

# Dudley's Continuum of Help and Support

FOR CHILDREN, YOUNG  
PEOPLE AND FAMILIES

Practice guidance for working  
together to help children  
and families thrive through  
the provision of early help,  
intensive and specialist  
statutory support.



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# Introduction

## Welcome to the Dudley Safeguarding People Partnership (DSPP) Continuum of Help and Support for children, young people and families.

This guidance sets out a clear framework for how we work together and share information to assess and support families in Dudley. It outlines the service responses that can be expected across the partnership for children, young people and families who have differing levels of need, working collaboratively to improve children's life experiences and chances.

Our aim is to support families to become stronger and more resilient by building on existing strengths. By placing the child, young person and family at the centre and working alongside families to find solutions early, we can prevent difficulties from escalating and prevent the need for more complex and intrusive intervention by professional agencies.

Listening to children/young people; understanding their history and seeing them within the context of their families and communities, helps us to understand their lived experience. This is the basis for developing effective helping relationships through which families can be supported to achieve change and improve their circumstances.

Most children and young people have a number of basic needs that are well supported through a range of universal services alongside the care given by their families, carers, friends and community. These services include early years education and childcare; schools and colleges; maternity, health visiting and GP's; housing; youth services; leisure facilities and services provided by voluntary organisations.

However, some children and young people will require additional support to be healthy, safe from harm and reach their full potential:

Dudley's Continuum of Help and Support for children, young people and families, represents a spectrum of needs across 4 levels. It supports a common understanding of Dudley's partnership approach to helping children and families and encouraging a consistent approach to support and intervention.

The four levels used in this guidance are to enable all to assess individual need and help to identify the best way of supporting a child, young person or family.



# Key principals of practice

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The continuum of help and support for children, young people and families, seeks to be aspirational for children and families in Dudley. It sets the foundations for building strong partnerships and collaborative relationships where supportive and challenging conversations can take place.

Strong multi-agency and multi-disciplinary working is vital to identifying and responding to the needs of children and families.

'... no single practitioner can have a full picture of a child's needs and circumstances so effective sharing of information between practitioners, local organisations and agencies are essential for early identification of need, assessment, and service provision to keep children safe. Rapid reviews and child safeguarding practice reviews have highlighted that missed opportunities to record, understand the significance of, and share information in a timely manner can have severe consequences for children.'

*(Working Together 2023)*



- **We will use relationships to maximise child and family participation and the co-production of plans**
- **We will work with the whole family, recognising that unmet parental needs and challenges impact on the daily lived experience of children**
- **We will focus on the lived experience of the child or young person and seek to hear and respond to their voice**
- **We will have open and honest conversations with parents and carers so that we can understand their experiences from the perspective of the family**
- **We will provide help and support as early as possible, working in a way that empowers families, by building on strengths and increasing resilience. We will reduce the level of support provided at the right time for families**
- **We will ensure a multi-agency, coordinated approach to delivery of services**
- **We recognise that children live within a wider network of family and community support and value the contribution that these relationships can have in supporting child and family well-being and safety. We will focus on achieving permanency within birth families where this is possible**
- **We will practice in a relational and trauma informed way with families**
- **We will ensure our practice adheres to the Equality Act 2010**

# Information sharing and consent

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**Consistent with Working Together to Safeguard Children 2023, Dudley's Continuum of Help and Support for children, young people and families, operates on the principle that every child/young person and their parent/carer has the right to be told when a professional is worried about the safety or wellbeing of their child by that professional.**

Aside from statutory child protection work, all other services for children and their families are voluntary and require the consent and engagement of families. Practitioners should therefore speak with parents and carers openly and honestly using language they understand and be transparent about concerns and actions that might be necessary.

Good quality conversations enable parents and carers to share their perspective and what support they consider might be helpful to them. In turn, this will strengthen and improve decision making and joint working. Where families understand that professionals are there to help and support, they are more likely to be open to the services being offered to them.

Children and families also have a right to confidentiality and consent should be obtained by practitioners when they wish to share personal family information in order to make a request for support on their behalf. Permission to share information means that families are fully informed about the services they are being offered; that they agree to accept the support being offered or referral being made and understand what information professionals/practitioners are passing on and the reasons for this.





However, there are circumstances when a referral to the Children's Front Door can and should be made without the consent of the parent/carer. When considering whether consent from parents/carers should be gained, practitioners should consider these three factors:

- (A)** If you do not believe or have evidence that the child is suffering or likely to suffer significant harm, but the child or family need help and support you must seek the consent of a parent, and the child if they are aged 13+ and have capacity.
- (B)** If you believe that the child is suffering or likely to suffer significant harm then you should share the information, but you must inform both the parent and child, if the child is over 13 years old and has capacity, prior to sharing the information, they should be told who you are sharing the information with and why.
- (C)** In circumstances where informing a parent/child before information sharing could increase or pose a risk of significant harm to the child or jeopardise a potential police criminal enquiry, you should share information without informing the parent/child. Where this is the case, a referral should be made to the Children's Front Door outlining the reason why consent has not been sought. Front door practitioners will review the circumstances and then determine whether consent can justifiably be dispensed with in accordance with the criteria set out above.

