



Right Help, Right Time

Delivering effective support for children and families in Birmingham

Guidance for Practitioners

Version 3 – January 2018



Introduction

What brought **You** into the work you do?

I hope **You** wanted to make a difference... and **You** do. We very much value your experience whether **You** work in one of the caring professions, are a teacher, health professional, police officer, probation practitioner, social worker, housing officer, DWP support worker, volunteer, voluntary sector worker or another role that brings you into contact with children and families, **You** are helping to make Birmingham a great place to grow up in.

We all have a responsibility to help more children and their families in challenging times and we have to work together to deliver help in a different and more efficient way to ensure that we are able to continue to improve the lives of the vulnerable and at risk in our society.

Our collective mission is to deliver the right help at the right time by coordinating our efforts, sharing information and putting the child and his/her experience at the centre of everything we do. **You** are part of a network of grown-ups in children's lives who need to work well together, to value each other's skills and experience, our commonality, difference or diversity. Shared values and trust are essential to enable us to learn and improve together and have a greater combined positive impact. What do **You** do, or could **You** do differently to help us achieve this mission?

'Right Help, Right Time' (RHRT) is essential guidance for everyone who works with children, young people and their families in Birmingham. It advises what support is available whatever their needs and is our collective framework and practice guide on how all individuals, agencies, partners and practitioners work together in Birmingham.



Penny Thompson CBE
Independent Chair

Birmingham Safeguarding Children Board

Our ambition

Our ambition is that all children and families in every part of the city achieve their full potential and are supported by a confident workforce with a common core of knowledge and understanding about children's needs and a consistent approach to practice.

Achieving our ambition will mean Birmingham is a great place for all children to grow up in and will lead to the following outcomes:

- Healthy, happy and resilient children living in families
- Families (especially parents, but also young people) take responsibility for their wellbeing
- Children and young people able to attend, learn and maximise their potential at school
- Young people ready for and able to contribute to adult life
- Children and young people protected from significant harm



Guiding principles:

Our principles are the way we expect each other to work with children and families:

We will:

- have conversations and listen to children and their families as early as possible
- understand the child's lived experience
- work collaboratively to improve children's life experiences
- be 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

RHRT sets out how we should all work together, putting the child and the family at the centre, building on strengths and providing effective support to help them.



RHRT sets out a clear framework to guide discussions with the child and family and to support professional conversations between services to improve the quality and consistency of approach. There will always be circumstances that are not covered in this guide or particular issues that will rely on the professional judgement of frontline workers and of their managers.

RHRT sets out four layers of children's needs: **Universal**, **Universal Plus**, **Additional** and **Complex/Significant**.

Universal - a range of services such as maternity services, health visitors, school nursing, GP practices, early years, school and education settings, housing and youth services are provided as a right to all children including those with universal plus, additional and complex needs.

These services are also well placed to recognise and respond when extra support may be necessary. This may be because of the child's changing developmental, health and wellbeing needs or because of parental or family circumstances.

Children with **Universal Plus** needs are best supported by those who already work with them such as health professionals, children's centres, school settings, organising additional support with local partners as needed. This can be through an Early Help Assessment and a Family Plan.

For children with **Additional needs** a co-ordinated multi-disciplinary approach is usually best led by a professional already known to the family. The lead professional will engage the family and other professionals to co-ordinate support through one plan. Where the support needed is more than a lead professional can organise effectively, the Family Support / Think Family services can work with the family in a more intensive way. Family Support / Think Family can be accessed via Children's Advice & Support Service (CASS) using the Request For Support Form.

Complex/Significant needs are those where statutory and/or specialist intervention is required to keep children safe or to ensure their continued development. Examples of specialist services are Children's Social Work assessment (Section 17) or a Child Protection Enquiry (Section 47) accessed via CASS, Child and Adolescent Mental Health Services (accessed via Forward Thinking Birmingham) and the Youth Offending Service.

Universal Needs:

All children have a right to a range of services
– professionals will assess families to make
sure that their general needs are met.

Universal Plus:

is when a child and their family have needs that require support and interventions above and beyond normal universal services.

Additional Needs:

is when a child and their family have needs that may require an intensive or substantial package of support, but the concerns can be managed without the need for statutory social work intervention.



