



Dudley Safeguarding
People Partnership

CHILDREN, YOUNG PEOPLE AND FAMILIES SUPPORT LEVEL GUIDANCE AND FRAMEWORK FOR PRACTITIONERS

WORKING TOGETHER TO HELP
CHILDREN, YOUNG PEOPLE
AND FAMILIES THRIVE



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Introduction

Welcome to the Dudley Safeguarding People Partnership (DSPP) Support Level Guidance and Framework. This publication is the responsibility of the DSPP as outlined in “Working Together to Safeguard Children 2018.”

The revised statutory guidance Working Together to Safeguard Children 2018 identifies local safeguarding partners are duty bound to publish a support level guidance document, which sets out the local criteria for action in a way that is transparent, accessible, and easily understood.

DSPP recognises the support level guidance and framework for intervention is a vital tool that underpins the local vision to provide targeted support services at the earliest opportunity.

We want to ensure DSPP offer a clear framework and a common understanding of support levels of need for practitioners within all agencies, to help to promote a shared awareness of the different interventions required to effectively support children, young people and their families or carers.

This support level guidance and framework aims to help agencies identify a child’s need and respond with the approach of “the right support at the right time” that facilitates early discussion with parents and carers to promote the safety and wellbeing of children and young people when worries and concerns emerge. Once these concerns are identified, agencies provide a continuum of services to meet the assessed need and prevent escalation of risk and serious harm from abuse or neglect.



**Good
conversations
lead to the
Right Support
at the Right
Time**

Early Help

Early Help is about taking action early and as soon as possible in order to provide support where problems are emerging for children, young people, and their families, or with a population most at risk of developing problems. Early Help may occur at any point in a child or young person's life.

As set out in Working Together to Safeguard Children 2018, effective Early Help relies upon local agencies working together to:

- identify children and families who would benefit from Early Help;
- undertake an assessment of the need for Early Help; and
- provide targeted Early Help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

In Dudley, we believe in taking the right approach when families need some help. We have asked families what this means for them, and they have told us they want a friendly, reassuring, down to earth conversation about what is happening for them. We know families want to help themselves where they can and so we are working to ensure, as far as possible, we develop our “self – serve” ethos, to enable families to find the help they need. We know families also want the least intrusive but most effective help, offered in a way that is enabling and positive. We recognise some families will need reassurance about having Early Help – we know some families worry about accepting help for all sorts of reasons.

We want to offer help in the right place. We know that often the first-person families feel able to talk to when extra help is needed is often someone they already trust – and they will often be in a place they know – this might be in school, nursery or with a health professional in a local GP Practice, or in their own home, for example. We will make sure all our partners are alert and willing to offer Early Help where children, young people and families are comfortable. We want to help families in their local communities and at the right time - at the earliest possible stage so things can get better and prevent them escalating. Early Help means at an early stage of the problem, or early in a child's life. Early Help is not a provision but is a collaborative approach by all the relevant partners and relies on local agencies working together effectively with families to identify who needs help and then work with families to help them to help themselves. We know families in Dudley have great resilience, and we want to help to build on this – but also to reach out to families when their resilience is low. We know everyone needs a helping hand sometimes. Our Early Help Offer is designed to ensure families get help at the stage that problems are more readily solved, to prevent things getting worse. The work we have done already in Dudley shows this works. Families are telling us so.



Consent

It is expected that all professionals will have open and honest conversations about their worries with the family first, to explore if the family share these worries and agree what help they need. Where families understand that professionals are there to help and support, they are more likely to be open to referrals being made for additional support, which will need their explicit consent.

Consent means families are fully informed about the services they are being referred to, agree with the referral being made, understand what information professionals are passing on and the reasons for this.

It is expected professionals will seek consent for making any referral for support on behalf of a child or family, regardless of whether they are seeking support from Early Help services or from Children's Social Care [Children Act 1989, Section 17]. However, there are some exceptions to this, for example, if having a conversation with the family would place the child, or another person at risk of suffering immediate harm, where a delay in getting consent may mean the child or young person is put at further risk of harm or if it might undermine or interfere with the investigation or prevention of a crime. Where this is the case, consent is not needed to share information or make a referral and contact should be made by completing a Request for Help and Support Form 0 to MASH as soon as possible. In emergency situations, contact should be made with the Police.

A record of why it was not appropriate to gain consent and/or what has been done to try to gain consent, will need to be made by the referrer and this will be part of the decision to either accept the referral or to ask for more information to be gathered from the referrer. If a family do not wish to engage with Early Help services, this does not mean that specialist safeguarding services will become involved. Children's Social Care will only become involved where there is a risk of significant harm to children or where significant harm is likely to happen if the local authority do not take action to safeguard or promote the welfare of a child and their family.

Where families do not wish to receive Early Help services, but professionals believe it is likely there will be a significant impact on children's physical or emotional wellbeing both now and in the future, they should make efforts to continue to talk to families about how they are feeling, what has been happening and what they think needs to happen next, so that a plan of how best to support them can be made. Families should be reassured that professionals will listen and not judge; work with them to build on strengths and use their feedback to help to support them and other families in the future.

Where professionals are concerned about the long-term impacts of neglect on outcomes for a child or young person, they should consult with their safeguarding lead and undertake an assessment using the locally agreed Graded Care Profile (GCP2). Where neglect of an unborn baby is suspected the GCP2A (antenatal) should be used.

To find out more, please see the DSPP Neglect Strategy by visiting the DSPP website

Information Sharing

Permission to share information means families are fully informed about the services they are being referred to, agree with the referral being made, understand what information professionals are passing on and the reasons for this.