The child's interest must be the overriding consideration in making decisions about consent. Decisions in respect of information sharing and consent should be recorded in writing within the child case recording system by all partners. If the child or young person agrees to information sharing but their parents do not, a practitioner should consider whether the child or young person is of an age and understanding where their view can be prioritised over their parents/carer.

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

**[Working Together to Safeguard Children 2023](#)**

**[Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers](#)**

**[Data Protection Act 2018](#)**

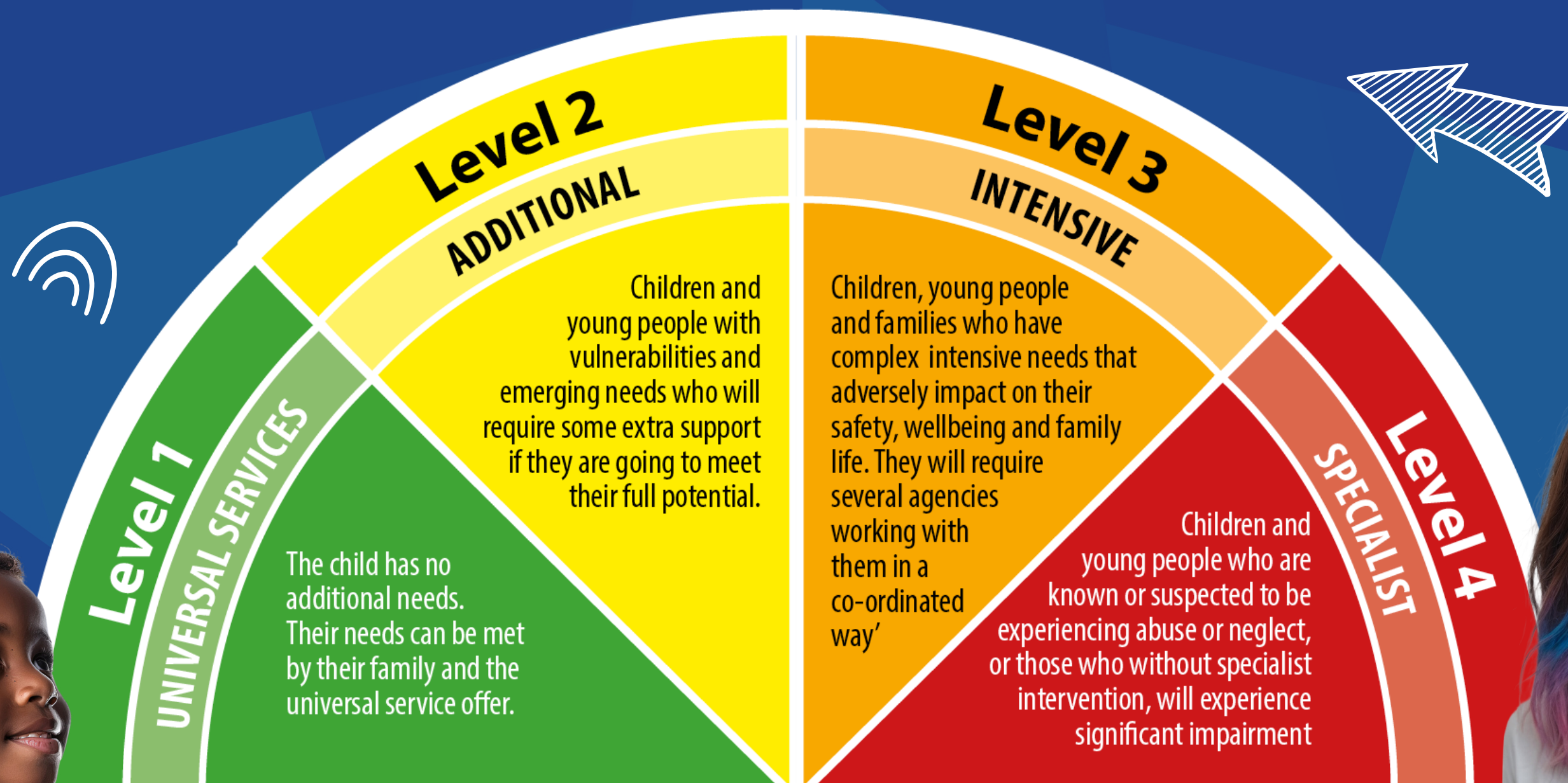
These documents must be read alongside the West Midlands Regional Safeguarding Procedures that reflect the legal framework underpinning work with children to promote their welfare and prevent abuse. These procedures are available at **<https://westmidlands.procedures.org.uk/>**

(The hosting of the West Midlands Regional Child Protection Procedures will be transferred to Tri-X early in 2025 (date to be confirmed). Please be aware that from that date links to procedures will change)

For more information, please refer to the DSPP Multi Agency Professional Challenge and Resolution procedure – available on the **[Safeguarding Children Procedures](#)** page of the DSPP website.

