

Right Help, Right Time

Delivering effective support for children and families in Birmingham

Guidance for practitioners

Version 6 - January 2025



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Introduction

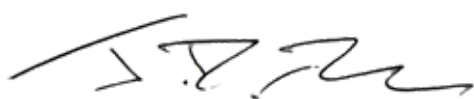
This refreshed **Right Help, Right Time (RHRT)** is essential guidance for everyone who works, or comes into contact, with children, young people, and their families in Birmingham.

RHRT provides practice guidance on how we respond both individually and collectively to children and their families, in accordance with the layers of needs they are experiencing.

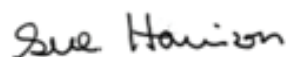
Whatever your role as a practitioner or volunteer, it is important you do this in a way that enables Birmingham to be a great place for children to thrive, be safe, and grow up to reach their full potential.

Our collective mission is to deliver the Right Help at the Right Time (and in the right place) by coordinating our efforts, sharing information, and putting the child and their experience at the centre of everything we do.

You are part of a network that can enable good and better outcomes for children and their families by working well together, valuing each other's skills and experience, and by recognising our commonality, difference and diversity.



James Thomas
Chief Executive
Birmingham Children's Trust



Sue Harrison
Strategic Director of
Children and Families
Birmingham City Council



Helen Kelly
Acting Chief Nursing Officer
NHS Birmingham & Solihull
Integrated Care Board



Richard North
Chief Superintendent
West Midlands Police



Purpose of this guidance

Safeguarding is everyone's business.

Right Help, Right Time is designed to help you recognise what children* and family's needs are, and to take action with other practitioners and professionals to safeguard and provide support to them.

It is important to offer help as early as possible to improve a family's resilience and reduce the chances of their circumstances getting worse, as well as to recognise and act promptly when there is a risk of harm to a child.

The guidance describes four layers of need:

UNIVERSAL NEEDS

UNIVERSAL PLUS NEEDS

ADDITIONAL NEEDS

COMPLEX/SIGNIFICANT NEEDS

Along with the layers of need, this guidance explains the actions that you can take to get the right help for the family in accordance with relevant legislation.

It includes key information that you need to access early help and support for children and families, including where there are concerns about a child's safety.

Right Help, Right Time will assist you to be sensitive to need, professionally curious and proactive in enabling a child you are working with to thrive and be kept safe.

** = As in the Working Together 2023 guide, this threshold document describes a child as anyone who has not reached their 18th birthday. When used, 'children' therefore means 'children and young people'.*



Our ambition

In Birmingham, our ambition is to create a city where every child is safe, healthy, happy, and respected. We strive to ensure that all children have access to the right help at the right time.

Our approach is rooted in collaboration, bringing together families, communities, and professionals across sectors to provide compassionate, timely, and effective support.

Our goals are clear:

- **SAFETY AND PROTECTION:** Every child will feel safe in their homes, schools/educational settings, and communities. We will work tirelessly to safeguard them from harm and ensure their well-being.
- **HEALTH AND WELLBEING:** We will promote the physical and mental health of our children, ensuring they have access to the necessary resources and support throughout their life course.
- **INCLUSION AND RESPECT:** We will foster an inclusive city where every child feels valued and respected. Their voices and lived experiences will be at the heart of our decision-making processes.
- **OPPORTUNITIES AND GROWTH:** We will connect children to meaningful opportunities that prepare them for adulthood, enabling them to reach their full potential.

Together, we will make Birmingham a great place to grow up, where every child can confidently connect with help they can trust.



Guiding principles and layers of need

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

We will:

- provide effective help and support as early as possible,
- have conversations and listen to children and their families as early as possible,
- understand the child's lived experience,
- work collaboratively to improve children's life experiences,
- understand the child's cultural identity and needs, and recognise where there is disadvantage and discrimination,
- be open, honest and transparent with families in our approach,
- empower families by working with them,
- work in a way that builds on the families' strengths, and
- build resilience in families to overcome difficulties.