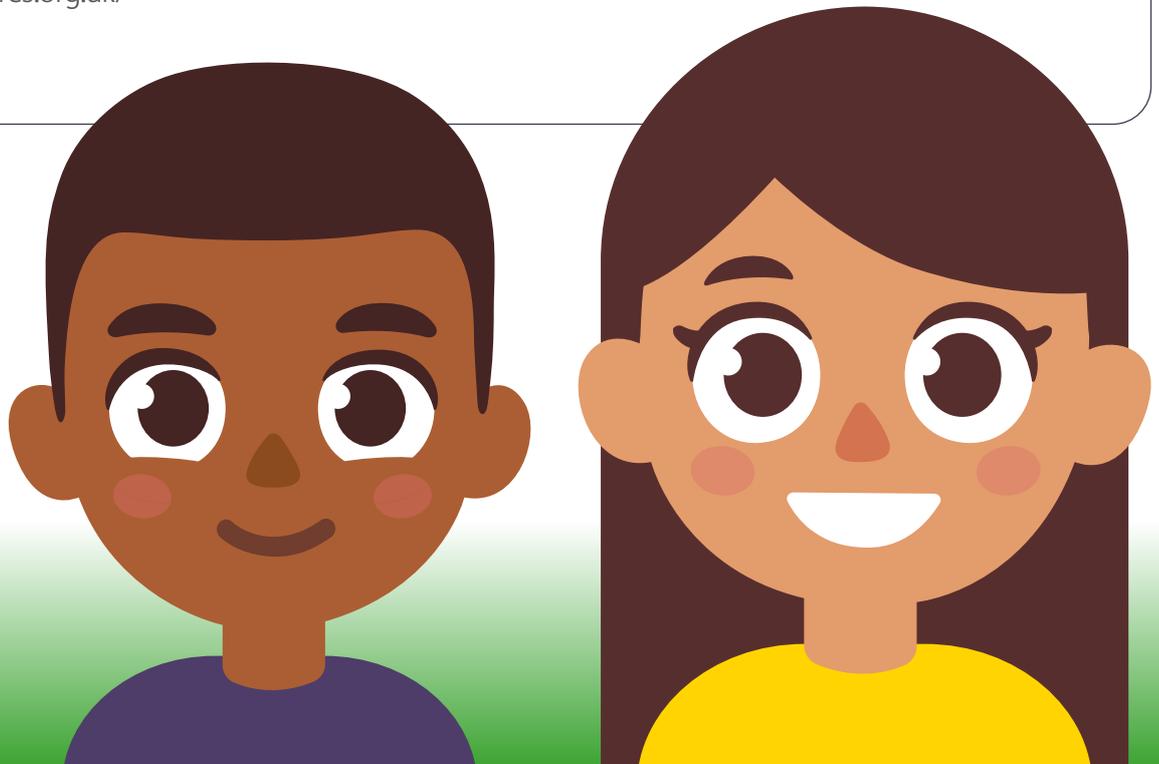
It is expected professionals will seek permission to share information for making a Request for Help and Support on behalf of a child or family, from the children's front door regardless of whether they are seeking support from Early Help services or from Children's Social Care [Children Act 1989, Section 17]. However, there are some exceptions to this, for example, if having a conversation with the family would place the child, or another person at risk of suffering immediate harm, where a delay in getting permission may mean the child or young person is put at further risk of harm or if it might undermine or interfere with the investigation or prevention of a crime. Where this is the case, permission is not needed to share information and contact should be made by completing a Request for Help and Support Form to the children's front door as soon as possible. In emergency situations, contact should be made with the Police.

A record of why it was not appropriate to gain permission and/or what has been done to try to gain permission, will need to be made by the referrer and this will be part of the decision to either accept the referral or to ask for more information to be gathered from the referrer.

For further guidance on Information Sharing and Working Together please see:

- Working Together to Safeguard Children 2018
- Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers
- Data Protection Act 2018

This document must be read alongside the West Midlands Regional Safeguarding Procedures that reflect the legal framework underpinning work with children to promote their welfare and prevent abuse. These procedures are available at: <https://westmidlands.procedures.org.uk/>



Constructive Conversations

The knowledge and working relationships that professionals already working with families have, must not be undervalued and each professional will have key information and knowledge and play a central role in supporting a family. Constructive, open, and meaningful conversations with children and families and their wider network, by anybody already working with them or who might need to be involved to offer support, are essential in order that everyone has the opportunity to express their views and worries, and to identify the strengths and protective factors already in place.

Bringing together professionals and families in a coordinated way, to go beyond presenting concerns and to work towards a whole family support plan is a positive, helpful, and constructive way of working and assessing the appropriate level of support, which builds upon family's strengths to bring about change. All conversations, whatever the outcome, should be recorded appropriately to show that they took place and to identify what next steps were agreed upon and why.

Good quality conversations strengthen and improve decision making and joint working to provide the right help at the right time. Anyone working with children, young people and families is responsible for starting these conversations, which may lead to an assessment and plan and should support outcomes for children to improve. Plans should clearly show everyone's responsibility within that plan, including each professional involved and the family, which should reflect their thoughts and views.

Professionals should use their own professional judgment, experience, and training as well as this document when thinking about the level of support a family may need as well as the of factors such as the age and vulnerability of children, and where these factors have a cumulative effect on children's lived experiences, as well as the protective factors and family's strengths.

Where professionals are not able to come to an agreement around the level of need for families, partners will need to communicate effectively. Where a family are already open to support, a conversation with the allocated worker and other professionals involved is a constructive way of exploring concerns and looking at what information each partner has to establish the next steps. This may mean the allocated worker will review the current plan and add some further actions or may need to consider stepping up the concerns to the next level of support. If differences of professional opinion of the level at which families should be receiving support remain, please follow the DSPP resolution and escalation procedures shown below.

It is important that we try to resolve any differences of opinion around the level of need for families with open and constructive conversations so that we can avoid this impacting on positive working relationships and also having any impact on the ability to safeguard and promote the welfare of children.

Partner agencies are responsible for ensuring professionals are supported and know how to appropriately escalate their concerns and disagreements about a child or young person's wellbeing. For more information, please refer to the Multi Agency Professional Challenge and Resolution

Think Family

Here are a few examples of the questions we can use to explore what we are worried about with the families:

“It’s clear from what you’ve said you’re not happy with how things are going. How would you like things to be instead?”