# Continuum and help and support pathway

## FOR CHILDREN, YOUNG PEOPLE AND FAMILIES





# Continuum and help and support pathway

## Level 1: Universal Services

Children with no additional needs and where there are no concerns: children and young people have their needs met through universal provision alongside the love, care and protection of parents and carers.

Children and young people are making good overall progress in all areas of their development and the majority of children living in Dudley will fall into this category.

### Referral route

Children and families have open access to Universal service provision.

### Assessments

No additional assessments required



# Level 2: Additional

Children and young people with vulnerabilities and emerging needs who will require some extra support if they are going to meet their full potential. These children are more likely to be living in greater adversity.

Children with additional support needs can usually be supported by those already working with them, either as a single agency or through co-ordinated support. If emerging issues are ignored, then these may develop into more worrying concerns for the child or young person.

## Referral route

Have a conversation with the family and the child to understand their needs and implement help and support.

An offer of Early Help and support should build on the family's existing strengths and focus on whole family work to respond to the child's needs, safety and wellbeing.

An agency already working with the child and/or family can offer increased support as a single agency or co-ordinate a plan of multi-agency support. Consent to share information with other professionals is needed to co-ordinate multi-agency support.

Support at level 2 is usually short term or aimed at supporting a temporary crisis.

## 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.

## Assessments

The lead practitioner may use their own agency assessment and plans to support the family. Using the Dudley Early Help Assessment, planning and review process is recommended as it provides a structured approach and consistent approach to supporting families across the partnership.

Where support from more than one partner is needed, a Dudley Early Help assessment should always be completed, a Team Around the Family (TAF) meeting arranged, a family plan recorded and a lead practitioner identified to lead and co-ordinate the plan.

The Early Help Assessment should be completed on the Early Help portal following which Early Help Enabler support can be requested to assist with the planning process. Depending on the needs of the child and family, completion of the all age exploitation screening tool; The GCP2 or the Hoarding Tool, may support the assessment and decision making process.

In the first instance, Practitioners should speak with their own agency safeguarding lead to discuss a family's support needs. Advice and information is also available from the local family hubs who can offer help with local resource and access to the hub offer

Useful links:

***Dudley's Family Hub Network***

***Dudley Children's Front Door***

***DSPP All Age Exploitation Screening Tool***

***DSPP Think Family Hoarding Toolkit***

***DSPP Child Neglect and Graded Care Profile2***

# Level 3: Intensive

Children, young people and families at Level 3 have complex needs that adversely impact on their safety, wellbeing and family life. They will require several agencies working with them in a co-ordinated way. The support required may only be short term, but if ignored, these issues could escalate further.

Support at Level 3 is provided by the Targeted Early Help Service who will perform the role of lead practitioner.

## Referral route

It is expected that an agency already in contact or engaged with the family has already provided support to the family at level 2 and either the child and family needs have continued to escalate or new and more complex concerns have become known.

The Targeted Early Help Service is part of Dudley's Social Care offer, and it is specifically designed to work with families with complex level 3 needs, where earlier attempts at help may not have been successful or the family have a need for intensive support. When requesting support at level 3 it is important to outline how the family has been supported up until now, what has worked well and less well in helping the child or young person and their family and what support is needed now.

If Level 2 support has not been provided, practitioners should complete an Early Help Assessment to determine that level 3 support is required.

Referral to the Targeted Early Help Service is via a Request for Help and Support submitted via the Children's Front Door portal. A copy of the Early Help Assessment should be attached (as well as any supporting plans or screening tools e.g. GCP2 and the Dudley all age exploitation screening tool). The Children's Front Door will triage the request and provide feedback about the outcome, including advise about recommended actions should the referral to Targeted Early Help not be successful.

## Assessments

Practitioners should complete a Dudley Early Help Assessment (EHA) to assist in identifying the correct level of need for children and families.

In addition to the Early Help Assessment, other tools for assessing need may be used to support the EHA e.g. the Graded Care Profile 2 (for neglect), all age exploitation tool; the Hoarding Tool and any local, regional or nationally specialist assessment tools.

### Useful links:

**[Dudley's Family Hub Network](#)**

**[Dudley Children's Front Door](#)**

**[DSPP All Age Exploitation Screening Tool](#)**

**[DSPP Think Family Hoarding Toolkit](#)**

**[DSPP Child Neglect and Graded Care Profile2](#)**

## 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.

If help and support is refused, consider whether this gives you reasonable cause to suspect a child is at risk of serious harm and if so, make a referral to the Children's Front Door



# Level 4: Specialist

Children and young people who are known or suspected to be experiencing abuse or neglect, or those who without specialist intervention, will experience significant impairment.

These children will include:

- Children who will experience impairment or harm if their needs are not met including children who have significant developmental or disability needs
- Children who need protecting: 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

## Referral route

Agencies should submit a Request for Help and Support via the Children's Front Door Portal.

