

Right help, right time



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Professionals from all agencies working with children and young people have a shared responsibility to keep them safe and provide an effective, efficient and co-ordinated service to support their health and wellbeing.

Promoting children's welfare is most effective when they receive help early and at a level according to their needs. The aim is to provide early interventions for children, young people and families that require support in order to prevent them moving towards higher levels of need, and to reduce the levels of need once these have been identified.

This guidance is for practitioners in all agencies working with children, young people and their families in Coventry. This guidance will assist

professionals to identify the support that a child, young person or family might need and how best this support can be provided. It replaces all previous Threshold Guidance or Levels of Need Documents.

This guidance will never provide all the answers, nor will it ever take the place of talking to each other – or the exercise of sound professional judgement and good communication.



The continuum of need in Coventry 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.

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

Most children's development needs can be met solely through universal services such as health, education, housing and the voluntary and community services sector. However, some children may need further help in order to maintain a good level of development and achieve good outcomes. This may be due to disability, disadvantaged circumstances or poor

standards of parenting. These children may need targeted services and interventions from a wide range of agencies in order to meet their needs and safeguard their welfare, including intervention to keep them safe from harm.

All services are expected to meet the needs of all children, young people and families who require additional support. All agencies should make reasonable adjustments to enable them to access services, as required under the Equality Act 2010.



The Identifying Need table (**Section 9**) provides examples of presenting risks, needs or concerns and gives an indication of the level of need that may be most appropriate.

This should be used by professionals as a guide to support their decision making and will ensure that the child, young person or family they are worried about will get the right help and support.

Professionals should consider the need for an Early Help Assessment (**Section 5**) for a child or young person who is:

- ▶ Showing early signs of neglect, for example in physical presentation or behaviours.
- ▶ Disengaged from education, including poor attendance.
- ▶ Displaying behaviours which impact on their emotional and physical wellbeing such as alcohol/drug misuse or episodes of missing from home.
- ▶ At risk of Child Sexual Exploitation (CSE).
- ▶ Showing signs of engaging in anti-social or criminal behaviour.

- ▶ Living in a family where the child may be suffering adverse experiences, such as parental/carer substance misuse, mental health and/or domestic abuse.
- ▶ Has a permanent disability and has associated additional needs.
- ▶ Has special education needs.
- ▶ Disadvantaged by poor parenting.

Practitioners are encouraged to seek advice from their own manager and their agency Safeguarding Lead/Team if they are unsure about how to determine the level of need a child, young person or family may be presenting. It is also advisable to make contact with other agencies who are, or who have been involved with the family as they may have information relevant to the decision making process.

SECTION FOUR: RESPONDING TO IDENTIFIED 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 No additional needs	Level 2 - 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
SOURCE OF HELP AND SUPPORT	No additional help and support required.	Needs likely to be met through one agency acting alone.	Needs likely to require support through a co-ordinated multi-agency response.	Needs likely to require intervention from Children's Social Care and/or the Police.
ACTIONS	<ul style="list-style-type: none"> No additional assessment needed. Check if children are in receipt of universal services and signpost to relevant service(s) if required. 	<ul style="list-style-type: none"> Early Help Assessment should be considered, but is not a requirement. If an Early Help Assessment is not considered necessary, record action taken in single agency and to complete a record on Early Help Module (EHM) to show Early Help was provided with a reference number to where the case file is held. For help and advice refer to Early Help Handbook (Section 5) or seek advice from your nearest Family Hub (Section 10). 	<ul style="list-style-type: none"> An Early Help Assessment is required. If the child, young person or family are currently in receipt of Early Help new information should be sent to the services already involved, to update the Early Help Assessment/Plan. For help and advice refer to Early Help Handbook (Section 5) or seek advice from your nearest Family Hub (Section 10). 	If a child is in immediate danger you should contact the police and/or ambulance on 999. If there is no immediate danger a referral to Children's Social Care should be made using the online Multi-agency Referral Form (MARF) .

What is the Early Help Assessment?

The Early Help Assessment replaces the previously used Common Assessment Framework (CAF) process in Coventry. The Early Help Assessment is used to assess the needs of the child, young person or family. It provides a framework for professionals and families to work together to improve outcomes for children.

When should an Early Help Assessment be completed?

An Early Help Assessment should be used at Level 3. Consideration should also be given to using an Early Help Assessment at Level 2. The Assessment will help to determine whether needs can be met via a single or multi-agency approach. It will also help to determine the help and support that a child, young person or family requires to meet their needs. It is important that the child and parent's voice is captured as part of the Early Help Assessment process and that they understand and are committed to the action they need to take to improve their own outcomes.