“What would your child say if they were here?”

“Has there ever been a time when X could have happened, but you were able to do something different?”

“What do you think will happen in your family if nothing else changes?”

“If the kids were here right now, what would they say is going well in your family?”

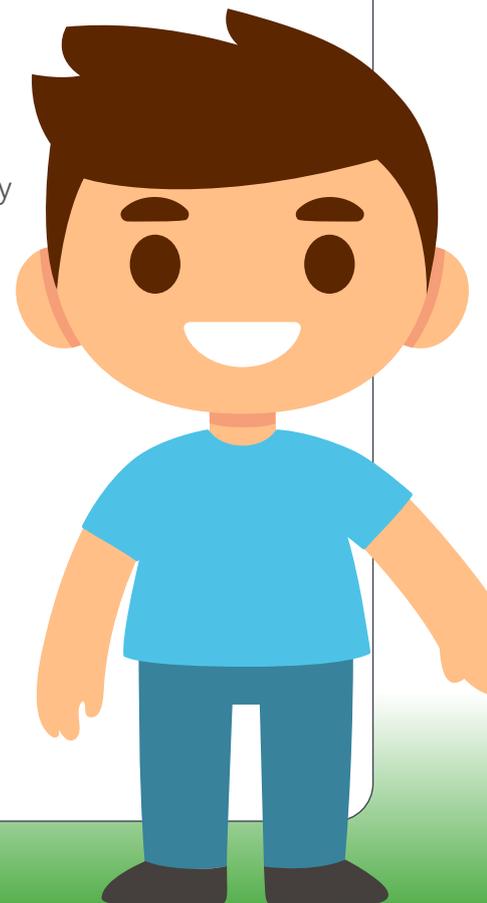


Key Principles of Practice

- The welfare of children and young people is our key priority - safeguarding is everyone's responsibility and all services operate within the support level framework to safeguard and promote the health and wellbeing of children and young people.
- Early Help is everyone's responsibility - all services working with children, young people, and families have a role to play in the wellbeing of children, young people, and their families
- The views and influence of children and young people are crucial in delivering and monitoring the Early Help Strategy
- We will offer help as early as possible and before problems escalate.
- Working with the whole family produces the best outcomes, with all services involved with family members working together, and families only telling their 'story' once.
- Families are our partners - we will work together with families to become stronger, more resilient, and better able to help themselves.
- Wherever possible early help will be accessed through universal services.
- Our approach and services will be evidence based and focused on what works for children and families
- All practitioners will have a shared vision and common skills to put the family at the heart of deciding and implementing solutions

It is vital all agencies working with children and their families work to a set of principles that underpin good practice. These principles include:

- Being child centred
- Making decisions rooted in evidence
- Focused on outcomes
- Respectful for all people at all times
- Listening to family members and giving importance to what they say
- Building on strengths as well as identifying difficulty
- Hearing the voices of children and young people
- Communicating clearly regarding concern and what needs to happen to reduce those concerns
- Recognising the importance of a child's family and community
- Understanding the families individuality, beliefs, culture, and spirituality
- Being honest and transparent
- Offering help early, doing all we can to keep intervention at the lowest possible and safe level



The Dudley Support Level Guidance

The approach in Dudley to working with children and young people with additional needs recognises that better outcomes are secured by practitioners working together. This approach emphasises a commitment to integrated and multi-agency working at all levels.

In summary, Dudley's model reflects a partnership commitment to:

- A multi-agency, coordinated approach to delivery of services
- Embedding the use of the Early Help Assessment in all agencies
- Providing help and support at the lowest level to prevent the escalation of need and prevent impairment to a child's health and development
- Improving information sharing between practitioners
- Ensuring access to specialist/statutory services for children and young people: where there is evidence of impairment to health and development; where there is reasonable cause to suspect that a child or young person is at risk of significant harm; and/or where there is evidence of significant harm



Moving between Support Levels

Stepping Up:

At each stage, before considering a higher level of intervention, practitioners and lead professionals must consider these factors:

- Is the child/young person at risk of abuse, neglect, or significant harm? Is this risk immediate?
- In what timescale does change need to happen for the child?
- Are the child's needs being met by Early Help? What evidence do I have to support this? Have I discussed my concerns with the allocated worker for the child and have we considered the next steps?
- If the child need are unable to be met by Early Help, what is the impact of this on the child now and/or what would the impact be for the child in the future?
- To what extent is the family engaging effectively with the current plan?
- Does the situation need a Child and Young Persons Assessment by a qualified social worker?
- What are the consequences for this child if the situation does not change?
- Can the child's needs be met under the current level of support?
- Is consent needed make a request for help and support at the next level?

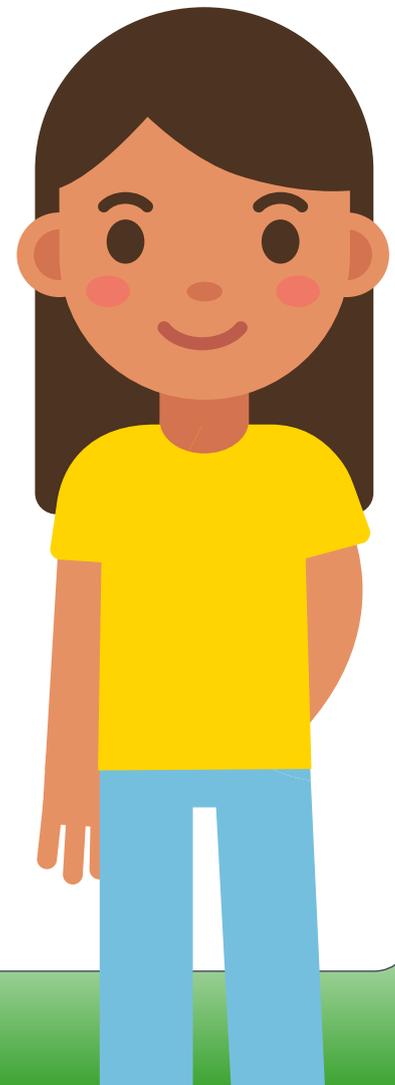
Stepping Down:

The objective of any intervention should be to step down from statutory services to Early Help services, with appropriate support, for an agreed period of time before step-down into universal services.