Where there are concerns about significant harm or safety, the Front Door should be contacted on 0300 555 0050 (or 0300 555 8574 for the out of hours Emergency Duty Team) to speak with a social worker. After your concerns have been explored, you will be asked to follow up with a portal referral. If there is a concern that a child is immediately at risk, the Police should be called on 999.

All Requests for Help and Support at level 4 will be screened by a Social Worker and Social Work Team Manager. The family and the referrer (when this is a professional) will be advised of the outcome of the screening and consent sought from the family to receive services under Section 17 of the Children Act 1989, from the Family or Adolescent Safeguarding teams.

If concerns relate to significant harm, the Front Door will determine whether multi-agency enquiries and/or a Section 47 child protection enquiry is necessary to understand the child's circumstances and plan for safeguarding activity.

If the concern involves anyone working with children contact the Designated Officer (LADO): [allegations@dudley.gov.uk](mailto:allegations@dudley.gov.uk) 01384 813110.

## Assessments

Statutory /specialist assessments will take place under Section 17 or Section 47 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.

# Indicators of possible need

**The indicators of possible need listed under each heading are an indication of the likely level of need and support required for a child, young person or family.**

They are not a predetermined level of response. Only by talking to children, young people and their families in more detail to explore the context and factors behind the need, will the practitioner be able to form a judgment.

Each child, young person and family member is unique. Reaching decisions about levels of need and the best support requires hearing all those involved, discussing and reflecting on the needs together, hearing their voice, listening to their views and taking a partnership approach to working with the family. The quality of the conversation is central to working in a relational way and ensuring that everyone's perspective is understood. In order to do this, conversations need to be open, honest and meaningful.

Conversations with the family should be undertaken using Restorative Practice and explore:

- What is working well in the family – what are the strengths?
- What are the worries and vulnerabilities and what needs to change for the child and/or young person to be cared for safely?
- What is working well for the family – that can be built on more?
- What are the family networks and what support is being offered – could this be enhanced through a family network meeting/ a family group conference?
- How do external and parental factors impact on the parent's ability to focus on and prioritise the child and work with professionals?
- What wider environmental factors might be impacting?
- What is the family history of need and support – what support would they accept now?

Working with parents, children and young people in completing screening tools e.g. harm outside of the home/exploitation screening tool and the Hoarding Tool, are useful in providing more detailed information and gaining a full picture of life for the children/ young people.

# Significant harm

**The Children Act 1989 introduced the concept of significant harm as the threshold which justifies compulsory intervention in family life in the best interests of children. Section 47 of the Act places a duty on local authorities to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm.**

There are no absolute criteria for establishing significant harm. Whether the harm, or likely harm, suffered by the child is significant is determined by comparing the child's health or development with that which could reasonably be expected of a similar child.

'Harm' can include the effect of seeing or hearing the ill-treatment of someone else, for example where there are concerns of domestic violence and abuse.

Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events which interrupt, change or damage the child's physical and psychological development.

When considering the severity of ill-treatment, it can be useful to consider:

- the degree and the extent of physical harm
- the duration and frequency of abuse and neglect
- the extent of premeditation, and
- the presence or degree of threat, coercion, sadism and bizarre or unusual elements

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent that it constitutes significant harm.

To understand and establish 'significant harm', professionals should consider a range of factors including:

- the family context, including protective factors
- the child's development within the context of his or her family and wider social and cultural environment
- any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family
- the nature of harm, in terms of ill-treatment or failure to provide adequate care
- the impact on the child's health and development
- the capacity of the parent or carer to adequately meet the child's needs



# Level of need descriptors

Level 1: Universal Services	Level 2: Additional
Education	Education
<ul style="list-style-type: none"> <li>• Other than for known reasons I have good attendance at my education setting.</li> <li>• If I have a place at an education setting &amp; my attendance is between 91-100%</li> <li>• If I am EHE there are no concerns about my education or welfare.</li> <li>• I have had no suspensions or exclusions.</li> <li>• I enjoy good relationships with my peers &amp; have positive friendships.</li> <li>• Other than for known reasons there are no barriers to my learning &amp; there are no unaddressed concerns about my learning.</li> <li>• There are no concerns about my home life &amp; communication between home &amp; my education setting is good.</li> </ul>	<ul style="list-style-type: none"> <li>• There are concerns regarding my attendance at my educational setting. I may sometimes truant or have unexpected absences.</li> <li>• If I have a place at an educational setting my attendance is between 70-91%. An attendance Plan (AP) is in place for me.  If I do not have a place in an education setting, unless I am EHE, I am registered as CME.  If I am EHE there are concerns about my education or welfare, or there is only fragmentary information about this.</li> <li>• I have sometimes been suspended from educational setting or I am dual registered at an Alternative Provision or am subject to an Off-Site Direction.</li> <li>• I have few friends or the friendships I do have are not positive ones or frequently break down.</li> <li>• There are concerns about the progress I am making in my learning that require support. I may not be reaching my development milestones, or I have language &amp; communication difficulties which require support.</li> <li>• My educational setting has had cause to contact my parents about my wellbeing. I might sometimes have no lunch or am ill prepared for the day. I might be tired or anxious &amp; my appearance may be a concern. I am not always ready to learn.</li> </ul>