Complex / Significant Needs:

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

Determining need – questions I need to consider

- What are the strengths of the family and what is working well?
- What are my worries?
- What are the future dangers for the child?
- What did the child say or communicate about these worries?
- What did the family say about these worries?
- Has their response helped my decision making?
- What is the picture of the family as a whole?
- What are the needs of any siblings and parents?
- What advice and support have I offered the child and their family?
- What are the complicating factors making the problem more difficult to deal with?
- What is the advice from my line manager or safeguarding advisor?
- What is the view of other professionals involved with the child/family?
- What help does the family need?
- Does the family consent to sharing information?
- Does the family agree to an offer of help and support?
- What action will I take if consent is not given and what will the impact be for the child if action is not taken?

The purpose of these questions is to have a better understanding of the child and family's lived experiences. Be curious; put yourself in the child's place. Recognise that views and interests may differ. Treat all family members with respect and show empathy.



Consent and Information Sharing:

Practitioners who believe a child or family requires help have a responsibility to discuss this with the family and where possible agree a way forward with them. This will ensure that parents are aware of worries and of what information will be shared. Children and families have a right to confidentiality, and we should always seek their consent and cooperation where we want to share information about them with others.

However, if you consider a child is likely to or is suffering from significant harm, consent is not needed to share information or make a referral to Children’s Social Care via CASS. You have a duty to share in these circumstances.

In some situations it will not be clear that a child is at risk of significant harm, but it is apparent that their safety may be at risk. In these circumstances sharing information without consent may still be appropriate, please refer to the consent and information chart. If this is the case it is still good practice to discuss your worries with the family, unless you consider this would put anyone at greater risk of harm.

By adhering to the following three key principles, practitioners can ensure they fulfil their professional safeguarding responsibilities, relevant legal requirements, and their obligation to show respect and consideration for children and families in need.

Key principles:

1. We are committed to gaining the **informed consent of children and/or parents** when we wish to share **confidential/personal information**.
2. We will respect the wishes of those who do not give consent, except where **safety may be at risk** or when it is **inappropriate to seek their agreement**.
3. In each case we will record the: necessity; proportionality; relevance; adequacy; accuracy; timeliness; and security of the information shared. We will take reasonable steps to obtain consent, and if it is not given, we will record why we believe **safety may be at risk**, or why it was **inappropriate to seek their agreement**.

Right Help, Right Time	What information am I seeking?	What information can I share?	Further action / what could this lead to?
Additional Needs ‘safety may be at risk’	Is the child known to my network of local partner agencies? Do they hold information relevant to the child’s safety and wellbeing?	Child’s name, DOB and address & the context of the current safety issue.	Conversation with family to share concerns and/or gain consent; or continue with early help; or seek advice and support from CASS.
	Is there information that assists in understanding the wider picture and in assessing the child’s safety and wellbeing? Should I seek advice and support from CASS?		Conversations with family to share concerns and/or gain consent; or CASS records ‘Contact’; or with consent requests Family Support; or considers information sharing; or continue with early help.
Complex / Significant Needs ‘serious risks to their health or welfare’	Seek advice and support from CASS. Does CASS hold information which assists in assessing serious risks to the child’s health and welfare?	Child’s name, DOB and address, the context of the current welfare concerns and any other relevant information.	Conversation with family to share concerns; multi-agency information sharing and/or Child in Need Assessment.
Complex Significant Needs ‘risk of significant harm’	Seek advice and support from CASS. Is there information which assists in assessing safety and the risk of harm?	Child’s name, DOB and address, the context of the current safety issue and any other relevant information.	Multi-Agency Child Protection Strategy discussion

Universal Needs

Development needs of Child/Young Person

Education & Learning Needs

- Enjoys and participates in learning activities
- Access to books, toys and age appropriate learning
- Good links between home and school
- Has experiences of success and achievement
- Planning for career and adult life

Health Needs

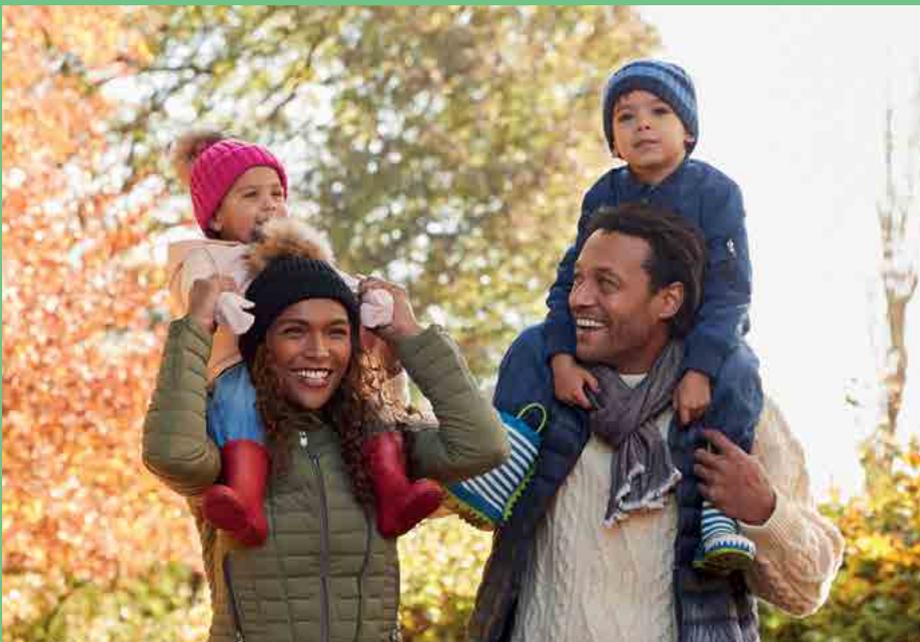
- Health needs being met
- No worries regarding diet and nutrition
- Good enough hygiene
- Developmental and health checks / immunisations up to date
- Developmental milestones appropriate
- Safe and age appropriate sexual activity