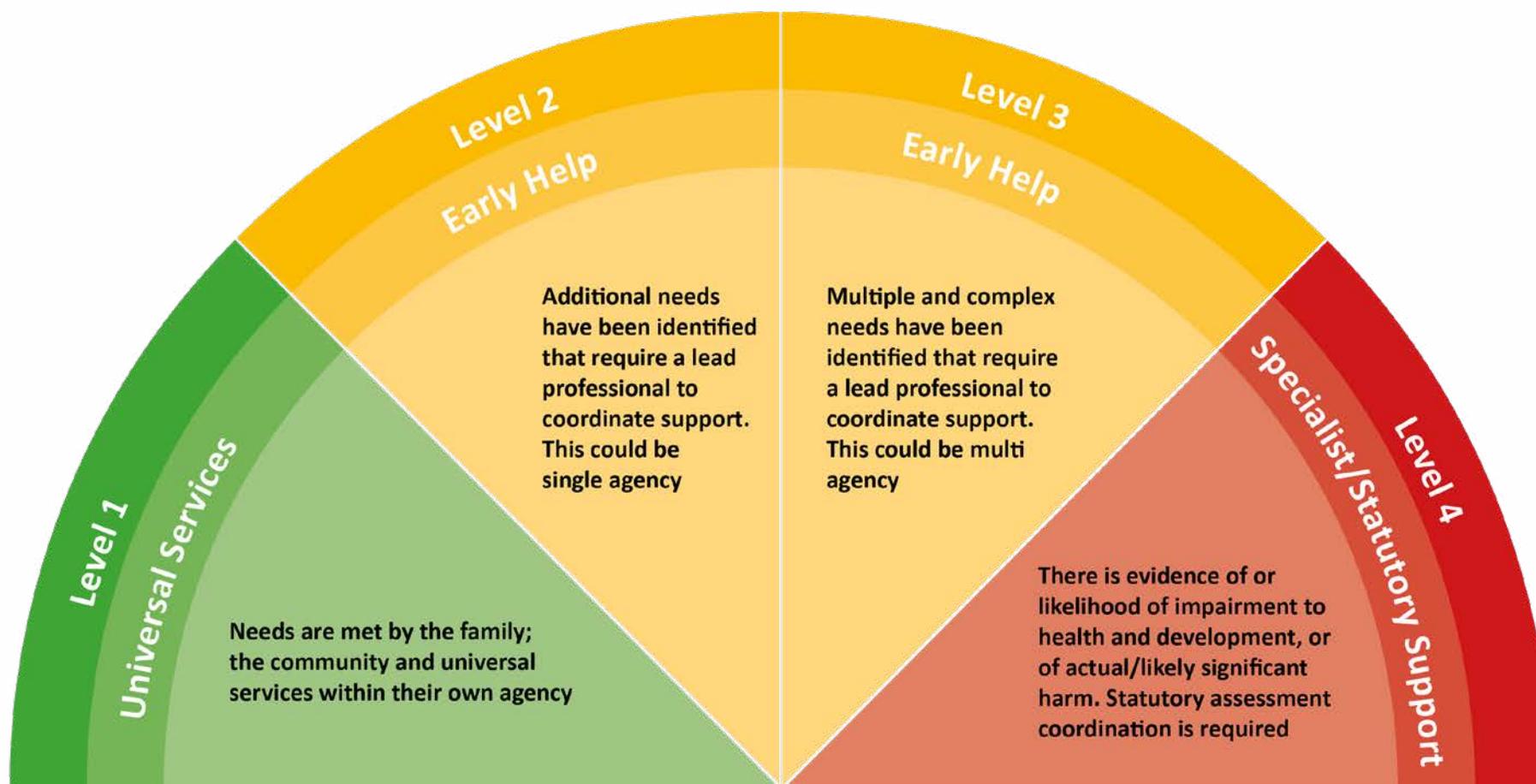
The aim of stepping down should be to:

- Support families to continue the progress they have made towards their plan,
- Help prevent the need to escalate support in future
- Empower families to bring about the required changes that them to build resilience so they can meet their own needs with universal provision.

It is always the aim of a successful intervention to keep families together and should result in a step down to universal services where this is possible.



Dudley Support Level of Need Framework & Indicator Guidance



Level 1: Universal Services

Children and young people whose needs are met by universal services such as schools and healthcare services, alongside the love, care and protection from parents and carers.

Children and young people in this category are making good overall progress in all areas of their development. Some limited intervention from a universal service may be required to avoid needs arising or to meet a single identified need. The majority of children living in Dudley will fall into this category.

Response

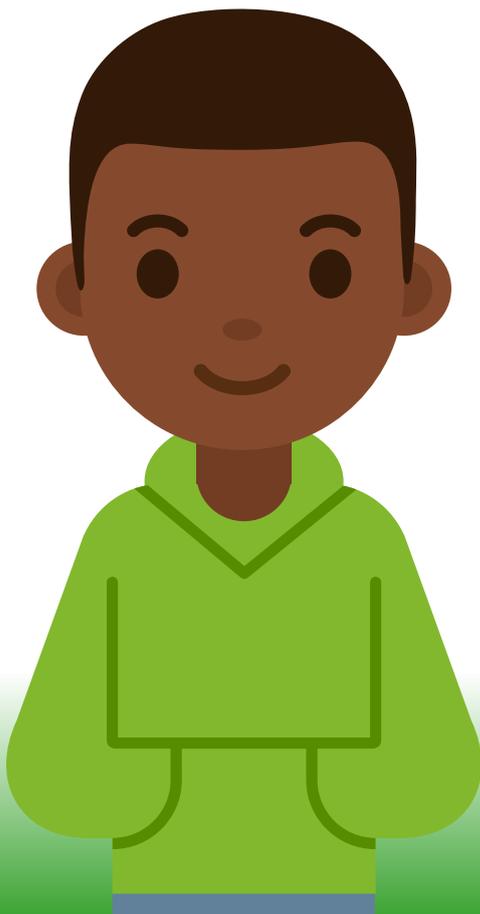
Agencies should identify what they can do first to support the child and their family through their own service.

