



RIGHT HELP RIGHT TIME

A Multi-Agency Guidance on the Continuum of Need

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FOREWARD



Right Help Right Time

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

Understanding the Continuum of Need

We all recognise the need for families to have support at different times in their lives, and in order to achieve that Walsall adopted an approach called Right Help Right Time (RHRT). It has been very successful, and in order to keep on improving, it has been revised to make it even more fit for purpose.

The 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.

Walsall has the benefit of a strong safeguarding partnership, with members from all key agencies willing to play their part in safeguarding and protecting children. It is this commitment that enables the RHRT work to continue and be successful, as we strive together to work for the benefit of all children and young people in Walsall. Working together with children and families at their earliest point of need does, and will continue, to make a huge difference to the lives of children, and this revised document will provide continued support to that approach.

Sally Hodges,

Children's Independent Chair/Scrutineer,
Walsall Safeguarding Partnership

INTRODUCTION

Professionals from all agencies have a shared responsibility to keep children living in Walsall safe and to promote their welfare. We all have a responsibility to help and support children and their families and we must work together to deliver help efficiently to ensure that we are able to continue to improve the lives of children across the borough. There is a commitment to work with families in a way that builds resilience and recognises the strength in family relationships and community connections, ensuring that children and their families are supported, reducing the need for statutory intervention

In 2017, the Children and Social Work Act made it clear that agencies such as Clinical Commissioning Groups (now ICB), 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.

This is essential guidance for all practitioners that work with children, young people, and their families in Walsall and it recognises that help and support is most effective when provided early on. Our aim is to deliver the right help at the right time from the most appropriate service (s) and at the right level.

Working Together to Safeguard Children highlights the importance of clear thresholds for taking action to safeguard children which are understood by all professionals and applied consistently. By ensuring a shared understanding of local thresholds for intervention, children and young people will receive the right help and support at the right time.

This guidance should not replace having a conversation or the use of sound professional judgement. We encourage you to use this document as guidance in combination with any prior knowledge of the family, safeguarding training, advice from your Designated Safeguarding Lead within your organisation and the voice of the child, young person and their family.

Ambition

Our shared ambition as a partnership is to deliver the right help at the right time by coordinating our efforts, sharing information where appropriate to do so, and putting the child and their experience at the centre of everything we do. Our aim is to promote positive working relationships with professionals and families alike and are committed to ensuring that all children have the best start in life and are safe from harm, happy and learning well.

We firmly believe that safeguarding is everybody's responsibility, and we should support each other in making decisions when identifying and providing an appropriate response to concerns.

In Walsall we are committed to the following values and principles:

- **Collaborative** - Practitioners and families are partners - we do things with people, not to them
- **Aspirational** - We want the best for families and use positive language and measure success
- **Strengths-based** - All families have strengths, and we focus on using strengths to support positive change
- **Purposeful** - Our role is to meet child and family needs and give families the right support, first time
- **Empathic** - We listen carefully to families and offer a helping hand to create change for children
- **Rights-based** - Families have a right to help and support for their children, and the autonomy to make choices



Having the right conversations

Meaningful conversations with family and professionals can prove vital when considering what support can be offered to a child. These are often opportunities for professionals working with families to build a relationship and allow for constructive conversations as and when concerns arise.

Having a conversation with a child and their family about why you are worried enables early identification and response to their needs. The initial conversations that take place with a child, young person and their family often have a direct bearing on how families engage with professionals in the longer term, so there is a need for transparency from the outset. Talking to other professionals, where appropriate to do so, can help you form a picture of a child's holistic needs and reinforces a 'think family' approach.

Having the right conversation then gives you the right information and helps you to understand what life is like for the child. It is essential that we think about what the concerns mean for the child and what the impact is. This then enables you to make informed decisions about what may be the right service for the child, young person and/or their family. Considering the direct impact upon a child can help you to focus on the worries you have and ensures a proportionate response.

When thinking about what support is appropriate, we encourage you to consider how your own agency can support the family and what has been tried and tested previously. This document is to guide your decision making in terms of threshold; however, it is only guidance, and it is important that you use your professional judgment, knowledge of the family, discussions with the family about what they need and want, and safeguarding training to determine how the family can be best supported.

How we engage with people

We believe that all children, young people and their parents/carers should understand what is happening and are able to engage with agencies in a meaningful way. Information about key decision-making points will support parents to understand the change that is expected to keep their child safe.