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

RHRT sets out a clear framework to guide discussions with the child and family. It is your responsibility to talk to others involved with the child and family to discuss how best to support them in a timely way. The aim is to act quickly to prevent needs escalating. There will always be circumstances that are not covered in this guide or particular issues that will rely on the professional judgement of frontline workers and of their managers.

RHRT sets out **four layers of children's needs:**

UNIVERSAL NEEDS

UNIVERSAL PLUS NEEDS

ADDITIONAL NEEDS

COMPLEX/SIGNIFICANT NEEDS



Guiding principles and layers of need

UNIVERSAL NEEDS

A range of services such as maternity services/health visiting services, school nursing, GP practices, early years, school and education settings, housing and youth services are provided as a right to all children including those with Universal Plus, Additional and Complex needs. These services are also well placed to recognise and respond when extra support may be necessary. This may be because of the child's changing developmental, health and wellbeing needs or parental or family circumstances.

UNIVERSAL PLUS NEEDS

Children with Universal Plus needs are best supported by those who already work with them such as health professionals, children's centres, school settings, and they should organise additional support with local partners as needed. This can be through an Early Help Assessment and an Our Family Plan. [CLICK HERE](#) The Early Help District Team(s) can support the lead professional and family in a more intensive way. To access the Early Help District Team(s) [CLICK HERE](#) then scroll down the page and complete a Family Connect form for professionals. Go to the form: [CLICK HERE](#)

ADDITIONAL NEEDS

For children with Additional needs a co-ordinated multi-disciplinary approach is usually best led by a professional already known to the family. The lead professional will engage the family and other professionals to co-ordinate support through one plan. Where the support needed is more than a Lead Professional can organise effectively. Please contact the Locality Hub for support and advice that can be offered to families. A Family Connect Form [CLICK HERE](#) can be completed if further support from services is required.

COMPLEX/SIGNIFICANT NEEDS

Children with Complex and Significant needs are those who are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services, or the child is disabled. Where there is reasonable cause to suspect a child is suffering, or likely to suffer significant harm, child protection enquiries must be considered. Examples of specialist services include children's social care, accessed via Children's Advice and Support Service (CASS); Child and Adolescent Mental Health Services (CAMHS) accessed via Forward Thinking Birmingham, Birmingham and Solihull Mental Health Trust and Youth Justice Service.

To refer to CASS [CLICK HERE](#) and complete the **Request for Support** form, ensuring that you follow the guidance.



Child-centred layers of need

UNIVERSAL NEEDS

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

UNIVERSAL PLUS NEEDS

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

ADDITIONAL NEEDS

When a child and their family have needs that may require an intensive or substantial package of support, where these can be met without the need for statutory social work intervention.



COMPLEX / SIGNIFICANT NEEDS

When a child's health and development may be impaired without the provision of services, or where there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm.



Be aware of how a child is vulnerable to or experiencing these harms online (including social media and messaging apps) and take appropriate action as needed.



Questions for you to consider

The child

- Is the child vulnerable to or experiencing harm online including social media, and messaging apps?
- What are the protective factors or positive influences in the child's life to help reduce risk or deal with stressful events?
- Will a permanent exclusion escalate the child's vulnerability?
- Is the child suffering harm or likely to suffer significant harm?
- How is this affecting the child's health and development?
- What did the child say or communicate about these worries?
- What advice and support have I offered the child and their family?
- Is the child vulnerable within the community?
- What will the impact be for the child if action is not taken?
- Are risks escalating due to non-engagement with agencies?
- Is this a child who is likely to become 'out of sight of services'* , for example, permanently excluded, no school** place, electively home educated, has severe absence (50% or less) or is not known to universal services?