Emotional Health & Behaviour Needs

- Good quality early attachments
- Able to adapt to change
- Able to understand others' feelings
- Takes responsibility for behaviour
- Responds appropriately to boundaries and constructive guidance
- Can differentiate between safe and unsafe contacts
- Age appropriate clothing and appearance
- Age appropriate self-care skills shown
- Demonstrates resilience
- Good emotional wellbeing

Family & Parenting Needs

- Shows warm regard, praise and encouragement
- Ensures stable relationships
- Ensures the child can develop a sense of right and wrong
- Good relationships within family, including when parents are separated
- Support provided by wider family
- Stable and affectionate relationships with family
- Is able to make and maintain friendships
- Provides for child's physical needs, e.g. food, drink, appropriate clothing, hygiene, medical and dental care
- Accommodation has basic amenities and appropriate facilities and can meet family needs
- Budget adequate to meet needs
- Protected from danger or significant harm
- The family feels part of the community and are able to access local services and amenities
- Regular employment



Universal Plus Needs

Development needs of Child/Young Person

Education & Learning Needs

- Has some identified learning needs or disability or receives Special Educational Needs (SEN) Support in nursery/school, and the barriers to the child/young person engaging fully in the education setting require a family approach
- Language and communication difficulties
- Patterns of regular school absences
- Low motivation to engage in learning
- Not reaching educational development potential
- Physical disability needs requiring targeted support
- Some fixed term exclusions
- Not in education, employment or training post 16

Health Needs

- Emerging worries regarding diet/hygiene/clothing
- Defaulting on immunisations/development checks/health/dental appointments
- Slow in reaching developmental milestones
- Emerging worries regarding substance misuse

Emotional Health & Behaviour Needs

- Some difficulties with family or peer group relationships
- Some insecurities around identity expressed
- Finds managing change difficult
- Can behave in an anti-social way e.g. minor offending
- Can be over friendly or withdrawn or not aware of risk
- Change in communication leading to a more guarded/secretive self
- May be engaged in bullying behaviour
- Victim of crime or bullying
- Not always adequate self-care e.g. poor hygiene
- Slow to develop age appropriate self-care skills
- Age inappropriate clothing and appearance
- Disability limits amount of self-care possible
- Experienced loss of significant adult or family member
- Low self esteem
- Moderate depression, anxiety, self-esteem or confidence issues
- Moderate stress
- Moderate health anxiety
- Moderate Post-traumatic stress disorder and/or obsessive compulsive disorder
- Moderate anger management
- Moderate mental ill health issues emerging e.g. regular self-harm, eating disorders

Family & Parenting Needs

- Inconsistent responses to child/young person by parent/carer
- Starting to show difficulties with attachments
- Child/young person spends considerable time alone
- Rarely exposed to new experiences
- Taking on a caring role for parent/carer or may look after younger siblings
- Parent has physical or mental health difficulties
- Parental stress starting to affect ability to ensure child's safety
- Domestic abuse with the potential for emotional impact on child/ren
- Multiple changes of address
- Limited support from extended family and friends
- Family seeking asylum or are refugees e.g. no access to public funds
- Poor state of repair, temporary or overcrowded or unsafe housing
- Intentionally homeless
- Poor parental engagement with services
- Parent/carer requires advice on parenting issues
- Parents own emotional needs beginning to impact on child's wellbeing
- Teenage pregnancy
- Some exposure to dangerous situations in home/community
- Lack of emotional warmth
- Unable to develop other positive relationships
- Parent/carer offers inconsistent boundaries
- Lack of routine in the home
- Lack of positive role models or existence of significant others who are poor role models
- Parents struggling to have their own emotional needs met
- Family new to area
- Some social exclusion or conflict experiences
- Limited access to universal resources or community facilities
- Periods of unemployment of parent/carer
- Financial/debt problems

