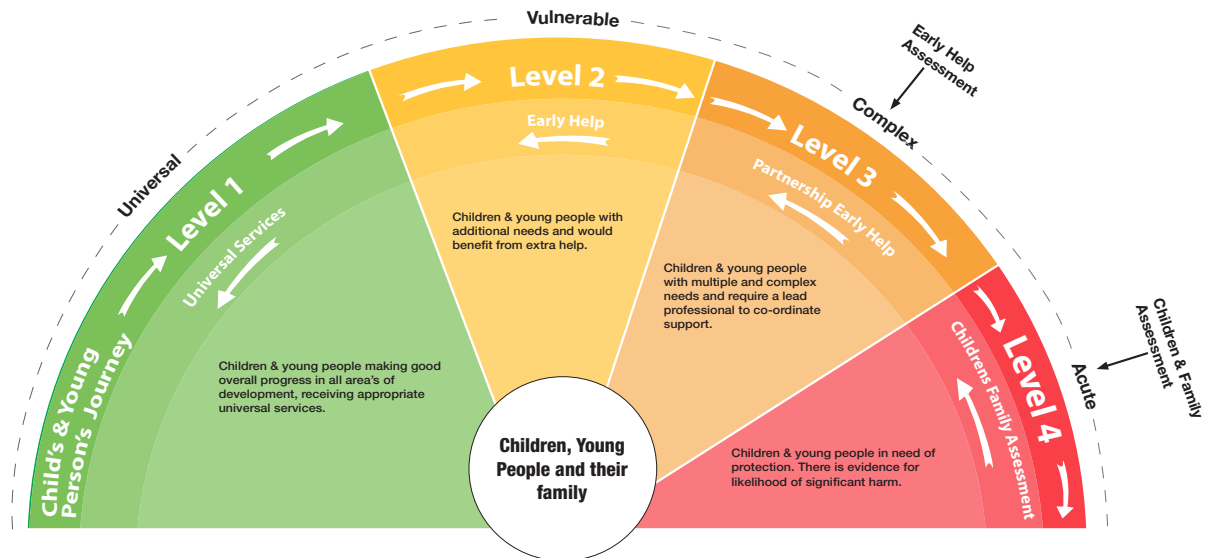
How does it feel for them - If this was a member of your family what would you want and how would you want to be approached and talked with?

What is the Partnership Early Help Offer?

The partnership is strong and focused to ensure that children and young people are:

- Safe and feel safe.
- Healthy.
- Happy.
- Achieving well within education.
- Listened to.

The Continuum of Need



Level 1 Universal: Yours, mine, every child...

Universal Services: These are standard services available to every child such as maternity services; health visitors; GP's; school and college; housing and youth services, these are all provided as a right to all children.

Most children have contact with these services and have their needs fully met via these services, their family, the voluntary sector and their wider informal support networks.

Most children and young people will fall into this category, living in secure, loving and protective environments where their needs are met.

Level 2 Single Agency Early Help

This is where additional needs are identified and requires a Lead Professional to co-ordinate support, can and often will remain at with a single agency however the child, young person or their family needs a bit more help. As a practitioner you can help with this support and do this every day.

The needs may relate to health, educational or social development and may be time limited, such as:

- Help with school uniforms.
- Supporting children and young people attend school.
- Breakfast club.
- Activities after school.
- Help parents with benefits.
- Help parents to get the help they need.
- Help in completing forms.
- Referring to other services that can also help.

If these needs that have been identified and not addressed now they may develop into more serious concerns, which will be more difficult to overcome.

Level 3 Partnership Early Help

This is where a child, young person or their family has multiple and complex needs that have been identified through the completion of a Early Help Partnership tool.

The tool evidences the complex needs and additional support required to that at level 2 by a Partnership Early Help Team to co-ordinate support as well as providing an agreed short term intervention.

Needs will generally be identified by nursery, school, health, police etc. who feel that together extra help is required.

A planned package of multi-agency support may be required and this will be coordinated by a 'lead professional'.

Most children and young people will only need to be supported for a short period of time until they and their family are strong and resilient enough to only require additional single agency support or universal services.

Level 4 Significant Need, Statutory Intervention

When a child and their family have needs that are so significant they need immediate statutory social work intervention, or highly specialist services to prevent significant harm or serious risks to their health or welfare.

A small minority of highly vulnerable children will need specialist interventions to protect them from serious abuse or neglect.

"Significant harm" ~ the legal level at which compulsory intervention in family life is in the best interests of children.

It gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child.

Consent is still required unless doing so significantly increases the risk to the child.

How do I make a referral to Level 3 Partnership Early Help?

You should only make a referral if, having completed the Early Help Partnership Tool and having established that the needs of the child, young person or their family cannot be met by your own agency or by other professionals already known to them such as a school or health visitor.

Early Help Partnership Tool

At times you may need to step up the level of early help support, if you have been working with a child, young person and their family and feel collectively that there would be a benefit from a 'Partnership Early Help' intervention (level 3 within our windscreen) please complete the following Early Help Pathway Tool to record your assessment of needs and how you feel the intensive support would be beneficial.