Level 3: Intensive	Level 4: Specialist
Education	Education
<ul style="list-style-type: none"> <li>• I have poor attendance at my education setting or have periods of persistent truanting. There are clear patterns in my unauthorised absences.</li> <li>• If I have a place at an educational setting my attendance is between 50-70%.</li> <li>• An Attendance Plan is in place for me but there is no improvement in my attendance.</li> <li>• If I am registered as CME this has been for more than half a term.</li> <li>• If I am EHE there are significant concerns about my education or welfare or there is an almost complete lack of information about this.</li> <li>• I have had repeated suspensions, or I am at risk of permanent exclusion from educational setting. I might be currently dual registered at an Alternative Provision or subject to an Off-Site Direction, but I need more targeted intervention.</li> <li>• I have a negative influence on others or are easily influenced by others. I am being bullied within my education setting or am bullying others.</li> <li>• There is continued lack of progress in my learning, &amp; I now need more targeted support. An EHCP is being considered or an assessment is in progress.</li> <li>• My educational setting has regularly had to contact my parents about my wellbeing &amp; there is no change in this situation which has been apparent for some time.</li> </ul>	<ul style="list-style-type: none"> <li>• I am persistently missing from education.</li> <li>• I am NEET.</li> <li>• I have no place at an education setting (and I am not EHE or on an EOTAS arrangement).</li> <li>• If I have a place at an educational setting my attendance is less than 50%.</li> <li>• My educational setting has referred to ESS.</li> <li>• If I am registered CME, there is a consistent lack of engagement from my parents or a School Attendance Order in place.</li> <li>• If I am EHE there are serious concerns about my safety, welfare or my whereabouts are not known.</li> <li>• I have been permanently excluded from educational setting. I may be attending Alternative Provision or subject to an Off Site Direction but this is in danger of being, or has ceased to be, appropriate.</li> <li>• I have been exposed to physical or sexual violence that is associated with my educational setting or I am physically or sexually violent toward others.</li> <li>• I have an EHCP that requires an urgent annual review as I am not accessing or progressing in my learning.</li> <li>• There is no support for me or my educational setting from my parents. There are significant concerns about my wellbeing &amp; basic needs. I may have told my educational setting I do not feel safe at home.</li> </ul>

Level 1: Universal Services	Level 2: Additional
Emotional & Behavioural Development	Emotional & Behavioural Development
<ul style="list-style-type: none"> <li>• There are no concerns about my emotional &amp; physical behaviour</li> <li>• I have no concerns about forming good quality and safe relationships</li> <li>• I have a positive sense of self and abilities and am able to express my needs</li> <li>• I am able to demonstrate feelings of belonging and acceptance</li> <li>• I have a good relationship(s) with my sibling(s)</li> <li>• I have a positive relationship with my peers</li> <li>• I have a stable &amp; affectionate relationship with my parents/carers</li> </ul>	<ul style="list-style-type: none"> <li>• I have shown evidence of some inappropriate sexual activity for my Age</li> <li>• I have had a previous pregnancy</li> <li>• under the age of 18 years old</li> <li>• I have shown limited compliance with prescribed health treatment</li> <li>• I am affected negatively by difficult family/ carer/friend relationships</li> <li>• I have some difficulties sustaining relationships &amp; forming attachments</li> <li>• I am a young carer with some responsibilities at home</li> <li>• I am a teenage parent and I require some low-level support</li> <li>• I am associating with peers involved in crime or anti-social behaviour</li> <li>• I have low level mental health or emotional issues requiring intervention</li> <li>• I am experimenting with drugs/alcohol</li> <li>• I have difficulties coping with anger, frustration &amp; upset, early indications of offending behaviour</li> <li>• I have disruptive/challenging/abusive behaviours</li> <li>• I am at risk due to low level/emerging neglect</li> <li>• I have poor self-care &amp; hygiene for my age</li> <li>• I can be over friendly with strangers</li> </ul>