The child's family

- What are the strengths of the family and what is working well?
- What did the family say about these worries?
- Has their response helped my decision making?
- What is the picture of the family as a whole?
- What are the needs of any siblings and parents?
- Is there evidence of parent's adverse childhood experiences (ACEs) impacting on the child?
- What help does the family need?
- Does the family consent to sharing information?
- Does the family agree to an offer of help and support?

My approach

- What are my worries?
- What are the complicating factors making the problem more difficult to deal with?
- What is the advice from my line manager or safeguarding advisor?
- What is the view of other professionals involved with the child/family?
- What action will I take if consent is not given?

The purpose of these questions is to have a better understanding of the child and family's lived experiences.

Remember:

- **Be curious; put yourself in the child's place.**
- **Recognise that views and interests may differ.**
- **Treat all family members with respect, and show empathy.**

* = Children are considered 'out of sight' where practitioners across various universal services are unable to offer services consistently, hindering a comprehensive understanding of their development and progress. ** = Throughout this document 'school' refers to all education settings appropriate to the child's age.



Information sharing and consent

1. Protecting a child from abuse and neglect takes priority over protecting their privacy or the privacy of their family or legal guardian.

2. When you have a safeguarding concern, wherever it is practicable and safe to do so, communicate with the child and/or their carer(s), and explain:

- **what** you want to share;
- **with whom;** and
- **why** you want to share it.

You are not required to inform them if you have reason to believe that doing so may put the child at increased risk of harm.

3. Be transparent and work cooperatively with the child and their family wherever possible, but you do not need consent to share personal information about a child and/or members of their family if a child is at risk or there is a perceived risk of significant harm.

4. Do not leave a child at risk of harm because you have concerns you might be criticised for sharing information. Instead, seek advice from whomever in your organisation can assist in this area including your manager/supervisor or your organisation's Designated Safeguarding Lead (smaller organisations can contact the NSPCC).

5. When sharing information, ensure you and the person or agency/organisation that receives the information take steps to protect the identities of any individuals who might be at risk if their details become known to an abuser.

6. Only share information with individuals or agencies/organisations that have a role in safeguarding the child and/or providing their family with support. The information must be necessary, proportionate for the intended purpose, relevant, adequate and accurate.

7. When another practitioner or organisation requests information from you, record your reasons for sharing information, or for withholding it. Be prepared to explain your decision whenever asked and be willing to reconsider if you are presented with further facts that make you see things differently.

- **CLICK HERE** to view the advice from the DfE the above principles are based on.
- **CLICK HERE** to view additional ICO guidance on how information can be shared.

If the child is aged 13-16, consider whether they give evidence of competency and understanding to make an informed decision to agree to help and services (as per Gillick competence for medical treatment).



Examples of required assessments

Government legislation entitles some children to an assessment by the Local Authority (Children's Social Care) in some circumstances, irrespective of layers of need. **These include:**

Child or circumstance	Assessment or action required
16/17-years-old presenting as homeless	Children's Services must carry out an assessment of what duties, if any, are owed to them.
Unaccompanied Asylum Seeking Children (UASC)	Local authorities have a duty to assess under Section 17 CA 1989.
Privately fostered children	Arrange for an officer of the authority to carry out an assessment within 7 working days.
Children to be adopted by a step-parent	Local Authority to complete an assessment three months before the application.
Young Carers	A local authority in England must arrange for a Young Carer's Assessment to be completed to determine the support that is required.
Parent with a disabled child requesting a carer's assessment	Local Authority to determine which service will complete an assessment.
Child receiving services under S117 of the Mental Health Act	Integrated Care Boards and Children's Social Care to perform an assessment of need.
Children with a disability	Local Authority will determine which service is best placed to carry out an assessment. CLICK HERE for the policy. S17 CA1989 also refers here.
Also relating to CASS / MASH: When local authorities request information as part of the Education, Health and Care (EHC) needs assessment process, those supplying the information must respond in a timely manner and within a maximum of six weeks from the date of the request.	