Assessments

Agencies may use their own assessment processes to tailor the services they provide.

Consent

Consent must be sought to access services and share information with others. Any information sharing between agencies without consent must be clear as to its legal basis. Ensure privacy information is shared with the family and a consent form completed.



Level 2: Early Help Additional Support

Level 2 additional support relates to children, young people and their families with additional needs that can be met through a single agency response. The single agency will coordinate the assessment and plan with the aim of preventing higher level support. The support required may only be short term, but if ignored, these issues could escalate further.

Response

Professionals should refer to a single agency to meet identified need. Agencies can be identified through family centres which provide details of services and support.

Assessments

Agencies should consider using their own internal assessment tools / framework, arrange a Team Around the Family (TAF) meeting, complete an Early Help Plan (EHP) and associated models such as the GCP2 (for neglect). An assessment will ensure that information is held centrally and is visible (with consent) to other professionals who may also have concerns. This approach is particularly helpful towards the top end of level 2 where more than one agency may be involved.

Consent

Consent must be sought to access services. Any information sharing between agencies without consent must be clear as to its legal basis. Ensure privacy information is shared with the family and a consent form completed.



Level 3: Early Help Targeted Support

Level 3 Early Help Targeted Support applies to children and families who require support from more than one agency due to multiple and complex needs. These families need services to work together in a co-ordinated way to assess, plan and work directly with the family to bring about change. The support required may only be short term, but if ignored, these issues could escalate to statutory services. A multi-agency response will be required with a lead professional identified to co-ordinate. It is expected when Level 3 support is being requested, professionals have worked with families and have provided additional support by following a single agency early help plan.

Response

Following appropriate consent, agencies should initiate an Early Help Assessment (EHA) to assist in identifying the correct level of needs for children and families and inform any support plan required to meet those needs.

The EHA is designed as a shared tool to be used by all agencies who are delivering early help support to children and families, with the purpose being to provide a co-ordinated response so no-one misses out on the support needed.

Advice to support children and families at this level can be provided via contact with the appropriate family centre. Once contact is made, the case may need to be considered through the Multi-Agency Action Meeting (MAAM), which aims to ensure there is a coordinated approach taken to meet the needs of children and their family members. Relevant agencies will meet and agree a lead agency, and a Lead Worker.

The Family Support Worker will coordinate work with the family and across agencies to support their needs. They provide a central point of contact for the family and other practitioners, coordination of the plan of support and monitoring progress towards outcomes.

The aim will be to facilitate consistent support to children and families with the desired expectation of support being stepped down in the future once high level needs have been met.

Assessments

In addition to the EHA, other tools for assessing need are the GCP2 (for neglect), Contextual Safeguarding Screening Tool, and any local, regional, or nationally specialist assessment tools.

Consent

Consent must be sought to access services. Any information sharing between agencies without consent must be clear as to its legal basis. Ensure privacy information is shared with the family and a consent form completed.

Level 4: Specialist / Statutory Support

Level 4 specialist/statutory support is for children, young people, and families with a high level of unmet or complex needs including;

- Children in need; a child who has significant developmental or disability needs
- Child protection; a child who has suffered significant harm or is likely to
- Children looked after and privately fostered
- Young people who have committed an offence
- Children with acute mental health needs

A “child in need” of protection is described in Section 47 of the Children Act 1989, Paragraph (1):

‘Where a local authority has 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’.

Children and young people who are looked after children under section 20 or section 31 of the Children Act 1989 will all be receiving services from children’s social care at Level 4.

This duty also applies to children who are unaccompanied asylum seekers, subject to an Emergency Protection Order, Interim Care Order, or a full Care Order. Alternatively, a child who is remanded by a court into local authority accommodation or youth detention accommodation will also be deemed as a Child Looked After.

Response

Agencies should contact Children’s Services Team by completing a Request for Help and Support Form or by calling 0300 555 0050 (or 0300 555 8574 for the out of hours Emergency Duty Team).

If there is a concern that a child is immediately at risk, call the Police on 999.

Assessments

Statutory /specialist assessment will take place under the provisions of the Children Act 1989.

Consent

Professionals should normally seek consent to share information for Level 4 referrals, except where this would place the child at potential risk of harm, or compromise a police investigation (for example; allegations of parental sexual abuse, or suspicions of fabricated or induced illness) .

If consent is withheld for a Level 4 referral, the professional should consider with their Designated Safeguarding Lead whether they have grounds to override consent in order to protect the child. Where a referral is necessary to protect the child, professionals will have a legal basis to share information without parental consent.

Level 1 Universal Services	Level 2 - Early Help Additional Support	Level 3 - Early Help Targeted Support	Level 4 Specialist/Statutory Support
Needs are met by the family, the community, and universal services within their own agency	Additional needs have been identified that require a lead professional to coordinate support. This could be single agency	Children and Families who require support from more than one agency due to multiple and complex needs. These families need services to work together in a co-ordinated way to assess, plan and work directly with the family to bring about change. A lead professional to coordinate support. This could be multi-agency	There is evidence of or likelihood of impairment to health and development, or actual/likely significant harm. Statutory assessment coordination is required