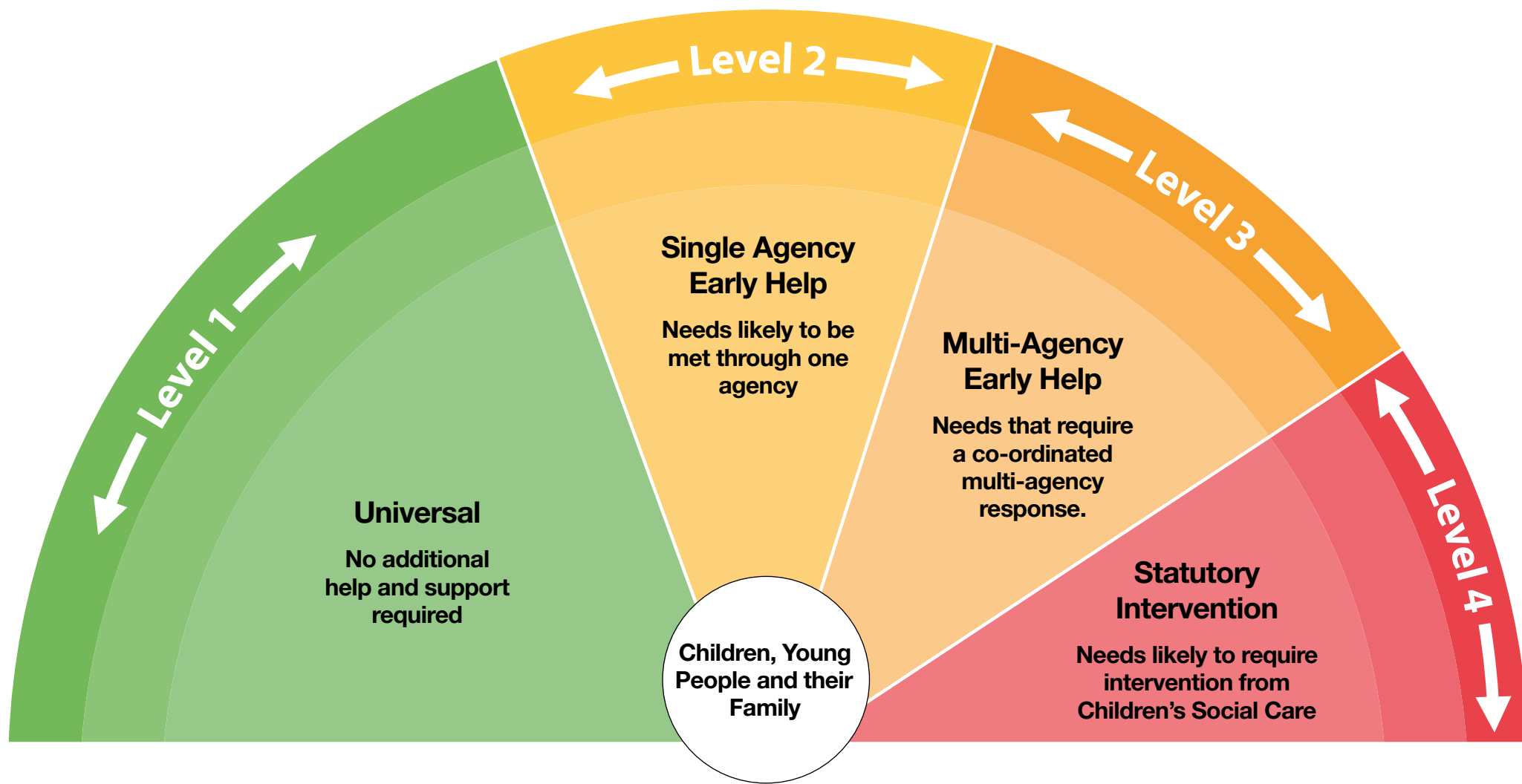
- Practitioners build positive and trusting relationships with children, young people and their carers
- Language should be respectful, clear and not punitive
- Practitioners enable children, young people and parents/carers to participate in decisions that are made about their life including challenges and opportunities
- Practitioners involve parents, families and local communities in designing processes that affect them

7 Minute Briefing: Professional Curiosity

Click on picture to access the briefing



CONTINUUM OF NEED



The continuum of need in Walsall has four levels. These should help professionals to decide what assessments and support that children, young people and families may require to meet their needs.

The model and windscreen is a way of developing a shared understanding and explaining the Walsall approach across the partnership, ensuring a consistent approach is applied by all practitioners and managers. The model illustrates how we will respond to the requirements of children and families across four levels of need (Universal, Single Agency Early Help, Multi-Agency Early Help and Statutory Intervention).

In this model, all services and interventions seek to work openly with the family (or with young people on their own where it is age appropriate) in order to support them to address their needs at the lowest possible level. We agree to actively work with children and families to prevent their needs escalating to a higher level. We will only request services at a higher level after we have done everything possible to meet needs at the current level. The Levels of Need table on section 3 and the continuum of need model below together illustrate how Early Help operates in Walsall and clarifies the threshold between each level. This guidance seeks to give clear advice to all professionals and the public on the levels of need and thresholds for different services and responses in Walsall. However, we recognise

that each child and family member is an individual, and each family is unique in its make-up, so reaching decisions about levels of needs and the best intervention requires discussion, reflection and professional judgement.

Children and young people will move between levels of need according to circumstances, so services need to be flexible to meet need as it changes.



IDENTIFYING AND RESPONDING TO NEED

Once professionals have determined the level of need a child, young person, or family presents they are responsible for taking appropriate action. The following table shows the likely course of action dependent on the level of need and risk identified. However, this may vary depending on the individual circumstances.