Universal Needs

Development needs of a child

Education and learning needs

- Enjoys and participates in learning activities
- Access to books, toys and age-appropriate learning
- Good links between home and school
- Has experiences of success and achievement
- Planning for career and adult life
- Has suitable elective home education arrangements in place and engages well with services
- Has an overall pattern of regular school attendance

Health needs

- Health needs being met
- No worries regarding diet and nutrition
- Good enough hygiene
- Developmental and health checks/immunisations up to date
- Developmental milestones appropriate
- Safe and age-appropriate sexual activity
- Child under 5 years; is engaging with maternity, health visiting and early years

Emotional and behaviour needs

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



Universal Needs

Development needs of a child

Family and parenting needs

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



Universal Needs Plus

Development needs of a child



Be aware of how a child may be vulnerable to or currently experiencing these harms online (including social media, messaging and gaming) and take appropriate action as needed



Education and learning needs

- Has some identified learning needs or disability or receives Special Educational Needs (SEN) Support in nursery/school, and the barriers to the child engaging fully in the education setting require whole family help and support
- Language and communication difficulties
- Has an emerging pattern of poor school attendance
- Is disengaged with education services, is out of school, or has never attended school (or otherwise not receiving a suitable education) and not known to Universal services
- Low motivation to engage in learning
- Not reaching educational development potential
- Physical disability needs requiring targeted support
- Suspended from school/education setting
- Not in education, employment or training post-16

Health needs

- Emerging worries regarding diet, hygiene, clothing (** see page 29)
- Defaulting on immunisations, development checks, health/dental appointments
- Slow in reaching developmental milestones
- Emerging worries regarding substance misuse
- Child under 5 years; parents/carers choose elective free birth, no consent for maternity or health visiting services



Universal Needs Plus

Development needs of a child

Emotional and behaviour needs

- The use of social media that could place a child at risk of harm or exploitation (* see page 29)
- Some difficulties with family or peer group relationships
- Some insecurities around identity expressed
- Finds managing change difficult
- Can behave in an anti-social way, such as minor offending
- Can be over-friendly or withdrawn or not aware of risk
- Change in communication leading to a more guarded/secretive self
- May be engaged in bullying behaviour
- Moderate* post-traumatic stress disorder and/or obsessive-compulsive disorder
- Moderate* anger management issues
- Victim of crime or bullying
- Slow to develop age-appropriate self-care skills
- Not always adequate self-care e.g. poor hygiene
- Age-inappropriate clothing and appearance
- Disability limits amount of self-care possible
- Experienced loss of significant adult or family member
- Low self-esteem
- Moderate* depression, anxiety, self-esteem or confidence issues
- Moderate* stress
- Moderate* health anxiety
- Moderate* mental ill health issues emerging such as regular self-harm, and/or eating disorders

* = Moderate for example occasional, infrequent, only occurring in one setting

Family and parenting needs

- Inconsistent responses to child by parent/carer
- Starting to show difficulties with attachments
- Child spends considerable time alone
- Rarely exposed to new experiences
- Taking on a caring role for parent/carer or may look after younger siblings



Universal Needs Plus

Development needs of a child

Family and parenting needs

- Parent has physical or mental health difficulties
- Parental stress starting to affect ability to ensure child's safety
- Parental conflict or domestic abuse/coercive control with the potential for emotional impact on the child or children
- Multiple changes of address
- Limited support from extended family and friends
- Families who are under 'Immigration control' (i.e. where they require permission to enter or remain in the UK and who are generally excluded from entitlement to public funds) resulting in them having No Recourse To Public Funds (NRPF)
- Poor state of repair, temporary or overcrowded or unsafe housing
- Intentionally homeless
- Poor parental engagement with services
- Parent/carer requires advice on parenting issues
- Parent's own emotional needs beginning to impact on child's wellbeing
- Teenage pregnancy
- Some exposure to dangerous situations in home/community
- Lack of emotional warmth
- Unable to develop other positive relationships
- Parent/carer offers inconsistent boundaries
- Lack of routine in the home
- Lack of positive role models or existence of significant others who are poor role models
- Parents struggling to have their own emotional needs met
- Family new to area
- Some social exclusion or conflict experiences
- Limited access to universal resources or community facilities
- Periods of unemployment of parent/carer
- Financial/debt problems
- Learning disability/physical disability of a parent or carer where they have some difficulty meeting the growing needs of the child