Level 1 Universal Services	Level 2 - Early Help Additional Support	Level 3 - Early Help Targeted Support	Level 4 Specialist/Statutory Support
Child or Young Person Indicators			
<p>Education</p> <ul style="list-style-type: none"> • I have good attendance at school / college / training • There are no barriers to my learning • I am achieving in my key stage learning • There are no concerns about my cognitive learning • There are no concerns about my home/school link 	<p>Education</p> <ul style="list-style-type: none"> • There are concerns regarding my school attendance; I sometimes truant or have absences from school • I have sometimes been excluded from school • I am not meeting my education targets/milestones expectations for my age • I am not reaching my development milestones • I am not in education, training, or employment • I am home educated and there are concerns about my welfare • I have language and communication difficulties • I need some low-level support due to meeting the threshold for EHCP • I have few opportunities for play/ socialise with peer groups • I sometimes go missing from home 	<p>Education</p> <ul style="list-style-type: none"> • I have had short-term exclusion or persistent truanting / patterns of unauthorised absences from school/ NEET • I am at risk, or I have been permanently excluded from school • I am persistently not in Education, Employment or Training • I am being bullied within my education provision • I regularly go missing from home or school • I am home educated and there is significant concerns for my welfare • There is serious delay in me achieving my development milestones creating significant concerns 	<p>Education</p> <ul style="list-style-type: none"> • I have no education provision • I have been permanently excluded from school either formally/informally or at risk of permanent exclusion • I am home educated and there are serious concerns for my safety • I am persistently missing from education • I have been exposed to physical or sexual violence at school or through school-based networks • I have significant developmental delay due to neglect / poor parenting • I have an Education, Health and Care Plan that is not meeting need or has not been reviewed

Level 1 Universal Services	Level 2 - Early Help Additional Support	Level 3 - Early Help Targeted Support	Level 4 Specialist/Statutory Support
<p>Emotional & Behavioural Development</p> <ul style="list-style-type: none"> • There are no concerns about my emotional and physical behaviour • I have no concerns about forming good quality and safe relationships • I have a positive sense of self and abilities, and am able to express my needs • I am able to demonstrate feelings of belonging and acceptance • I have a good relationship(s) with my sibling(s) • I have a positive relationship with my peers • I have a stable and affectionate relationship with my parents/carers 	<p>Emotional & Behavioural Development</p> <ul style="list-style-type: none"> • I have shown evidence of some inappropriate sexual activity for my age • I have had a previous pregnancy under the age of 18 years old • I have shown limited compliance with prescribed health treatment • I am affected negatively by difficult family/carer/friend relationships • I have some difficulties sustaining relationships and forming attachments • I am a young carer with some responsibilities at home • I am a teenage parent and I require some low-level support • I am associating with peers involved in crime or anti-social behaviour • I have low level mental health or emotional issues requiring intervention • I am experimenting with drugs/ alcohol • I have difficulties coping with anger, frustration and upset, early indications of offending behaviour • I have disruptive/challenging/abusive behaviours • I am at risk due to low level/emerging neglect • I have poor self-care and hygiene for my age • I can be over friendly with strangers 	<p>Emotional & Behavioural Development</p> <ul style="list-style-type: none"> • My peers are involved in challenging behaviours • I am regularly needed to care for another family member which is affecting my outcomes • I am involved in ongoing conflict with peers and siblings • I am at risk of either committing crimes or continuing involvement with criminal activities • I am being exposed to cultural practices that may be detrimental to my health and development • I am being exposed to extremism, radicalisation, and gang involvement • I am being exposed to verbal abuse • I am vulnerable to being sexually abused or exploited • I am being verbally and/or physically abusive to my parents/carers/siblings/ peers 	<p>Emotional & Behavioural Development</p> <ul style="list-style-type: none"> • I have been physically/sexually abused * • My own life is at risk through self-harm (including alcohol/substance misuse/ eating disorder, suicide attempts) * • I don't go out with friends/family as I'm struggling with my mental health, and this is having a significant impact on me • I'm in a sexually exploitative relationship • I have been kicked out of my parents/carers or I have left home as I do not feel safe • I have been abandoned or severely neglected by my parents/carers and my emotional needs are continually not met • I am physically and verbally abusive towards my parents/ carers/siblings/friends • I am a child who abuses others

Level 1 Universal Services	Level 2 - Early Help Additional Support	Level 3 - Early Help Targeted Support	Level 4 Specialist/Statutory Support
<p>Health, Care and Protection</p> <ul style="list-style-type: none"> • I have access to health services • My development milestones, including speech and language are being met • I am the appropriate weight and height • I have an adequate and nutritious diet • There are no concerns about my mental health, or drugs and alcohol issues • I have age-appropriate behaviour towards sexual activity • I have a good level of hygiene • I have age-appropriate independent living skills • I am able to discriminate between “safe” and “unsafe” 	<p>Health, Care and Protection</p> <ul style="list-style-type: none"> • I am missing immunisations or health assessments • I am susceptible to minor health problems • There are minor concerns regarding my diet, hygiene, clothing, alcohol consumption (but not immediately hazardous) 	<p>Health, Care and Protection</p> <ul style="list-style-type: none"> • I continue to miss immunisations or health assessments • I have health conditions that are perplexing presentations to health professionals or medically unexplained and I need co-ordinated support • I have multiple health conditions and my parent/carer is struggling to manage these and I need co-ordinated support • I have some concerns around mental health, including self-harm and suicidal thoughts • I require support with Special Educational Needs / Disability • There are concerns around my sexual activity and behaviour that is potentially harmful to myself or others and I could be at risk of sexual exploitation • I am vulnerable to intimate partner abuse/ violence • I am a pregnant teenager and require support for myself and my unborn baby • I am showing self-harming behaviours and need support for myself and my family • I have attended A&E due to injuries or risks experienced in extrafamilial settings • I am not compliant with prescribed health treatment and my parent/carer has not responded to Level 2 support • I am displaying signs of poor hygiene • There has been a noticeably change in my appearance and/or behaviour • I am vulnerable due to my drugs/alcohol use • I have difficulties coping with anger, frustration and upset • I am unable to show empathy • I was previously subject of a Child Protection Plan 	<p>Health, Care and Protection</p> <ul style="list-style-type: none"> • I am not growing or developing properly with no medical reasons for this * • I am a non-mobile baby/child with a bruise or an injury * • I show signs of physical neglect • I have severe/chronic health problems • I persistently misuse drugs and alcohol • I am an early teenager who is sexually active/ pregnant/ has an STI * • I have complex mental health issues requiring specialist intervention • I have a physical and learning disability that requires the highest level of support • I have serious dental decay and have no access to treatment • I am obese with no identified organic cause • I am under-eating or show signs of extreme loss of weight • I present myself in an unwashed state and wear unsuitable clothing despite advice and support • I am suffering significant harm from through inappropriate moving and handling and ill-fitting essential equipment * • I have suffered a non- accidental injury * • I have health conditions that are perplexing presentations to health professionals or medically unexplained and I need co-ordinated support • I have multiple health conditions and my parent/carer is struggling to manage these and I need co-ordinated support * • I am at risk of or exposed to child sexual exploitation / extra familial abuse /slavery * • I have made allegations of harm and/or disclosed of physical, sexual, emotional harm, ill treatment, cruelty, or neglect * • I am a young carer, and struggling to cope • I am in possession of money / gifts / phones / clothing that cannot be accounted for • I am being groomed into violent extremism or radicalisation • I am or have experienced honour-based violence /forced marriage / female genital mutilation * • I am an unaccompanied asylum-seeking child • I am a child looked after by the Local Authority, but my placements keep breaking down