Additional Needs

Development needs of Child/Young Person

Education & Learning Needs

- Consistently poor nursery/school attendance and punctuality
- Not in Education (Under 16)
- Has identified Special Educational Needs and Disability (SEND) requiring both additional support and the involvement of outside agencies, and the barriers to the child/young person engaging fully in the education setting require a family approach
- Young person aged 14 and over with identified SEND who require both additional support and the involvement of outside agencies, where planning for independence in adulthood has not started
- Not achieving Key Stage benchmarks due to parental care
- School attendance below 90%
- Greater or equal to 3 fixed term exclusions or greater than 15 days excluded in any year
- Permanently excluded from school

Health Needs

- Health/dental worries not accepted or addressed –treatment not being sought/adhered to
- Multiple health problems/disability
- Consistently missing required health appointments
- Overweight/underweight where no organic cause
- Regular substance misuse including drugs/alcohol
- Developmental milestones not being met
- Self-harming behaviours



Emotional Health & Behaviour Needs

- Persistent disruptive/challenging/criminal behaviour
- Exhibiting extremist language/behaviour/aligned to a gang
- Sexualised behaviour
- Risky sexual behaviour
- May be at risk of being groomed for sexual exploitation
- Missing from home or change in behaviour/routine suggesting development of inappropriate relationship
- Child lacks a sense of safety and often puts him/herself in danger
- Unable to demonstrate empathy
- Experiences of persistent discrimination e.g. ethnicity, sexual orientation or disability
- Poor self-care for age
- Disability prevents self-care in a significant range of tasks
- Very poor self-esteem
- Difficulty in coping with anger/frustration and upset
- Child/young person demonstrates thoughts, behaviours, distress and/or impact on functioning that may be consistent with a (working) diagnosis, and treatment is focused on achieving short/medium term psycho-social goals.
- Without treatment or intervention the child/young person would require a more intensive level of care

Family & Parenting Needs

- Receives erratic/inconsistent poor quality care
- Parental capacity affects ability to nurture
- Absence of positive relationships
- Parent in prison
- Not receiving positive stimulation
- Difficult to engage parents/carer – reject advice/support
- Parent continually struggling to provide care
- Professionals concerned basic care will not be provided
- Parents mental health problems or substance misuse affects care of child/young person
- Parents perceive child's safety outside the home to be a real problem
- Neglect identified
- Unsafe situations e.g. criminal activity, drugs, alcohol
- Incidents of domestic abuse with impact on victim and children
- Family has serious physical/mental health difficulties
- Drug use or alcohol dependency by parent/carer
- Poor relationship/little communication with wider family
- Vulnerable accommodation e.g. friend's house
- Parents struggle to engage to set effective boundaries
- Young person is carer for family member
- Lack of basic skills or long term substance misuse hinders parents employability
- Chronic unemployment that is affecting family
- Serious debts/poverty impact on ability to meet basic needs
- Parents socially excluded
- Community are hostile to family

Complex / Significant Needs

Development needs of Child/Young Person

Education & Learning Needs

- Where Education, Health and Care (EHC) Assessment requires social care involvement and where reviews of EHC Plans should be synchronised with social care plans.
- Persistent school refusal if in conjunction with other complex and significant needs

Health Needs

- Severe/chronic health problems, developmental delay or disability where treatment not being sought or adhered to*
- Persistent and high risk substance misuse
- Pregnancy or Sexually Transmitted Infection (STI) of a child under 13*
- Repeat dental extraction under general anaesthetic (or multiple dental extractions) due to neglect
- Child significantly under/over weight

***S47 strategy discussion required**

Emotional Health & Behaviour Needs

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| <ul style="list-style-type: none">• Challenging/disruptive behaviour putting self or others in danger• At significant risk or already being sexually exploited*• Child at risk of trafficking*• Child is at significant risk of gang affiliation and/or criminal exploitation*• Harmful sexual behaviour• Sexual activity child under 13*• Inappropriate relationship with an adult• Abusing other children• Chronically socially isolated• Frequently missing from home/ placement*• Young person persistently running away or absconding | <ul style="list-style-type: none">• Participates in extremist actions in language and behaviour*• Serious or persistent offending behaviour• Persistent poor and inappropriate self-presentation• Significant impact of traumatic event• Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode• Risk admission to psychiatric hospital• Deterioration of mental health leading to risk to self and/or others |
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***S47 strategy discussion required**