Additional Needs

Development needs of a child



Be aware of how a child may be vulnerable to or currently experiencing these harms online (including social media, messaging and gaming) and take appropriate action as needed



Education and learning needs

- Consistently poor nursery/school attendance and punctuality, with school attendance below 90%
- Not in education (under 16)
- Has identified Special Educational Needs and Disability (SEND) requiring both additional support and the involvement of outside agencies, and the barriers to the child engaging fully in the education setting requires whole family help and support
- Child aged 14 or over where preparation for adulthood has not yet started
- Three or more suspensions, or more than 15 days suspended in an academic year: access Early Help District Team(s)
- Permanently excluded from school, Year 7 and above: access Early Help District Team(s)
- Previous/ongoing CASS referrals have been made and the child is home educated or out of sight to universal services (** see page 29)

Health needs

- Health/dental worries not accepted or addressed – treatment not being sought/adhered to (** see page 29)
- Multiple health problems/disability
- Consistently missing required health appointments (** see page 29)
- Overweight/underweight where no organic cause
- Regular substance misuse including drugs/alcohol
- Developmental milestones not being met
- Self-harming behaviours



Additional Needs

Development needs of a child

Health needs

- Child under 5 years; parents/carers with late presentation of pregnancy, no antenatal care or consent for Health Visiting services, not registered with GP and/or the following parental factors exist: mental ill health, substance misuse, domestic abuse/coercive control, learning disability (** see page 29)
- Previous/ongoing referrals to CASS have been made
- Child with a health problem which is unclear, where advice or support has not been sought

Emotional and behaviour needs

- Persistent disruptive/challenging/criminal behaviour (* see page 29)
- Exhibiting extremist language/ behaviour
- Vulnerable to negative peer groups (gangs) (* see page 29)
- Sexualised behaviour
- Vulnerable to criminal or sexual grooming (* see page 29)
- Missing from home or change in behaviour/routine suggesting development of inappropriate relationship (* see page 29)
- Child lacks a sense of safety and so can increase the risk of them being in danger
- Unable to demonstrate empathy and does not have a suspected and/or diagnosed need that may explain lack of empathy
- Experiences of persistent discrimination, based on race, sex, sexual orientation, disability, religion or belief
- Poor self-care for age
- Disability prevents self-care in a significant range of tasks
- Very poor self-esteem
- Difficulty in coping with anger/ frustration and upset
- Child demonstrates thoughts, behaviours, distress and/ or impact on functioning that may be consistent with a (working) diagnosis, and treatment is focused on achieving short/medium term psycho-social goals
- Without treatment or intervention, the child would require a more intensive level of care