Level 1 Universal Services	Level 2 - Early Help Additional Support	Level 3 - Early Help Targeted Support	Level 4 Specialist/Statutory Support
<p>Parents/Carers</p> <ul style="list-style-type: none"> • My parents/carers are able to provide me with all my needs and protect me from danger and harm • My parents/carers provide me with a safe, clean, and secure home environment • My parents/carers can meet my needs including taking me to school and all my health appointments • My parents/carers are able to manage my behaviours • My parents/carers are supportive with family relationships, including when parents are separated • My parents/carers provide me with appropriate guidance and boundaries • My parents/carers support my development through interaction and play 	<p>Parents/Carers</p> <ul style="list-style-type: none"> • My parents/carers accessing appropriate services and/or their engagement with is poor which is affecting my development • My parents/carers require advice on parenting issues • I am sometimes exposed to dangerous situations in my home/ community • My family home is in a poor state of repair and cleanliness, impacting on my health and development • My parents/carers prioritise their needs over mine and struggle to meet mine • My parents/carers struggle to provide me with good supervision and behavioural management • My family are facing eviction/ homelessness • My family require rehousing due to domestic abuse • My parents/carers do not take me to my health appointments • My parents/carers require support to understand and manage my disability or sensory impairment • My parents/carers mental health/ physical health/substance misuse or learning disability has a negative impact on me • My parents/carers are at risk of entering the criminal justice system due to low level offending 	<p>Parents/Carers</p> <ul style="list-style-type: none"> • I am unborn, the level of risk requires a pre-birth assessment • My parents/carers are struggling to provide me with adequate emotional and physical care • My parents/carers are not providing me with adequate food, warmth, and clothing • My parents/carers learning disability, substance misuse (including alcohol), or physical and mental health impacts on their ability to meet my needs • My parent(s) were previously a Looked After Child • My family are being evicted • My parents/carers are in long-term unemployment • My parents/carers are in serious debt/ poverty which impacts on their ability to care for me and my sibling(s) • I am I am at serious risk due to a family breakdown, and I will be homeless • My parents/carers are involved in illegal activity 	<p>Parents/Carers</p> <ul style="list-style-type: none"> • I am at risk of my parents/carers fabricating or inducing illness upon me which has a negative impact on my mental health and my relationship with my parent/carer * • My parents/carers are unable to provide adequate parenting that keeps me safe, which include unknown visitors to my home • My parent/carers set no boundaries • My parents/carers are involved in criminal activity which is having a negative impact on me and putting my life in danger • My parents/carers mental health problems or substance misuse is having a significant impact on them being able to care for me • My parents/carers were unable to care for my siblings who are now in care, which also puts me at risk • My parents/carers have neglected and/or have abused another child and this puts me at risk • I am exposed to my parents/carers self-harm and suicidal ideation which has a negative impact on my thoughts and feelings • My parents/carers expose me to domestic violence within my family home <p>* These themes indicate a strategy discussion will need to be held</p>

Level 1 Universal Services	Level 2 - Early Help Additional Support	Level 3 - Early Help Targeted Support	Level 4 Specialist/Statutory Support
<p>Risks outside of my home</p> <ul style="list-style-type: none"> I feel safe outside of my home and a part of the local community 	<p>Risks outside of my home</p> <ul style="list-style-type: none"> I am being encouraged to use substances I am being encouraged to truant from school/college I am being encouraged to commit low level crime or become involved in anti-social behaviour I may be at risk due to online contacts/conduct and content 	<p>Risks outside of my home</p> <ul style="list-style-type: none"> I am being pressured and encouraged to become involved in gangs I am being pressured and encouraged to carry weapons and drugs I am in a peer group that regularly goes missing I am at risk due to improper online contacts and content 	<p>Risks outside of my home</p> <ul style="list-style-type: none"> I am being groomed online and meeting strangers * I am being trafficked * I am in a gang and carry weapons I am a victim of a serious gun/knife crime which may result in a threat to my life or injury * I am committing criminal offences, or I have been exploited for criminal purposes * I am initiating or experiencing intimate partner abuse or violence* I frequently go missing and at high risk of significant harm* <p>* These themes indicate a strategy discussion will need to be held</p>
<p>Response Required by Agency</p> <p>Additional support in setting. Consider agency led assessments</p>	<p>Response Required by Agency</p> <p>Consider enhanced support or make a referral to Childrens Services via the Portal or call 0300 555 0050, Monday to Friday 9.00am - 5.00pm. Emergency Duty Team 0300 555 8574</p>	<p>Response Required by Agency</p> <p>Advice and information can be accessed from the Early Help Enablers when professionals have growing concern about complex needs. Agencies should try to meet needs via an Early Help Assessment and Plan without the allocation of a Family Support Worker. Only when this has been tried, should a be made to Children Services Front Door.</p> <p>Make a referral to Childrens Services or call 0300 555 0050, Monday to Friday 9.00am - 5.00pm. Emergency Duty Team 0300 555 8574</p>	<p>Response Required by Agency</p> <p>Make a referral to Childrens Services or call 0300 555 0050, Monday to Friday 9.00am - 5.00pm. Emergency Duty Team 0300 555 8574</p>