In Coventry, multi-agency Early Help is co-ordinated through the Family Hubs. Professionals should contact the Family Hub that covers the area where the child, young person or family live

to ensure all relevant agencies contribute to the assessment and any ongoing action plans.

More advice and guidance on completing Early Help assessments and using the Early Help Module for recording cases is being updated and can be found online [here](#).

What happens once the Early Help Assessment is completed?

The completion of an Early Help Assessment should result in an Early Help Plan meeting. This meeting between the child, young person and family and professionals from all relevant agencies is required to develop an action plan that meets the needs of the child, young person or family.

The plan should then be reviewed at regular periods, normally six weeks, until the identified improved outcomes have been achieved. If at any point during the Early Help Assessment process risk is increased, professionals are concerned that the child or young person is suffering, or is likely to suffer, significant harm then a referral should be made to Children's Social Care using the online **Multi-Agency Referral Form (MARF)**.

A lead professional should be identified at the first Early Help Plan meeting. The lead professional

ensures that agency involvement is rationalised, coordinated and communicated effectively. The lead professional should be appointed through consultation with the child or young person and their family together with the agencies involved in the plan. The lead professional can come from any agency. The person appointed to the role should be the professional most appropriate given the circumstances and the wishes of the child, young person and family. The name and contact details of the lead professional should be clearly communicated to the child, young person and family as well as all the professionals involved.

Further information about the Early Help process in Coventry is being updated and can be found online [here](#).



The Coventry Safeguarding Children Partnership policy for referrals can be found in the **online manual**.

If a professional considers that the level of need of a child or young person is such that they are at risk of significant harm (Level 4) then a referral to Children's Social Care must be made, without delay.

Referrals should be made the same day as the concern is identified. The earlier in the working day a referral is made the better. This is particularly important where referrals are made by nurseries, schools and other educational establishments, so that decisions can be made whilst the child or young person is still in a safe place.

All referrals must be made using the online **Multi-Agency Referral Form (MARF)**.

All names should be checked to ensure they are spelt correctly. All contact details should be checked to ensure they are up to date and

accurate. Any supporting evidence (for example the Early Help Assessment) should be attached to the form when it is submitted.

When the MARF is submitted the referrer will receive a reference and a copy of the completed form. All referrals are considered by staff working in the Multi-agency Safeguarding Hub (MASH). Once a decision has been made about how the referral will be dealt with the referrer will receive written feedback.

If the referrer does not agree with the decision made then they should seek advice from their own manager and/or their agency Safeguarding Lead/Team. Coventry Safeguarding Children Partnership **Escalation and Resolution of Professional Disagreements policy** provides advice about how to resolve any disagreements in a timely fashion.



Early help is a voluntary assessment process and, as such a child, young person and their parent/ carer must give consent at the start of the process, for the assessment to take place.

The child, young person and their parent/ carer must understand what will happen to any information about them during the period they are receiving Early Help support. This should include how it will be stored and who will have access to it.

If a family does not agree to an Early Help Assessment, or stops engaging with a current plan, the lead professional determines if this results in a higher level of risk to the child that would require a referral to Children's Social Care. If necessary they should speak with their respective manager or agency Safeguarding Lead/Team for advice. Practitioners should be tenacious in their attempts to persuade parents/carers to give consent to Early Help. The purpose and benefits of the process should be explained clearly, emphasising that it is a process to determine the most appropriate type of support required for a child, young person or family.

The family should be made aware of the referral to Children's Social Care, unless to do so would place the child at increased risk of significant harm, prior to referral. Where a professional decides not to seek parental permission before making a referral to children's social care, the decision must be recorded in the child's file with reasons, dated and signed and included on the MARF. In the event that the parent, carer or child cannot be made aware of the referral, professionals should determine if the concerns justify making a referral without making the family aware. If necessary they should speak with their respective manager or agency Safeguarding Lead/Team for advice.



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 Safeguarding Practice Reviews (SPRs) 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, **here**.

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

Seven golden rules for information sharing

Coventry Safeguarding Children Board

By law we must share information when a child is at risk of harm. However, knowing whether to share and what to share can sometimes be worrying, even when the law tells us we must. These worries are particularly likely to appear when engaging in preventative work or intervening early to stop concerns escalating. Statutory guidance identifies seven golden rules set out by central government to make things clearer for everyone.