Additional Needs

Development needs of a child

Family and parenting needs

- Where a child receives erratic/inconsistent poor-quality care (** see page 29)
- Parental capacity affects ability to nurture (** see page 29)
- Parent in prison and/or sence of positive relationships
- Persistent parental conflict impacting on child's wellbeing
- Not receiving positive stimulation
- Difficult to engage parents/carers – reject advice/support
- Where parent(s) are continually struggling to provide care, despite appropriate support being in place (** see page 29)
- Professionals concerned basic care won't be provided (** see page 29)
- Parent's mental health problems or substance misuse affects care of child (** see page 29)
- Parents perceive child's safety outside the home to be a real problem (* see page 29)
- Neglect identified (** see page 29)
- Parents socially excluded
- Unsafe situations, such as criminal activity, drugs, alcohol (** see page 29)
- Incidents of domestic abuse/coercive control with impact on victim or children
- Family has serious physical/mental health difficulties
- Drug use or alcohol dependency by parent/carer
- Poor relationship/little communication with wider family
- Vulnerable accommodation, such as a friend's house
- Parents struggle to engage to set effective boundaries
- Child is carer for family member
- Lack of basic skills or long-term substance misuse hinders parent's employability
- Chronic unemployment that is affecting family
- Serious debts/poverty impact on ability to meet basic needs
- Community are hostile to family
- Learning disability/physical disability of a parent or carer where they have difficulty meeting the growing needs of the child (** see page 29)



Complex/Significant Needs

Development needs of a child



Be aware of how a child may be vulnerable to or currently experiencing these harms online (including social media, messaging and gaming) and take appropriate action as needed



Education and learning needs

- Where a primary school age child is at risk of being permanently excluded
- Persistent poor school attendance if in conjunction with other complex and significant needs
- Child is in elective home education or out of sight; family have disengaged with all services and there are safeguarding concerns; child with severe absence (less than 50%) (** see page 29)

Health needs

- Suspicion of child sexual abuse under the age of 18 (even if no direct disclosure by the child) (* see page 29)
- Concealed pregnancy by an under 16-year-old (* see page 29)
- Pregnancy or sexually transmitted infection (STI including anogenital warts and herpes) of a child under 13. A strategy discussion must be held and child sexual abuse medical considered within the strategy discussion
- If a child is suffering severe/chronic health problems, developmental delay or disability where treatment is not being sought or adhered to (** see page 29)
- A child who is failing to grow or gain adequate weight (Failure to Thrive) due to abuse or neglect (** see page 29)
- Persistent and high-risk substance misuse (* see page 29)
- Suspicion of and/or concealment of drugs and/or money either vaginally, rectally or both. Strategy discussion and child sexual health medical to take place as this should be seen as sexual assault and can result in drug debt bondage and could be life threatening (* see page 29)
- Where a child has been issued with a Threat to Life (TTL) notice by the Police (* see page 29)



Complex/Significant Needs

Development needs of a child

Health needs (ctd)

- Repeat dental extraction/repeated concerns for health. Neglected children and/or previous children removed from the home for neglect, where a child is being denied medical attention (** see page 29)
- Child significantly under/overweight (** see page 29)
- Suspicion of fabricated or induced illness. A strategy discussion must be held and child protection medical considered within the strategy discussion
- Child in tier 4 mental health provision or there is a likelihood of admission to tier 4 provision or the child is entitled to aftercare under Section 117
- Any bruise or other injury to a non-mobile baby or to a disabled child where the explanation provided is not consistent with the injury
- Any bruise or other injury in unusual locations in a mobile child without a reasonable explanation
- Child with learning disability or who is autistic and is in a tier 4 mental health hospital bed, is identified as being at risk of admission on the Dynamic Support Register, or is in receipt of Section 117 aftercare in the community
- Child diagnosed with a learning disability and/or autism at risk of a being admitted to a mental health hospital should be identified on the local Dynamic Support Register (DSR), following a process of consent/best interest decision as required
- Child under 5 years; parents/carers late presentation of pregnancy or no antenatal care, disengaged with all health services and there are safeguarding concerns (** see page 29)
- Child with a health condition (requiring checks) not been seen by a health professional for 12 months (** see page 29)
- Challenging/disruptive behaviour putting self or others in danger
- At significant risk or already being sexually exploited (* see page 29)
- Child is at risk of being trafficked. This includes being found in/out of borough/country (* see page 29)
- Peer-on-peer abuse (* see page 29)