More detail about the relevant assessment and referral processes is in the following pages.

| | Level 1 – Universal | Level 2 – Single Agency Early Help | Level 3 – Multi-agency Early Help | Level 4 – Statutory Intervention |
|------------|--|--|--|--|
| Definition | <p>No additional help and support required.</p> <p>Children and young people making good overall progress in all areas of their development and receiving appropriate universal services such as health and education.</p> | <p>Needs likely to be met through one agency.</p> <p>Children, young people and their families may need some extra help and support to reach their full potential.</p> <p>Needs may relate to health, education or social development and are likely to be short term needs, families often will already be receiving support by services they know such as schools, health visitors, school nurses, voluntary and community services etc.</p> | <p>Needs that require a co-ordinated multi-agency response.</p> <p>Children, young people and families with identified support needs who are experiencing multiple and interconnected problems requiring a team around the family multi-agency approach of support and who meet at least 3 of the 10 Supporting Families priority needs.</p> | <p>Needs likely to require intervention from Children’s Social Care.</p> <p>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, may require statutory intervention. 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).</p> <p>A referral should be made to MASH via the electronic Multi-Agency Referral Form (eMARF).</p> |

| | Level 1 – Universal | Level 2 – Single Agency Early Help | Level 3 – Multi-agency Early Help | Level 4 – Statutory Intervention |
|--------|---|---|---|--|
| Action | <p>Child, young person, carer or family accesses relevant universal services for advice/support such as GP, school, dentist, family hub and voluntary sector.</p> | <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>An Early Help Assessment should be considered and /or Outcome Stars to understand the family's needs further.</p> | <p>Completion of the Early Help Assessment (EHA) is required. Evidence of at least 3 of the 10 Supporting Families priorities identified.</p> <p>Information of single agency support already provided should be shared.</p> <p>Continue the help and support that you are providing, additional targeted work will be agreed along with roles and responsibilities as part of the team around the family meeting (TAF), should this be required.</p> | <p>The eMARF, should clearly outline what you are worried about, what the impact is on the child and what work has been done to support and reduce level of need and/or risk.</p> <p>If there are immediate safeguarding concerns for a child, call the police on 999.</p> <p>If you need to make a referral urgently, MASH can be contacted on 0300 555 2866, Monday – Thursday 08.45-17.15, and Friday 08.45-16.45.</p> <p>If you need to report a concern about a child outside of office hours, contact can be made with the Emergency Duty Team (EDT) on 0300 555 2922.</p> |

CONSENT

At every stage of need, professionals should be open, honest and transparent with parents/main care givers about the concerns and worries they have for a child. Professionals must seek the consent of parents/main care givers, prior to making a referral to MASH (Multi Agency Safeguarding Hub) requesting Multi-Agency Early Help Support or Statutory intervention from Children's Social Care, unless in doing so would significantly increase the risk of harm to a child.

In gaining parental consent, professionals should explain to parents/main care giver, that they are consenting to the sharing of information between partner agencies.

In the event that the parent/main care giver does not provide consent to a referral for Multi-Agency Early Help or Statutory Social Care Intervention, you should speak to your designated safeguarding lead or line manager for advice. If a referral is received without parental consent, MASH will not be able to progress this unless there is clear indication of a possible safeguarding concern for the child.



INFORMATION SHARING

Information sharing is essential to enable early intervention and preventative work for safeguarding and promoting welfare and for wider public protection.

A key factor identified in many Local Child Safeguarding Practice Reviews (LCSPRs) has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action. Further advice on information sharing is available online.

The seven golden rules of information sharing are illustrated on this poster.

Click on picture to access the briefing

7 Minute Briefing: Information Sharing



EARLY HELP

What is Early Help?

[Working together to safeguard children inter agency guidance.pdf](#) defines Early Help as ‘A partnership providing support as soon as a problem emerges, at any point in a child/young person’s life from the foundation years through to the teenage years.’

Working together to support families, providing ‘effective whole family support’ we know eradicates silo working, prevents children and young people entering the care system and/or escalating into statutory services, increases their chances to have a ‘good’ life, reduces the likelihood of involvement in crime and helps families to thrive, build resilience and have an ambitious future.

Who is responsible for Early Help?

It is the responsibility of all agencies and organisations working directly with children, young people, and families in Walsall.

What is Level 2 Early Help?

This is where children and young people are identified as requiring some extra help and support which could be providing advice, signposting or direct support related to their needs such as health, educational or social development. The support can be provided by a single agency, such as a school or health provider, the agency can provide this support to help the child or young person secure positive outcomes and have opportunities to thrive.

Agencies should start to discuss with the family the completion or part completion of an Early Help Assessment of Need which helps to understand their needs in more detail and to plan effective Early Help support. The Early Help Assessment of Need has been designed to be used at level 2, where helpful/applicable and always at level 3.

What is Level 3 Early Help?

This is where a whole family approach needing more intensive support with a range of multiple complex and interconnected needs requiring services to work together with the family in order to bring positive change, build resilience and avoid the need for statutory intervention.