Level 3: Intensive	Level 4: Specialist
Emotional & Behavioural Development	Emotional & Behavioural Development
<ul style="list-style-type: none"> <li>• My peers are involved in challenging behaviours</li> <li>• I am regularly needed to care for another family member which is affecting my outcomes</li> <li>• I am involved in ongoing conflict with peers and siblings</li> <li>• I am at risk of either committing crimes or continuing involvement with criminal activities</li> <li>• I am being exposed to cultural practices that may be detrimental to my health and development</li> <li>• I am being exposed to extremism, radicalisation and gang involvement</li> <li>• I am being exposed to verbal abuse</li> <li>• I am vulnerable to being sexually abused or exploited</li> <li>• I am being verbally &amp;/or physically abusive to my parents/carers/siblings/ peers</li> </ul>	<ul style="list-style-type: none"> <li>• I have been physically/sexually abused *</li> <li>• My own life is at risk through self-harm (including alcohol /substance misuse/ eating disorder, suicide attempts)</li> <li>• 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</li> <li>• I'm in a sexually exploitative relationship</li> <li>• I have been kicked out of my parents/carers or I have left home as I do not feel safe</li> <li>• I have been abandoned or severely neglected by my parents/carers and my emotional needs are continually not met</li> <li>• I am physically &amp; verbally abusive towards my parents/ carers/siblings/friends</li> <li>• I am a child who abuses others</li> </ul>

## Level 1: Universal Services

### Health, Care & Protection

- I have access to health services
- My development milestones, including speech & language are being met
- I am the appropriate weight & height
- I have an adequate & nutritious diet
- There are no concerns about my mental health, or drugs & 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" & "unsafe"

## Level 2: Additional

### Health, Care & Protection

- 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)



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



Level 1: Universal Services	Level 2: Additional
Parents/Carers	Parents/Carers
<ul style="list-style-type: none"> <li>• My parents/carers are able to provide me with all my needs and protect me from danger and harm</li> <li>• My parents/carers provide me with a safe, clean, and secure home environment</li> <li>• My parents/carers can meet my needs including taking me to school and all my health appointments</li> <li>• My parents/carers are able to manage my behaviours</li> <li>• My parents/carers are supportive with family relationships, including when parents are separated</li> <li>• My parents/carers provide me with appropriate guidance and boundaries</li> <li>• My parents/ carers support my development through interaction and play</li> </ul>	<ul style="list-style-type: none"> <li>• My parents/carers accessing appropriate services and/or their engagement with is poor which is affecting my development</li> <li>• My parents/carers require advice on parenting issues</li> <li>• I am sometimes exposed to dangerous situations in my home/ community</li> <li>• My family home is in a poor state of repair and cleanliness, impacting on my health and development</li> <li>• My parents/carers prioritise their needs over mine and struggle to meet mine</li> <li>• My parents/carers struggle to provide me with good supervision and behavioural management</li> <li>• My family are facing eviction/ homelessness</li> <li>• My family require rehousing due to domestic abuse</li> <li>• My parents/carers do not take me to my health appointments</li> <li>• My parents/carers require support to understand and manage my disability or sensory impairment</li> <li>• My parents/carers mental health/ physical health/substance misuse or learning disability has a negative impact on me</li> <li>• My parents/carers are at risk of entering the criminal justice system due to low level offending</li> </ul>

Level 3: Intensive	Level 4: Specialist
Parents/Carers	Parents/Carers
<ul style="list-style-type: none"> <li>• I am unborn, the level of risk requires a pre-birth assessment</li> <li>• My parents/carers are struggling to provide me with adequate emotional and physical care</li> <li>• My parents/carers are not providing me with adequate food, warmth and clothing</li> <li>• My parents/carers learning disability, substance misuse (including alcohol), or physical and mental health impacts on their ability to meet my needs</li> <li>• My parent(s) were previously a Looked After Child</li> <li>• My family are being evicted</li> <li>• My parents/carers are in long-term unemployment</li> <li>• My parents/carers are in serious debt/poverty which impacts on their ability to care for me and my sibling(s)</li> <li>• I am I am at serious risk due to a family breakdown, and I will be homeless</li> <li>• My parents/carers are involved in illegal activity</li> </ul>	<ul style="list-style-type: none"> <li>• 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*</li> <li>• My parents/carers are unable to provide adequate parenting that keeps me safe, which include unknown visitors to my home</li> <li>• My parent/carers set no boundaries</li> <li>• My parents/carers are involved in criminal activity which is having a negative impact on me and putting my life in danger</li> <li>• My parents/carers mental health problems or substance misuse is having a significant impact on them being able to care for me</li> <li>• My parents/carers were unable to care for my siblings who are now in care, which also puts me at risk</li> <li>• My parents/carers have neglected and/or have abused another child and this puts me at risk</li> <li>• I am exposed to my parents/carers self-harm and suicidal ideation which has a negative impact on my thoughts and feelings</li> <li>• My parents/carers expose me to domestic violence within my family home</li> <li>• * These themes indicate a strategy discussion will need to be held</li> </ul>

Level 1: Universal Services	Level 2: Additional
Risks outside of my home	Risks outside of my home
<ul style="list-style-type: none"> <li>• I feel safe outside of my home and a part of the local community</li> </ul>	<ul style="list-style-type: none"> <li>• I have worked with a professional to complete the Dudley exploitation screening tool and this indicates that I am vulnerable to exploitation</li> <li>• I am being encouraged to use substances</li> <li>• I am being encouraged to truant from school/college</li> <li>• I am being encouraged to commit low level crime or become involved in anti-social behaviour</li> <li>• I may be at risk due to online contacts/ conduct &amp; content</li> </ul>