Family & Parenting Needs

- Parents consistently unable to provide 'positive enough' parenting that is adequate and safe
- Previous children removed from parents care
- Domestic abuse in pregnancy*
- Regularly hungry, very unclean, clothing smells.
- Child abandonment*
- Any allegation of abuse or serious neglect or a suspicious injury in a pre or non-mobile child or a child with a disability*
- Persistent instability and violence in the home*
- Parent and/or child have significant involvement in crime
- Parents unable to keep child safe and secure
- A child at risk of female genital mutilation, honour based violence or forced marriage*
- Poor/harmful sibling relationships
- Involving a child in crime or significant anti-social behaviour
- Negative influence from family involved in drugs/crime/illegal activities
- Parent's mental health problems or substance misuse significantly affects care of child and/or pregnancy
- An individual with serious child related offences visiting/moving into a household with children*
- Downloading sexual imagery of children*
- Allegations or suspicion about a serious injury or sexual abuse to a child, including online abuse*
- Unaccompanied refugee/asylum seeker
- Privately fostered
- Emergency housing needs as a consequence of fleeing domestic violence/gang reprisal
- No effective boundaries set by parents/carers
- Child beyond parental control
- Periods of accommodation by Local Authority and worries are re-emerging
- Family breakdown leaves child at risk
- Grossly under stimulated
- Child is main carer for family member
- Subject to physical, emotional or sexual abuse or neglect*
- Parents inconsistent, critical or apathetic attitude to child may result in significant harm
- Suspicion of fabricated or induced illness*
- Dysfunctional attachments between parent and child leading to significant harm
- Extreme poverty/debt impacting on ability to care for child

***S47 strategy discussion required**

How to access support for children and families

UNIVERSAL NEEDS

Children and young people who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.

What to do next:

Professionals should assess families to make sure their general needs are met and assist families to access appropriate services locally.

UNIVERSAL PLUS NEEDS

A child and their family have needs that require support and interventions above and beyond universal services.

What to do next:

A single universal service or two services are likely to be involved; these services should work together. Talk to the child and family and seek consent.

The agency that knows the child/family best should take a co-ordinated approach, organising support with local partners as needed. This can be through an Early Help Assessment and Our Family Plan.

The Early Help Support Team can offer support on completing an Early Help Assessment. They can be contacted on **0121 303 8117** or ehst@birmingham.gov.uk.

For more details:

<http://www.lscbbirmingham.org.uk/index.php/early-help>



ADDITIONAL NEEDS

A child and their family have needs that require a multi-disciplinary approach. A number of these indicators would need to be present to indicate need at this level.

What to do next:

Talk to the child and family about your worries and seek consent

1. Two or three services work together co-ordinated by a Lead Professional from universal services using the Early Help Assessment and a single Our Family Plan. The Lead Professional will engage the family and other professionals to co-ordinate support for the family
2. Where the support needed is more than a Lead Professional can organise effectively, the Family Support/Think Family Services can work consensually with the family in a more intensive way alongside other professionals. Family Support/Think Family can be accessed using the Request For Support Form and emailed to **CASS** secure.cass@birmingham.gcsx.gov.uk.

For more information on the **Think Family Offer** and leaflet for families visit the BSCB website:

<http://www.lscbbirmingham.org.uk/index.php/safeguarding-concerns>

COMPLEX/SIGNIFICANT

A child or their family have needs that are so complex or significant that they need an immediate statutory social work assessment and intervention or other specialist services to prevent significant harm or serious risks to their health or welfare.

What to do next:

Talk to the child and family and seek consent unless you believe the child is at immediate risk of harm.

Seek advice from the Designated Safeguarding Manager in your agency or/and the Children's Advice & Support Service (CASS) **0121 303 1888**.

CASS operates between **8.45am** and **5.15pm Monday to Thursday** and **8.45am to 4.15pm on Fridays**. Outside these hours, please call the Emergency Duty Team (EDT) on **0121 303 1888**.

In an **emergency** where a child's safety is at immediate risk of significant harm, contact the Police.





If you have concerns about the safety and/or welfare of a child or young person telephone the Children's Advice & Support Service (CASS) telephone **0121 303 1888**.

Outside these hours contact the Emergency Duty Team on **0121 675 4806**.

In an emergency where a child's safety is at immediate risk of significant harm, **contact West Midlands Police on 999**.

To access all of the assessments referred to within this guidance visit the below websites for the latest version:

lscbbirmingham.org.uk

Birmingham.gov.uk