An Early Help Assessment of need is always required.

Level 3 Early Help support is aligned with the Supporting Families Programme which has 10 key categories of support. For families to be supported by the multi-agency partnership there has to be evidence that the family need support with at least 3 of the 10 priority need categories, listed above. This is because it takes into consideration that agency services are available for families where one or two needs are identified and able to support as part of the early intervention (level 2), preventing escalation, where possible.

Link to [Step up/Step down Protocol](#) and [Step up/Step down Flowcharts](#)

1. Education

Children and young people who are not getting a good education or children and young people with un-met SEN needs.

2. Early Years

Parents/carers expecting or have children 0-5 yrs. of age in need of additional early year's support to ensure development, attachment, health, communication and overall good early years' experience.

3. Health

Parents/carers, children, young people with a range of mental and /or physical health needs.

4. Drugs and/or Alcohol

Parents/carers/young people with a drug or alcohol problems.

5. Family Relationships

Parents/carers in frequent, intense or poorly resolved parental conflict, families with wider conflict and relationship issues.

6. Abuse and Exploitation

Children and young people who are at risk of abuse and harm, including neglect, risk of exploitation, radicalisation, peer to peer harm and abuse.

7. Crime prevention and tackling crime

Parents/carers, children, young people involved in or at risk of involvement in crime or anti-social behaviour.

8. Domestic Abuse

Families affected by Domestic Abuse or interpersonal violence.

9. Secure Housing

Families experiencing or at risk, homelessness or families and young people not in suitable or sustainable housing.

10. Financial stability

Families struggling financially, concerns around poverty, and/or parents/carers, young people not in either education or employment.

What is an Early Help Assessment of Need?

An Early Help Assessment of Need is a tool to use to assess the strengths and needs of children, young people and their families. It provides a framework for practitioners and families to work together to improve outcomes for children and young people, not just to avoid poor outcomes but to have ambitions and to thrive. [Follow the link for Early Help Practitioners Guide 2022-2025](#)

Young Carers

Who is a young carer?

A young carer is defined as “children and young people under the age of 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally disabled or misuses substances”.

The Children’s and Families Act 2014 and the Care Act 2014 both significantly strengthened the rights for young carers and outlines the requirements of local authorities, along with the Carers (Recognition and Services) Act 1995, there has been a clear and gradual shift in the focus for local authorities to deliver support to young carers and their families including carrying out a young carers needs assessment, taking a whole family approach and the need to improve the support for young carers transition to adulthood.

What is the impact of being a young carer?

Young carers overall development can be significantly and negatively impaired, irrespective of the type of care or frequency of care provided. Many young carers report feelings of isolation and are rarely ‘stress free’ from the pressures of home tasks, taking on adult ‘responsibilities’ both practically and emotionally and miss out on opportunities that other children have and take for granted such as seeing friends, playing, having hobbies, having opportunities to learn.

However, that said there are also good things about being a young carer including:

- Having a sense of accomplishment
- Being more independent
- Having the ability to handle different situations, having the confidence to cope and take ‘charge’.

We all have a statutory responsibility to identify young carers and the Early Help Young Carers Team within Children’s Services have the responsibility of completing an assessment and provide and/or coordinate support for all young carers in Walsall.

How to make a referral

To make a referral for a Young Carers Assessment or for more information about young carers and the support available please refer to the [Young Carers webpages](#).

LEVEL 4 STATUTORY INTERVENTION

A small proportion of children will require specialist help and support from Children's Social Care (level 4) to meet their needs where there is increasing evidence of serious or complex needs that are impacting on their health and development or there is a reasonable cause to suspect significant harm.

If a child or young person is at immediate risk of harm, contact the police on 999.

If you are supporting a child and are becoming increasingly concerned that their acute or complex needs are impacting upon their expected outcomes or are concerned about their safety, a referral can be made to the Multi-Agency Safeguarding Hub (MASH) using the electronic [Multi-Agency Referral Form \(eMARF\)](#).

Before completing an eMARF, you should discuss your concerns with your designated safeguarding lead (DSL) or line manager. If you are supporting a child, young person and their family at level 3 Early Help, you should follow the ['step up' Protocol](#) and should discuss with the locality Early Help Partnership Officer.

If you need to report a concern about a child urgently, you can contact MASH on 0300 555 2866 Monday-Thursday 08.45-17.15 and Friday 08.45-16.45. Outside of these hours, you can contact the Emergency Duty Team (EDT) on 0300 555 2922.

It is important, as professionals, to be open and honest with parents and carers and talk to them about any concerns you have in respect of their child and gain their consent for a referral to be made to Children's Social Care, unless doing so will significantly increase the risk of harm to a child.