Level 3: Intensive	Level 4: Specialist
Risks outside of my home	Risks outside of my home
<ul style="list-style-type: none"> <li>• I have worked with a professional to complete the Dudley exploitation screening tool and this indicates that I have emerging exploitation needs</li> <li>• I am being pressured and encouraged to become involved in gangs</li> <li>• I am being pressured &amp; encouraged to carry weapons &amp; drugs</li> <li>• I am in a peer group that regularly goes missing</li> <li>• I am at risk due to improper online contacts and content</li> </ul>	<ul style="list-style-type: none"> <li>• The Dudley exploitation screening tool has been completed with me or on my behalf and this indicates that I am experiencing exploitation</li> <li>• I am being groomed online and meeting strangers *</li> <li>• I am being trafficked *</li> <li>• I am in a gang and carry weapons</li> <li>• I am a victim of a serious gun/knife crime which may result in a threat to my life or injury *</li> <li>• I am committing criminal offences, or I have been exploited for criminal purposes *</li> <li>• I am initiating or experiencing intimate partner abuse or violence*</li> <li>• I frequently go missing and at high risk of significant harm*</li> <li>• * These themes indicate a strategy discussion will need to be held</li> </ul>



# Moving between levels of need

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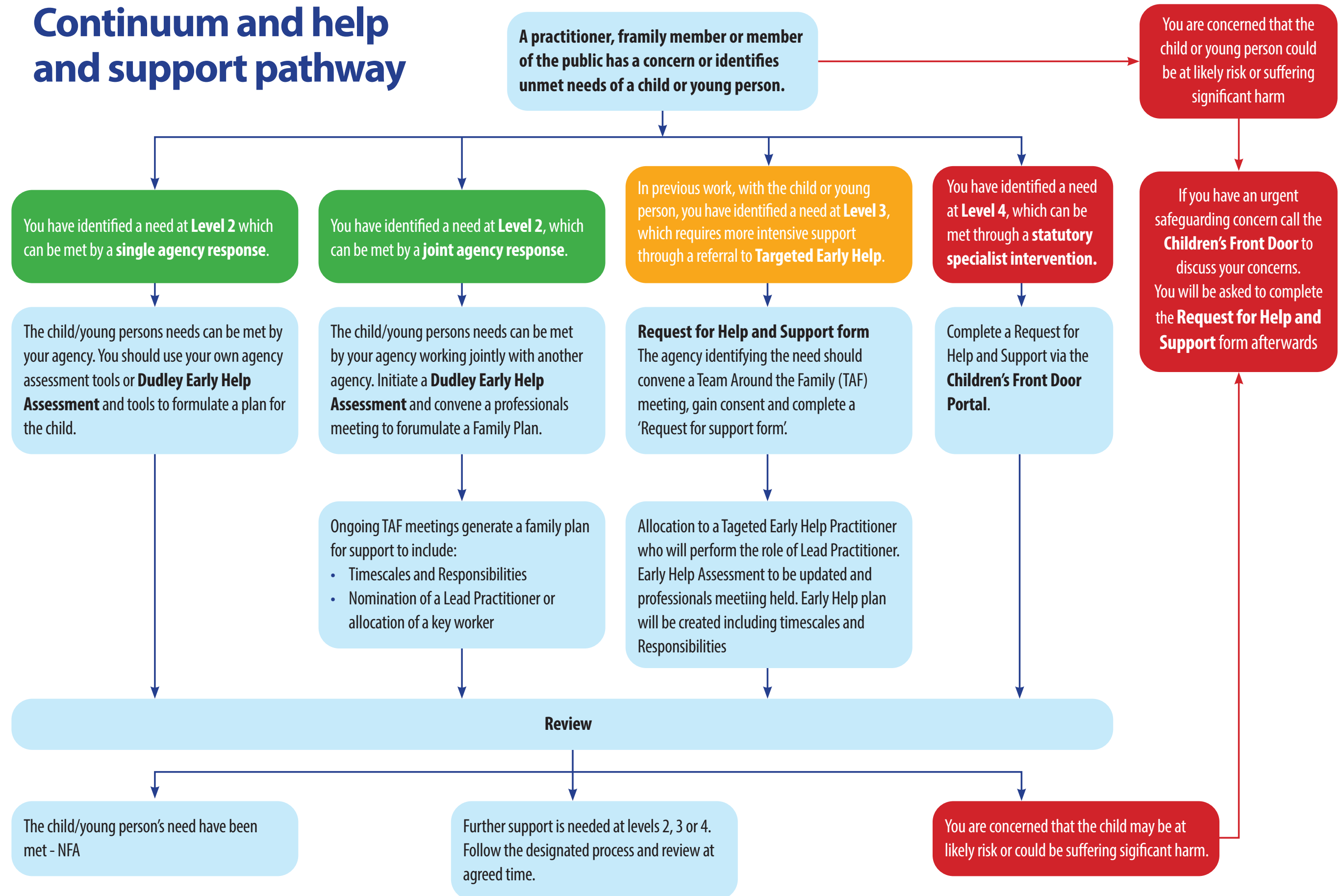
Responding to changing needs for families are a key element of delivering the right help to children and families at the right time. Children and families may move between the levels of need, potentially moving through to Targeted and Specialist support if needs are not being met or they are escalating due to new concerns. It is important that agencies do not disengage their support from a family without ensuring that colleagues in other agencies are sufficiently informed to continue working with the child and that the family are aware of the actions being taken.