Complex/Significant Needs

Development needs of a child

Emotional health and behaviour needs

- Child is at significant risk of gang affiliation and/or criminal exploitation including signs of drug dealing or found out of area (*** see page 29**)
- Harmful sexual behaviour (*** see page 29**)
- Sexual activity child under 13 (*** see page 29**)
- Abuse by an adult or concerns about a relationship with an older adult (*** see page 29**)
- Chronically socially isolated
- Frequently missing from home/care that places the child at significant harm (*** see page 29**)
- Child persistently missing from home/school e.g. running away, unaccounted for by parents/carers or absconding (*** see page 29**)
- Child or family member demonstrates extremist actions or behaviour that indicate radicalisation and may cause harm to themselves or others
- Child has close relationships with people demonstrating extremist views and/or actions/behaviours
- Serious violent offending behaviour including use of weapons (*** see page 29**)
- Persistent poor and inappropriate self-presentation
- Significant impact of traumatic event
- Acute mental health problems, such as: severe depression; threat of suicide; psychotic episode which risks admission to a psychiatric unit
- Deterioration of mental health leading to risk to self and/or others, including the risk of suicide or serious self-harm
- Child is a victim of gun and/or knife crime, which may result in threat to life or injury (*** see page 29**)
- Drug debt (*** see page 29**)
- Concealment of drugs internally (*** see page 29**)
- Child within the National Referral Mechanism (NRM) process
- Child arrested for involvement in serious youth violence which has led to a child/adult going into hospital (*** see page 29**)



Complex/Significant Needs

Development needs of a child

Emotional health and behaviour needs (ctd)

- Child returning home under the influence of drugs and/or alcohol (* see page 29)
- Child suspected of being criminally exploited including new and/or excessive involvement with unknown adults/young people including online or excessive phone calls/messages (* see page 29)

Family and parenting needs

- Parents consistently unable to provide 'positive enough' parenting that is adequate and safe
- Previous children removed from parent's care
- Domestic abuse/coercive control, including during pregnancy
- Regularly hungry, very unclean, clothing smells (** see page 29)
- Any allegation of abuse or serious neglect or a suspicious injury in a pre or non-mobile child or a child with a disability (** see page 29)
- Persistent instability and violence or abuse in the home
- Incidents of domestic abuse which include reported strangulation, rape, stalking or assault with intent where there is a child or unborn in the home
- Parent and/or child have significant involvement in crime (* see page 29)
- Parents unable to keep child safe and secure (** see page 29)
- A child at risk of honor based abuse, forced marriage or female genital mutilation
- Child under the age of 18 at risk of marriage (including religious ceremony, within the UK or abroad)
- Poor/harmful sibling relationships
- Involving a child in crime or significant anti-social behaviour and/or negative influence from family involved in drugs/crime/illegal (* see page 29)



Complex/Significant Needs

Development needs of a child

Family and parenting needs (ctd)

- Parent's mental health problems or substance misuse significantly affects care of child and/or pregnancy (** see page 29)
- An individual with serious child related offences visiting/moving into a household with children (* see page 29)
- Downloading sexual imagery of children (* see page 29)
- Case discussion at MARAC (multi-agency risk assessment conference – domestic abuse) where there are children, including unborn children
- Where perpetrators who are managed by MAPPA (multi-agency public protection arrangements) have contact with children whether they have parental responsibility or not
- Allegations or suspicion about a serious injury or sexual abuse to a child (* see page 29)
- Unaccompanied refugee/asylum seeker
- Privately fostered
- Emergency housing needs as a consequence of fleeing domestic abuse/gang reprisal
- No effective boundaries set by parents/carers (** see page 29)
- Child beyond parental control
- Periods of accommodation by Local Authority and worries are re-emerging
- Learning disability/physical disability of a parent or carer where they are unable to meet the growing needs of the child
- Family breakdown leaves child at risk
- Grossly under-stimulated (** see page 29)
- Child is main carer for family member
- Subject to physical, emotional or sexual abuse or neglect (* and ** see page 29)
- Any duration of pregnancy where there is a significant history when a child has been previously removed
- Child abandonment and/or parent's inconsistent, critical or apathetic attitude to a child may result in significant harm (** see page 29)