When completing the eMARF, professionals should consider the following to support MASH practitioners in understanding the child, young person and families current needs and lived experience to ensure the right help and support is identified:



- > What are you worried about? Give clear and concise detail of your concerns.
- > What do you feel is the impact on each individual child within the family/household?
- > What is day to day life like for the child/children?
- > Consider any specific needs of the child/children, and how these are met by the parents/carers.
- > What is the child/children telling you? How do they feel? Do they have any worries?
- > Think about why you are making a referral today? What is different to yesterday?
- > Consider any observations made, particularly where children are too young or unable to verbally communicate.
- > What support has been offered to the family so far? What has gone well?
- > Consider any relevant history.
- > Any information from other partners that is relevant.
- > Differentiate between fact and professional opinion.
- > Consider any specific needs i.e., Language.
- > What do you feel needs to happen next?

Where there are concerns for a child relating to Exploitation, an [Exploitation assessment](#) should also be completed and be sent to missingexploitedchildren@walsall.gov.uk. The Exploitation Hub will review the exploitation assessment within the Multi-Agency Daily Triage and agree appropriate support and intervention for the child/young person in line with the Right Help, Right Time Guidance. Where there is evidence of a child or young person being exploited or being groomed/targeted for exploitation and a need for Level 4 Statutory Intervention from Social Care, an eMARF would also be required to MASH. [Video on Exploitation Assessment and exploitation guidance.](#)

Walsall Children's Social Care have a Disabled Children and Young People's Team who provide specialist social work intervention for children and young people aged 0-18 years who have a complex disability and are in need of specialist support and intervention at level 4. For the majority of children and young people who have a disability, support and intervention can be offered through universal services such as Health and Education, or through Single Agency or Multi-Agency Early Help. A small proportion of children with complex needs relating to their disability will require specialist social work intervention at level 4. Professionals cannot refer directly to the Disabled Children and Young People's Team, any referrals for disabled children and young people in need of specialist support and intervention, should be made to MASH through the eMARF. MASH would subsequently liaise with the Disabled Children and Young People's Team if there is a need for specialist statutory intervention. If a disabled child or young person requires short breaks, professionals should make this request through MASH. Walsall Children's Services [Disabled Children & Young Person's Team Eligibility Criteria.](#)

PRACTITIONERS GUIDE TO DETERMINING NEED

When thinking about what support is appropriate, we encourage you to consider how your own agency can support the family and what has been tried and tested previously.

This document is to guide your decision making in terms of threshold; however, it is only guidance, and it is important that you use your professional judgment, knowledge of the family, discussions with the family about what they need and want, and safeguarding training to determine how the family can be best supported. We recognise that each child and family member is an individual, and each family is unique in its make-up, so reaching decisions about levels of needs and the best intervention requires discussion, reflection, and professional judgement.

| | Level 1 – Universal No additional Needs | Level 2 – Single Agency Early Help Additional Needs meaning there is a risk of poor outcomes | Level 3 – Multi-Agency Early Help Additional needs meaning poor outcomes are likely | Level 4 – Statutory Intervention Acute needs – at risk of significant harm |
|------------------------------------|---|--|---|--|
| Child's Developmental Needs | <ul style="list-style-type: none"> • Achieving milestones • Any developmental delay is responded to appropriately. • Age appropriate, positive, and healthy relationships with parent/carer. | <ul style="list-style-type: none"> • Slow in reaching developmental milestones. • Missed health checks/immunisations. • Signs of disruptive or challenging behaviour, signs of offending or anti-social behaviour. • Relationship difficulties between child and parent/carer. • Unexplained but infrequent absences from school. | <p>Education:</p> <ul style="list-style-type: none"> • Child/young person has an average of less than 90% attendance (inclusion of authorised absence is optional) for 2 consecutive terms. • Or Child/young person average of less than 50% attendance unauthorised and authorised for 2 consecutive terms. • Or Not able to participate and engage with education due to motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around suitability of Elective Home Education, child/young person is off-roll and not receiving an education otherwise, risk of Not in Education, Employment or Training. • Child's special educational needs not being met. | <ul style="list-style-type: none"> • Direct disclosure of harm perpetrated by parent/carer or professional. • Concern about an unexplained injury/non-accidental. • Persistent and high-risk substance misuse. • Acute mental health difficulties e.g., severe depression, threat of suicide, psychotic episode. |