Level of Support Framework - Accessing Services for Children in Dudley

Level 1 Universal Services	Level 2 - Early Help Additional Support	Level 3 - Early Help Targeted Support	Level 4 Specialist/Statutory Support	
<p>Universal Provision e.g.. Services such as schools and youth clubs.</p>	<p>Early Help requires either a single or multi-agency response to avoid social care intervention</p>		<p>Child in Need requiring intervention under Section 17 CA 1989</p>	<p>Section 47 Child Protection Child at risk of significant harm, Section 47 CA1989</p>
<p>Universal Services means every child can access this provision. Staff and volunteers can work with the child to find the solution to a problem that has arisen. The agency / organisation may wish to contact another agency including the local family centre for information, advice and guidance.</p>	<p>Level 2 – The single agency will use their internal assessment tools/framework. Level 3 - If multi agency Early Help intervention is required an Early Help Assessment, with consent of the child/parents needs is to be completed. This should be filled in providing as much information as possible and then contact, via email, the family centre in the locality where the child lives. You will be asked to attend an Multi Agency Action meeting. You will stay involved and maybe asked to be the Key Worker. Family Centre Email address: Telephone No. Fs.brierleyhill@dudley.gov.uk 01384 813322 Fs.dudleycentral@dudley.gov.uk 01384 812440 Fs.dudleynorth@dudley.gov.uk 01384 813096 Fs.halesowen@dudley.gov.uk 01384 813954 Fs.stourbridge@dudley.gov.uk 01384 818780</p>		<p>If you are worried about a child, you can telephone the MASH team for advice and consultation on 0300 555 0050 9am - 5pm or 0300 555 8574 after 5pm/weekends and Bank Holidays. If you are worried that a child needs a statutory social care assessment, you will need to complete a Request for Help and Support Form In circumstances where a child has committed an offence, the Police/Courts will refer the child to Youth Offending Services. If the concern involves anyone working with children contact the Designated Officer (LADO): allegations@dudley.gov.uk, 01384 813110. If the referral is concerning a relinquished baby, contact is to be made with the MASH team as above. If the concerns relate to Child Exploitation refer to the Child Exploitation Pathway</p>	

What should be included in a referral to Children's Services?

Include as much of the below list as possible when submitting a Request for Help and Support Form:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • The referrer's name and designation/ relationship to the child • The full name, date of birth and gender of child/children • The full family address and any known previous addresses • The identity of those with parental responsibility • The names, date of birth and information about all household members, including any other children in the family and significant people who live outside the child's household • The ethnicity, first language and religion of children and parents/ carers • Any need for an interpreter, signer, or other communication aid • Any special needs of the children • Gain parental/carer consent | <ul style="list-style-type: none"> • What support services you have already offered to the child or family to address the needs you have identified • Why you think the time is right to refer the matter to Children's Social Care • What information you can give about: the child's development needs; parenting capacity; social and environmental factors • How you will remain involved with the family and if appropriate how you can help to introduce a social worker to the family, e.g. by a joint visit • Whether the parents know that you are making the referral and whether they were in agreement to you making the referral • Whether you have any information about difficulties being experienced by the family/household due to domestic abuse, mental illness; substance misuse, and/or learning difficulties • Confirm any significant/important recent or historical events/ incidents in the child or family's life • Clarify what information that the referrer is reporting directly and what information has been obtained from a third party • Discuss any known or suggested information relating to the child or family being in contact with a person posing a risk to children • Confirm what you think Children's Social Care Services might do as a response to your referral • When you last saw the child/young person • Significant harm maybe as a result as a consequence of cumulative issues/events | <ul style="list-style-type: none"> • The cause for concern including details of any allegations, sources, timing, and location • The child's account and the parents' response to the concerns if known • The identity and current whereabouts of any suspected/ alleged perpetrator and or degree of contact with the child • The child's current location and emotional and physical condition • Whether the child is currently safe or is in need of immediate protection because of any approaching deadlines (e.g., child about to be collected by alleged abuser) • The parents current location • The referrer's relationship and knowledge of the child and parents/ carers • Known current or previous involvement of other agencies/ professionals • When you last saw the child/young person • Note any unusual or significant marks or injuries • Significant harm maybe as a result as a consequence of cumulative issues/events • Contexts and locations in which there are other risk factors, e.g., adults and peer groups of concern/at high-risk times of day |
|--|---|---|

Appendix 1: Professional Challenge and Resolution Flowchart

Stage 1: Day 1

When concerns arise, initial attempts should be made between workers to resolve the issue. This is stage 1. If a resolution can't be reached, professionals must escalate the issue to their line manager or the named/ designated safeguarding lead in their organisation.

This is when the process moves to stage 2.

Stage 2: Days 3 to 9

The line manager or named/ designated safeguarding lead should discuss the concerns with their opposite manager in the other agency.

If a resolution can't be achieved, the professionals must notify their senior manager **and the process will move to stage 3.**

Stage 3: Days 9 to 14

The senior manager will escalate the issue to their DSAB / DSCPG representative, who will arrange to seek resolution. They may request a meeting with the involved parties.

If an agreement can't be achieved the issue should be brought to the DSPP Business Manager **and the process will move to stage 4.**

Stage 4: Days 16 to 21

DSPP Executive will ask for written representation and may request a meeting with the involved parties.

A recommendation will be made based on the most appropriate action and resolution for the dispute.