Complex/Significant Needs

Development needs of a child

Family and parenting needs (ctd)

- Suspicion of fabricated or induced illness
- Dysfunctional attachments between parent and child leading to significant harm
- Extreme poverty/debt impacting on ability to care for child
- The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development (** see page 29)
- Risk of destitution and or homelessness due to some families being subject to 'Immigration control' (i.e. where they require permission to enter or remain in the UK and who are generally, excluded from entitlement to public funds) resulting in them having No Recourse To Public Funds (NRPF)



How to access support for children

UNIVERSAL NEEDS

Children who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education.

They may also use leisure and play facilities, housing or voluntary sector services.

What to do next:

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

UNIVERSAL PLUS NEEDS

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

What to do next: A single universal service or more services are likely to be involved; these services should work together to provide timely, effective help and support.

Talk to the child and family and seek consent to obtain and share information with others. The agency that knows the child/family best should take a co-ordinated approach, organising support with local partners as needed. This can be through an Early Help Assessment and Our Family Plan. [CLICK HERE](#) to view.

Where the support needed is more than a Lead Professional can organise effectively, the Early Help District Team(s) can support the Lead Professional and family.

To access the Early Help District Team(s) [CLICK HERE](#) and complete the Family Connect Form.



How to access support for children

ADDITIONAL NEEDS

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

What to do next:

Talk to the child and family about your worries and seek consent, obtain and share information with others.

- 1)** A number of services work together co-ordinated by a Lead Professional using the Early Help Assessment and a Multi- Agency Family Plan. The Lead Professional will engage the family and other professionals to co-ordinate support for the family.
- 2)** Where the support needed is more than a Lead Professional can organise effectively, the Early Help System Teams can support the Lead Professional and family in a more intensive way.

Consider whether to seek advice or support from CASS or book on for an Early Help Conversation with your Early Help District Team(s) using the Family Connect Form.

To access the Early Help District Team(s) [**CLICK HERE**](#) and complete the Family Connect Form.



How to access support for children

COMPLEX/SIGNIFICANT NEEDS

A child or their family have needs that are so complex or significant that the child's health and development may be impaired without the provision of services or where there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm.

What to do next:

Talk to the child and family and seek consent to make a referral to CASS, unless you believe the child is at immediate risk of significant harm or would be placed at risk of further significant harm.

To access help from CASS

CLICK HERE

and complete the 'Request for Support' form, ensuring that you follow the guidance.

Seek advice from the Designated Safeguarding Manager in your agency and/or the **Children's Advice and Support Service (CASS)** on:

0121 303 1888 (Option 2, Option 2)

CASS operates between 8.45am and 5.15pm Monday to Thursday and 8.45am to 4.15pm on Friday.

Outside these hours, please call the **Emergency Duty Team (EDT)** on:

0121 675 4806

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



Resolving professional disagreements

If you have concerns about how partners are handling a case, there is a process to address this at each appropriate level.

CLICK HERE to access the Regional Child Protection Procedures for West Midlands. Select 'Birmingham' from the drop down box, then click on 'Resolution of Professional Disagreements about Safeguarding Children' to see the policy.

Key websites and **screening tool** links

To access all of the documents and guidance referred to within **Right Help, Right Time** visit the websites or click on the links below for the latest versions:

www.lscpbirmingham.org.uk

Throughout this document we have referenced where to use particular **screening tools**. See links to screening tools below:

* (one star) **Combined Exploitation screening tool** **CLICK HERE**

** (two stars) **Neglect screening tool** **CLICK HERE**

<https://bit.ly/familycf>

- for the 'Early Help Handbook' and 'Family Connect' form.



Icons on page 8, 14,17 and 20 are designed using resources from **Flaticon.com**





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