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|---|---|--|--|
| <ul style="list-style-type: none"> • Ability to cope with everyday emotional and relationship difficulties. • All identified is met by the provision of appropriate services. • Age-appropriate understanding of online safety. • Age-appropriate relationships with peers. | <ul style="list-style-type: none"> • Minor concerns regarding self-care. • Parental request for an assessment/support for a child with additional needs/respite support. • Underage sexual activity. • Unsafe or inappropriate use of the internet including contact with an unknown person/s or coercive or violent online behaviour. • Signs that the child is involved in substance misuse. • Difficulties with peer relationships. • Unsafe use of the internet, including contact with unknown persons. | <p>Early Years</p> <ul style="list-style-type: none"> • Child's (0-5 yrs) physical health needs not met e.g., immunisations not up to date, concerning accidental injuries, dental hygiene. • Child's (0-5 yrs) developmental needs not being met e.g., communication skills/speech and language, problem-solving, school readiness, personal, social and emotional development. <p>Health</p> <ul style="list-style-type: none"> • Baby/child/young person needs support with their mental health. • Child, young person and/or parent/carer require support with learning disabilities, neurodiversity conditions and/or physical health needs that affect the family e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations. • A child/young person using drugs and/or alcohol. • Child / young person violent or abusive in the home (to parents/carers or siblings) • Unsupported young carer or caring circumstances changed requiring additional support. • Non-recent emotional, physical, sexual abuse or neglect, within the household. • Child/young person going missing from home. • Child/young person identified as at risk of, or experiencing, sexual exploitation. • Child/young person experiencing harm outside of the family e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences. | <ul style="list-style-type: none"> • Physical/learning disability that means the child is unlikely to achieve, maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services by a local authority. • Child left alone or unsupervised based on age, development and/or maturity. • Safeguarding concerns for unborn baby including concealed pregnancy. • 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. • Child is at serious risk of Female Genital Mutilation, or a lead clinician has confirmed that the child has been subject to FGM. • Sexual activity with a child under the age of 13 years old. |

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|--|---|---|--|
| | | <ul style="list-style-type: none"> • Child/young person identified as at risk of, or being affected by, radicalisation. • Young person at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour. • Young person involved in crime and/or ASB. • Child currently or historically affected by domestic abuse. • Young person is Not in Education, Employment or Training. | <ul style="list-style-type: none"> • Safety and welfare seriously compromised by gang involvement and parents are unable to manage these significant risks. • Child emotional health and physical safety is compromised by exposure to radicalisation and extremist ideology. • Frequently going missing from home for long periods which seriously compromises the child’s safety and wellbeing. |

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|--------------------------|---|--|--|--|
| Parental Capacity | <ul style="list-style-type: none"> • Accesses services appropriately e.g., health and education • Appropriate feeding, diet and nutrition resulting in age-appropriate growth. • Parent ensures child is protected from danger. • Good attachments. • Parent able to implement appropriate boundaries. • Parents respond appropriately to advice given. • Parents are aware of extra familial risks in the community and are confident to raise concerns at an early stage. • Parents are connected to other parents of their child's / young person's peers and know who to contact to ensure appropriate supervision. | <ul style="list-style-type: none"> • Poor supervision of the child. • Missed health appointments with unscheduled attendances at GP and walk in appointments however still seeking unscheduled appointments or emergency care. • Anti-social behaviour. • Some positive stimulation, new experiences. • Inconsistent care arrangements. • Poor response to emerging need. • Concerns about attachment/ interaction. • Inconsistent parenting. • Risk of relationship breakdown. • Reported domestic abuse where impact on child is not immediately known, e.g., the child is not present. • Parents unable to give a picture of child or young person's peer group. • Absence of appropriate concern to implement parental safeguards in relation to their child or young person's harmful digital activity. | <ul style="list-style-type: none"> • Adult needs support with their mental health. • Parental illness or disability leading to inability to provide basic care. • Expectant or new parent/ carers who require additional or specialist support e.g., young parents, parents who have been in care, parents with learning needs. • An adult has a drug and/or alcohol problem. • Parent / carers require parenting support. • Harmful levels of parental conflict i.e., when it is frequent, intense or poorly resolved. • Adult (18+) involved in crime and/or ASB (at least one offence/arrest/named as a suspect/ASB incident) in the last 12 months. • Adult in the family is unemployed. | <ul style="list-style-type: none"> • 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. • Parents mental health or substance misuse seriously compromises the health, welfare and safety of the child. • Persistent instability and violence in the home. • Parents do not take appropriate action if child goes missing. • Indicators/concerns around Fabricated Induced Illness. |