For more detailed information you can go to: www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/information_sharing_advice_safeguarding_practitioners.pdf

- 1 Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework for ensuring that personal information about living persons is shared appropriately.
- 2 Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.**
- 3 Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
- 4 Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
- 5 Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- 6 Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purposes for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- 7 Keep a record of your decision** and the reasons for it—whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

David Peplow
Independent Chair, Coventry LSCB
Independent Chair, Warwickshire LSCB

Coventry City Council | Warwickshire County Council

SECTION NINE: IDENTIFYING NEED TABLE

	Level 1 - Universal No additional needs	Level 2 - 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 NEED	<ul style="list-style-type: none"> Achieving milestones. Any developmental delay is responded to appropriately. Age appropriate, positive and healthy relationships with parent/carer. Ability to cope with everyday emotional and relationship difficulties. All identified is met by the provision of appropriate services. 	<ul style="list-style-type: none"> Slow in reaching developmental milestones, needs not consistently attended to. Unsafe use of the internet, including contact with unknown persons. Missed health checks/immunisations. Signs of disruptive or challenging behaviour, signs of offending or anti-social behaviour. Poor attachment. Unexplained but infrequent absences from school. Low level mental health issues, self-harm without suicidal thought or intent. Minor concerns regarding self-care. Underage sexual activity. 	<ul style="list-style-type: none"> Developmental milestones not being met due to persistent parental failure/inability. Forming relationships with unknown adults. Difficulty coping with anger, frustration or upset. Displays challenging disruptive, offending behaviour. Risky sexual behaviour/activity Persistent non-attendance at school. Concerns regarding presentation, hygiene, basic care. Social exclusion. Regular missed appointments affecting developmental progress. Self-harm with suicidal ideation. 	<ul style="list-style-type: none"> Non-mobile child with injury. Non-organic failure to thrive. Profound permanent multiple disabilities. Persistent or multiple relationships with unknown adults offending behaviour resulting in risk of significant harm. Frequently missing from home. High level emotional health issues. Drug/alcohol misuse affecting development. Teenage pregnancy under 13 years. Complex mental health issues affecting development. Hygiene and presentation concerns resulting in isolation. Challenging behaviour resulting in serious risk of harm.
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. 	<ul style="list-style-type: none"> Poor supervision of the child. Missed health appointments with unscheduled attendances at GP and walk in clinics. 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. 	<ul style="list-style-type: none"> Parental learning or physical disabilities impacting on child's development or needs. Parental Substance misuse or mental health issues impacting on child's development or needs Poor supervision from the parent resulting in unmet need. Poor response to the child's need from the parent. Signs of neglect. Domestic abuse impacting on child's development. 	<ul style="list-style-type: none"> Failure to access services likely to result in significant avoidable impairment to the child. Suspected neglect, for example persistent reports of child presenting as hungry/scavenging for food, or at risk due to being overweight/underweight. Child experience of domestic abuse resulting in risk of significant harm. Child sustains an injury due to lack of supervision. Suspected non-accidental injury. Child abandoned/rejected/persecuted. Private fostering arrangements. Non-compliance/disguised non-compliance. No positive stimulation. Extreme poverty impacting on parental ability to care for the child. Significant substance/alcohol misuse.
FAMILY AND 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 are 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. 	<ul style="list-style-type: none"> Transient families: frequent moves impacting on the child's education. Housing concerns: tenancy at risk, home in poor state of repair. Relationship breakdown. Community harassment/ discrimination. 	<ul style="list-style-type: none"> At risk of female genital mutilation. At risk of honour based violence. At risk of forced marriage. Unaccompanied asylum seeking children. Edge of care, for example at risk of homelessness. Suspicion of physical, emotional or sexual abuse or neglect.

Children's Social Care

Coventry operates one central number for all issues relating to children's social care and early help.

Tel: 024 7678 8555 then:

- Option 1 For existing cases
- Option 2 For advice from a social worker
- Option 3 To make a referral
- Option 4 Any other enquiry

Emergency Out of Hours Duty Team (EDT)

Coventry offers an emergency social care service between 5pm and 8.30am Monday to Thursday and between 4.30pm on a Friday and 8.30am on a Monday, each weekend. The call will be answered by an operator who will take your number and ask the social worker to call you as soon as possible.

Tel: 024 7683 2222

Family Hubs

Family Hubs provide early help and support for families, children and young people aged 0 – 19 years (up to age 24 where a young person has a disability).

The Moat Family Hub
Tel: 024 76785621

Park Edge Family Hub
Tel: 024 7678 6868

Woodside Family Hub
Tel: 024 7678 8430

Aspire Family Hub
Tel: 024 7678 8489

Pathways Family Hub
Tel: 024 7676 8444

Mosaic Family Hub
Tel: 024 7678 7801

Families For All Hub
Tel: 024 7678 5575

Harmony Hub
Tel: 024 7678 7474

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 may be in imminent danger, or a crime has been committed then you should contact the police.

Tel: 999

NSPCC National Helpline

Don't wait until you're certain if you are worried about a child. If you have any 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 can take action on your behalf if a child is in danger.

Tel: 0808 800 5000