If a child and family is being supported at Level 2 and the professional team around them believe that Targeted Early Help or Social Work support is necessary, a Request for Help and Support should be completed via the Children's Front Door Portal.

Where the decision is made that Targeted Early Help or Social Work intervention is not the right course of action for the family, the Front Door practitioner will provide advice and guidance as to the options available for ongoing Early Help Support.

When the Targeted Early Help or Social Work Team Manager is in agreement that the child or young person's situation no longer requires intensive support or statutory children's services involvement, it is important that there is clear communication and good co-ordination to hand over the lead practitioner. This may involve transfer from social work intervention to Targeted Early Help or to a lead practitioner who will have an ongoing role with the family usually at Level 2. Good conversations enable a new support plan to be agreed with the child and family and an effective handing over of the lead practitioner role. It is vital that the new lead practitioner understands how the concerns have been addressed so that a new Early Help Assessment and plan can continue to support the family in a joined up and co-ordinated way.

# Continuum and help and support pathway



# Early help pathway and process

Early help is used to describe help and support offered to children and families at level 2 (Additional) and level 3 (Intensive) of the Continuum of Family Help and Support.

Working Together to Safeguard Children 2023, sets out that effective early help provision relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help which considers the needs of all members of the family
- ensure good ongoing communication, for example, through regular meetings between practitioners who are working with the family
- co-ordinate and/or provide support as part of a plan to improve outcomes.
- engage effectively with families and their family network, making use of family group decision-making, to help meet the needs of the child

Often the first person families feel able to talk to when extra help is needed is someone they trust in a place they already know – this might be in school, nursery, with a health professional in a local GP Practice, or in their own home. In Dudley, professionals may use their own agency assessment tool if single agency support is required but the practitioner may find it helpful to use the Dudley Early Help Assessment. The Dudley Early Help Assessment and documents should always be used when multi-agency support may be required.

When an Early Help Assessment is needed, the practitioner undertaking the assessment will be the lead practitioner until the first Team Around the Family (TAF) meeting is held and a lead practitioner can be agreed with the family and supporting agencies. This should be considered on an individual basis. The lead practitioner will act as a single point of contact for the child and family; co-ordinate the delivery of actions agreed and reduce duplication in the services being offered to a family. If a Family Support Worker has been allocated to the family from the Targeted Early Help Service, this worker will always perform the role of the lead practitioner.

The Early Help Assessment process is consent based and if the child, young person, parents or carers do not agree to taking part in an Early Help Assessment, the lead practitioner will need to review what is already in place for the child and make a judgement about whether their needs of the child will escalate and be adversely affected. Practitioners should discuss the issue with their safeguarding lead in order to think through ways in which help and support can be offered via advice or signposting or whether a referral to children's social care is necessary at level 4.

**Practitioner is worried/concerned about child having needs that are not being met. Discuss with line manager or safeguarding lead.**

Organise support directly by using own agency assessment tool or Dudley Early Help Assessment via the Early Help Portal

Consider whether additional resources may be needed and complete the Dudley Early Help Assessment via the Early Help portal. If additional Family Hub advice or support is required, include this request on the Early Help Assessment.

Refer to relevant agencies for support and if more than one agency is involved, agree who the lead practitioner will be.

- Hold a TAF meeting and create a plan together with the child/young person and their family. Identify SMART actions to achieve the outcomes so that everyone knows who is doing what and when.
- Set a date to review the plan.
- Share the plan with the child/young person and family.

- Hold a TAF meeting and create a plan together with the child/young person and their family. Identify SMART actions to achieve the outcomes so that everyone knows who is doing what and when.
- Set a date to review the plan.
- Share the plan with the professionals who attended the multi-agency meeting, the child/young person and family.

Everyone has a responsibility to carry out their agreed actions in the plan. Conversations can take place between meetings as required to progress the plan or change what is not working for the family.

To review progress, hold a TAF meeting with the child, young person, family and any involved professionals, **every 6-12 weeks** to review the plan. The review is led by the lead practitioner. The meeting should review what has changed for the child or young person and consider whether there has been positive change, no change or either a deterioration in the situation or concerns have increased.

The decision should be made to continue with the plan /amend the plan/ or to end the plan as the needs are fully met, or to end the plan and a single agency will meet the need or that only universal services are required.

The review can be brought forward if the plan is not progressing, or the needs escalate and consideration needs to be given to whether a referral to Targeted Early Help or Statutory services needs to be made



# 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.