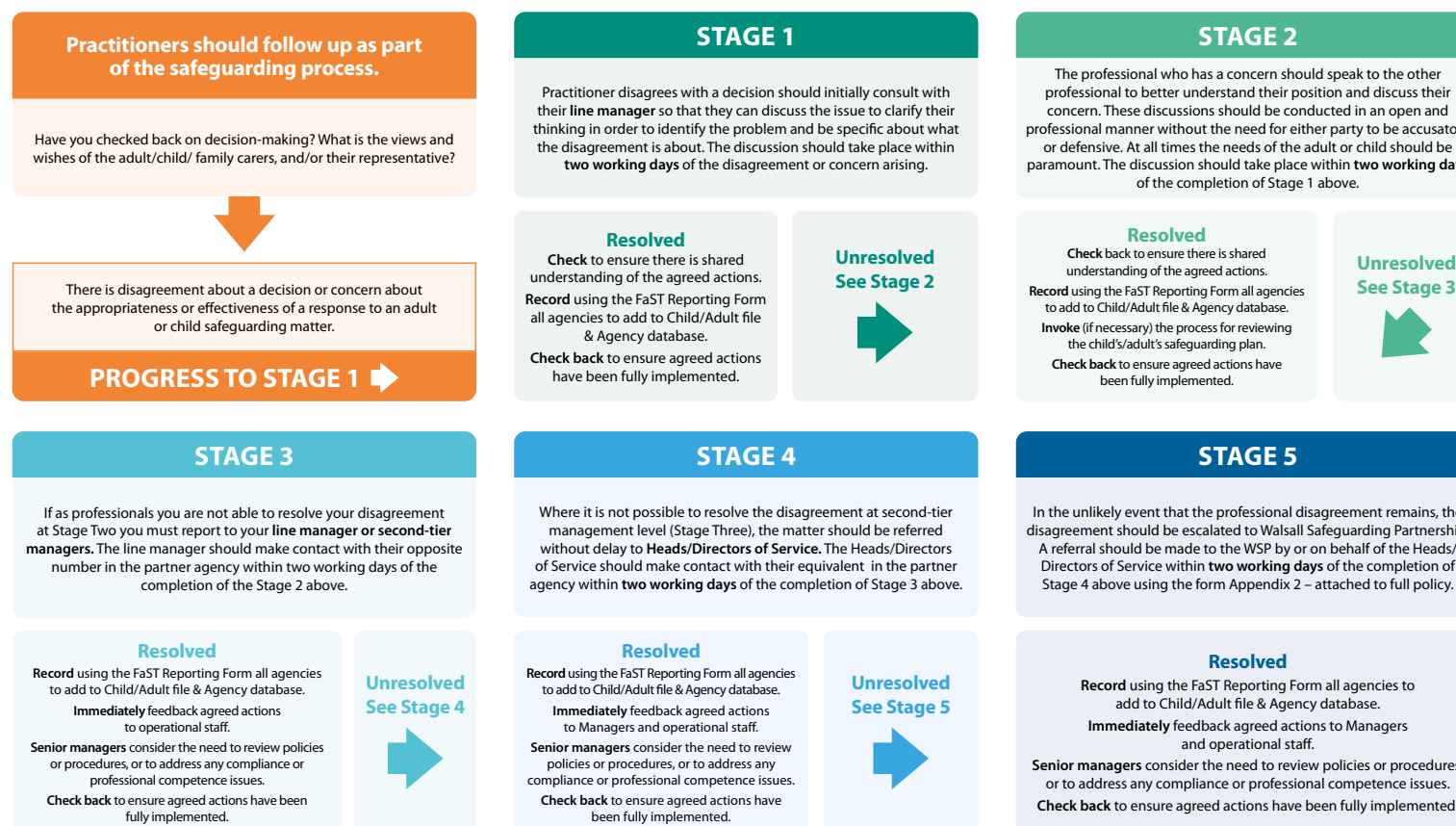
| | Level 1 – Universal No additional Needs | Level 2 – Single Agency Early Help Additional Needs meaning there is a risk of poor outcomes | Level 3 – Multi-Agency Early Help Additional needs meaning poor outcomes are likely | Level 4 – Statutory Intervention Acute needs – at risk of significant harm |
|---|--|--|--|---|
| Family & Environmental Factors | <ul style="list-style-type: none"> • Supportive and positive relationships and networks. • Good family relationships. • Accommodation has all basic required amenities. • Secure tenancy. • Family is able to manage financially using resources to meet needs. • Access to positive activities. | <ul style="list-style-type: none"> • Family affected by low income or unemployment. • Parental advice needed to prevent escalation. • Young carers. • Poor housing/ home environment impacting on the child’s health. • Poor access to core services. • Early signs of neglect. • Low level risk of exploitation as indicted on an exploitation screening tool. • Child or young person being pressured to become gang involved. • Child or young person exposed to violence and trauma within their peer associations. • Child or young person exposed to the selling of substances • Child or young person aware of others carrying weapons and feels compelled to do so. | <ul style="list-style-type: none"> • Family affected by domestic abuse or inter-personal violence and abuse - historic, recent, current or at risk (victim). • Adult in the family is a perpetrator of domestic abuse. • Families who are in local authority temporary accommodation and are at risk of losing this. • Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness. • Family require support with their finances and / or have unmanageable debt (e.g., rent arrears). • Concerns about inter-sibling violence and aggression which does not result in significant emotional or physical harm. • Parents socially excluded, no access to local facilities. | <ul style="list-style-type: none"> • Rejection by a parent/carer; family no longer want to care for - or have abandoned –child / young person. • Family is destitute, including families with no access to public funds, homeless, no financial needs of support. • Housing dangerous or seriously threatening to health. • Child has caring responsibilities that are having a detrimental and significant impact on his/her overall development including education, emotional, behavioural and social needs. • Child is privately fostered. • Unaccompanied minor. • Concerns about trafficking (including internal trafficking) • There are indicators that a child/ young person is at risk of honour-based violence or forced marriage. • Young people aged 16/17 at risk of, or who are homeless. |

FINDING a SOLUTION TOGETHER (FaST) – Policy and Process

Finding a Solution Together (FaST) Flowchart



All matters relating to the protection of children or adults, where there is imminent risk, must be resolved within 24 hours. This will require moving promptly through the stages of the FaST process.