Please make sure that you have obtained and have recorded the agreement of the family to complete this assessment tool and before you share any of the information gathered with other agencies.

If at any point whilst completing this you feel the child or young person is at risk of significant or immediate harm, please make a referral to the Multi Agency Safeguarding Hub (MASH).

Where do I send the completed assessment ?

Once you have completed the assessment and feel that the referral needs to be made please email it to the Early Help Hub: **EHpathway@walsall.gov.uk**

Online tool available: **<https://go.walsall.gov.uk/forms/on-line-tool>**

What happens after we have received the completed assessment and referral?

The Early Help Hub team will carry out a fact finding and information gathering process, including speaking to a range of others including the referrer, the children, young people and their family and will check relevant information held, if applicable, on Children's Social Care system.

A decision will then be made about who is the best placed to provide on-going support, or what additional targeted intervention can be offered along side the support that you as a professional are already helping with.

The support that you are offering should not stop, most children and young people will only need to be supported for a short period of time from the partnership early help level, until they and their family are strong and resilient enough to only require additional single agency support or universal services.

Getting extra help and advice

The Early Help Hub are always available if you are uncertain about the needs of the child or young person or whether you should, following completion of the Pathway Tool, the Advice & Guidance Help Line is open between 2pm and 4pm Monday to Friday on 0300 5552866 option 1 or you could email them at: **EHpathway@walsall.gov.uk**

The Hub will endeavour to reply to your email within 48 hours.

Sample of the Early Help Partnership Tool

(A tool to support you to understand and identify the help and support a child, young person and/or their family needs)

1. Date Completed

2. Referrers Details

Name	
Organisation	
Email Address	
Role	
Contact No.	

3. Agreement to referral being made (please note a referral cannot nor should not be made without the knowledge of the child, young person and family)

Name of person giving consent	
Contact details	
Relationship to child/ren or young person	

4. Child, Young Persons Details

First Name	
Last Name	
D.O.B	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Non Binary <input type="checkbox"/>
Ethnicity	

Education Details:	Alternative Provision	<input type="checkbox"/>
	Early Years Setting	<input type="checkbox"/>
	Employed	<input type="checkbox"/>
	Further Education	<input type="checkbox"/>
	Higher Education	<input type="checkbox"/>
	Home Educated	<input type="checkbox"/>
	NEET	<input type="checkbox"/>
	Permanent Exclusion	<input type="checkbox"/>
	Primary School	<input type="checkbox"/>
	Secondary School	<input type="checkbox"/>
	Temp Exclusion	<input type="checkbox"/>
Name of Education Provision (if applicable)		
First Language		

Child, Young Person's Main Address

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Parents/Carers and other family member details (those living with the child/young person)

First Name						
Last Name						
D.O.B						
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Non Binary	<input type="checkbox"/>
Address if different from C/YP main address						
Relationship to Child/YP						
First Language						
Education or Employment Details						
Ethnicity						

Families Contact Details

Name	Telephone No/email address

Does anyone within the family home have any communication needs, if yes please detail who/what (please detail)

Does anyone within the family have any disabilities or special needs? (Please detail)

Significant family members and /or friends who do not live in the family household

First Name	
Last Name	
D.O.B	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Non Binary <input type="checkbox"/>
Address if different from C/YP main address	
Relationship to Child/YP	
First Language	
Education or Employment Details	
Ethnicity	

5. Reason for referral

What has happened	
When did it happen	
What has the impact been on the Child/ Young person/Family	

What support are you currently providing to the to the child/young person/family (please provided a summary of support over the past 12 months)

Date support commenced	Support Provided	Impact

6. What support have other practitioners provided, (please provided a summary of support over the past 12 months)

Agency & Name of Practitioner	Contact Details	Date support commenced	Support Provided	Family Member working with	Consent obtained to contact practitioner

7. Initial Thoughts

Please provide the following information, including the views of parents/carers:

Parents/carers capacity (include emotional warmth, stability, basic care, safety and protection)

What's working well	What's not working so well

Family & environmental factors (include housing, employment, financial, family well-being, family & social relationships, social integration, community resources)

What's working well	What's not working so well

Child's/Young Persons development (include education, learning, health, behavioural, social and emotional, self-care and independent skills)

What's working well	What's not working so well

What **do you** as a practitioner want to be different for this child, young person and/or their family?

And what do you think will make a difference to them to make things better within the next 6 months, how will we collectively achieve this, what help do you as a practitioner need?

What **have the children, young people and their family** said would make a difference and how do they see with this help life will have improved in the next 6 months?

Please write in their words

Parents/Carers

Children/Young Person

Please don't stop your support

The support that you are offering **should not** stop, most children and young people and families will only need to be supported for a short period of time from the 'Partnership Early Help Level 3', until they and their family are strong and resilient enough to only require additional single agency support or universal services.

Please note that the Early Help Hub may determine, through further investigation / fact finding, that the child, young person or family's needs would be best met by one of the agencies that may already be working with them or that a partner agency may be better suited to meet the identified needs, the Hub will make contact with the relevant agency and feedback to you as the referrer.



Right for Children, Families and Adults