CONTACT INFORMATION/ADDITIONAL SERVICES



MASH

Walsall Multi-agency Safeguarding Hub is open during office hours
- Monday – Thursday, 8.45am – 5.15pm Friday, 8.45am – 4.45pm.

Tel: 0300 555 2866

Emergency Out of Hours Duty Team (EDT)

Walsall offers an emergency response services between 5:15pm – 8:45 am Monday to Thursday and between 4:45pm on a Friday and 8:45am on a Monday, each weekend.

Tel: 0300 555 2922



Family Hubs

Walsall's 4 Locality Family Hubs provide a welcoming space where children, young people aged 0-19 and up to 25 for those young people with additional needs and their families can go to get advice and support when they need it.

North Locality Family Hub

Tel: 01922 654589

Opening times: 9am -5pm Monday to Friday

West Locality Family Hub

Tel: 01922 652959

Opening times: 9am -5pm Monday to Friday

South and Central Locality Family Hub

Tel: 01922 654545

Opening times: 9am -5pm Monday to Friday

East Locality Family Hub

Tel: 01922 658300

Opening times: 9am -5pm Monday to Friday



West Midlands Police

If you have reasonable cause to suspect that a child or young person is suffering, or at risk of suffering significant harm AND maybe in imminent danger, or a crime has been committed then you should contact the police. **Tel: 999**

NSPCC

NSPCC National Helpline

Don't wait until you're certain if you are worried about a child. If you have concerns or suspicions, contact the NSPCC free helpline service to speak to an NSPCC counsellor 24 hours a day, 365 days a year. They will listen to your concerns, offer advice and support and take action on your behalf if a child is in danger.

Tel: 0808 800 5000

Disabled children

We want all disabled children and young people up to the age of 17 to get the support and services they need to lead fulfilling lives and we want to be clear about what services are available and how to access them. We seek to provide a whole family approach and support transition into adulthood.

[Walsall Children's Services Disabled Children & Young Person's Team Eligibility Criteria](#)

Early Help

The process for Early Help assessment and the type and level of services to be provided – [Resources to support children & families who need support](#).

Social Care

The criteria and level of need for when a child needs services under:

[Section 17 of the Children Act 1989 \(Child in Need\)](#).

[Section 47 of the Children Act 1989 \(Reasonable cause to suspect a child is suffering or likely to suffer significant harm\)](#).

[Section 31 of the Children Act 1989 \(Care and Supervision Orders\)](#).

[Section 20 of the Children Act 1989 \(duty to accommodate a child\)](#).

Exploitation

Exploitation is a key priority in Walsall please see our [Exploitation tools and pathways](#) to support you.

Neglect – GCP2

Walsall Safeguarding Partnership (WSP) has identified Neglect as one of its key priorities and therefore a Neglect Strategy has been implemented to drive development and improvement around tackling Neglect in Walsall in order to improve outcomes for the children and families we are working with. The overarching aim of the strategy is for practitioners to be able to identify Neglect much earlier, preventing Neglect from the earliest possible opportunity. [Click the link for further information on GCP2 and resources](#)

Private Fostering

Private Fostering is when a child under the age of 16 (or 18 if disabled) is looked after for 28 days or more by someone who is not their parent or a relative, and the arrangement was made privately. [Click the link for further information and resources](#).

Local Authority Designated Officer (LADO)

Allegations are sometimes made against practitioners or others working with children and young people. It is a legal requirement that any agency must inform the local authority designated officer (known as the LADO) within one working day when an allegation is made against any member of staff or volunteer and prior to any further investigation taking place. [Click the link for further information on role of the LADO](#).

Whistle Blowing

Whistleblowing or confidential reporting policies are designed to encourage any member of staff to raise concerns if they suspect malpractice in their organisation. The Public Interest Disclosure Act 1998 encourages individuals to raise concerns about malpractice in the workplace. Staff should raise concerns within their organisation first, following the 'whistleblowing' or other organisational policy, unless they think the employer will cover it up, would treat them unfairly if they complained or hasn't sorted it out and they've already told them. If this is the case the employee can contact a Prescribed Organisation, which has a duty to deal with the concern. [Click Link for further information on whistle blowing.](#)

Pre-Birth Pathway

In Walsall Safeguarding Children Procedures on Pre-birth Assessments apply to all practitioners who have identified any concerns for an unborn baby and provide a framework for responding to safeguarding concerns and safe planning by practitioners working together, with families, to safeguard the baby. [Click here for further information on Pre-Birth procedures.](#)

Gillick Competency & Frazer Guidelines

[Gillick competency and Fraser guidelines](#) help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe.

Teenage Pregnancy Team

[Walsall Teenage pregnancy service offers](#) both support for teenage parents aged 13-19 (up to age 25 for those with special educational needs or a disability), and also prevention of teenage pregnancy for young people under 18.

Working with Fathers

There has been increasing awareness of the importance of [engaging with fathers and significant male others](#) through recent research projects and publications. Walsall Safeguarding Partnership have been working hard to ensure we are inclusive with Fathers.





