



Multi Agency Levels of Need:

Guidance to help support children, young people and families in Worcestershire

May 2019 (Updated)

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1. Introduction

Working Together to Safeguard Children (2018) requires the safeguarding partners to publish a threshold document which sets out the local criteria for action when an early help response and the criteria for making a referral to local authority children's social care.

This document is intended to assist professionals to make decisions about how to respond to the needs of the children, young people and families they are working with. It is not intended to be prescriptive or exhaustive, nor is it a definitive way to open or close a gateway to a particular service or range of services. Every child and family is unique and their needs should be considered on a case by case basis and decisions made using professional judgement, supported by this guidance.

2. A Shared Responsibility

Safeguarding and promoting the welfare of children, in particular protecting them from significant harm, is dependent upon effective joint working between practitioners with different roles and expertise. Individual children, especially some of the most vulnerable children, may need co-ordinated help from a range of services such as health, education, children's social care, youth justice services, and sometimes the independent or voluntary sector.

Practitioners who work for specialist services for adults, such as mental health or substance misuse services, should always consider the needs of any children and young people in the family, in particular the ability of parents or carers to safeguard and protect children and young people from harm. This should always be a consideration when addressing an adult's on-going care plan, treatment programme or discharge from their care setting into the community.

3. Making a professional judgement about levels of need

Professionals who work with children and young people make judgements about children's needs every day as part of their core responsibilities and they will help children and families to access in-house resources as a normal part of their everyday work. In some situations in-house resources will not be sufficient and consideration will be given to involving partner agencies with the agreement of the child or family. In many cases this will involve engaging one other agency to provide a specific service. In other cases more than one other agency might need to be involved, but it is still a straightforward and simple process and services can be delivered without the need for these to be formally coordinated through multi-agency meetings or written plans.

However, as a child's situation becomes increasingly complex or professionals become more concerned about emerging risk, a more structured approach will be required to co-ordinate how agencies work together, how they engage with the family and how they ensure they keep the child at the centre of their thinking. Learning from case reviews suggests that when a number of agencies are involved it is especially important to ensure that professionals talk to each other, share information and fully understand each other's roles in order to avoid assumptions being made about what information is known and who will do what and by when.

A number of agencies provide specialist services and have statutory responsibilities. When the child is a Child in Need, including a child in need of protection, as defined by the Children Act 1989, the Local Authority has a statutory duty to make an assessment or to undertake enquiries. Other specialist services are available, for example Youth Offending Services when a child has committed an offence and mental health services when a child has an acute mental health need.

When making these decisions, the following questions are generally found to help:

- How does the child describe the need and what help he/she needs?
- How do the parents describe the child's needs and what help he/she needs?
- Who, in terms of partner agencies, can help?
- Is it likely the child will need several partner agencies to help him/her?
- Is there a clear pathway or does it need co-ordination?
- Is this likely to be multi-agency, involving several partners?
- Is the child a Child in Need as defined by the Children Act 1989? This includes children in need of protection.

Any professional who considers that a child needs multi-agency help or support should always consider discussing this with their safeguarding lead or a line manager/supervisor. Professionals may wish to discuss this with a colleague from another agency also involved with the child or family to gain a better understanding of the child's situation before deciding on a course of action. This should generally be with the consent of the child, if appropriate, or the family.

If you believe a child is at risk of significant harm, the child must always be referred to children's social care without delay via Worcestershire's Family Front Door using the Referral to Children's Social Care (see Appendix 2 – Safeguarding Children Social Care Pathway on page 15).

4. Information Sharing

See the WSCB information sharing guidance located at:

<http://westmidlands.procedures.org.uk/pkphs/regional-safeguarding-guidance/information-sharing-and-confidentiality>

Practitioners should always seek the consent of the parents and the child, if the child has capacity, before proceeding to share information with partner agencies. In some circumstances, children will need a formal referral to children's social care as there is a child protection concern and parents may refuse consent. The information must still be shared despite consent being refused. Also in rare circumstances, the seeking of consent might pose a risk to the child.

When making a referral like this, then it is important to explain why consent was not established and/or why the referrer considered that it would pose a risk to the child to seek consent. If a parent or carer does not give consent to engage with early help support and this raises concerns about the ability of the parents or carers to promote their child's welfare, and might lead to their inability to protect the child, a referral should be made to children's social care via the Family Front Door.

Where practicable, concerns should be discussed with the parent or carer, and with the child if appropriate, and agreement sought for accessing or referring to another agency (levels 2 & 3), which may include children's social care (level 4) unless seeking agreement is likely to:

- place the child at risk of significant harm
- lead to the risk of loss of evidential material

A child protection referral from a professional cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer. Where the parent refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought from a manager or the nominated safeguarding lead and the outcome recorded.

5. Equality and Diversity

Some families (perhaps the child or young person, or maybe a carer) will need professionals to make adjustments to usual communication and information-sharing processes. This could happen where English is not their first language or where they have a learning disability or sight or hearing loss. In these circumstances an interpreter may be required or information provided in EasyRead or an alternative format (such as large, clear print).

Effective communication is essential in supporting children, young people and their families and it is important that children and young people are fully informed so that they can make a decision. Possible consequences of not meeting communication needs are that:

- they cannot give their informed consent to something they don't fully understand;
- they are disadvantaged if they can't access the information they need.

All partner agencies should have arrangements in place for providing language interpreters (including British Sign Language), translated text and information in alternative formats.

If you require further information and advice you can contact the Equality Manager at the County Council: equality@worcestershire.gov.uk

6. Levels of Need

Children may have unmet needs at any age or stage of development. In addition, their circumstances and needs may change over time which means that the process of assessment needs to be a dynamic one. Appendix 1 contains a set of tables giving examples of needs at each level.

An accumulation of a number of these examples could increase a child's vulnerability and, as such, the type of response required. It should be noted that the levels of need described in this guidance do not necessarily correlate with those applied within individual agencies to differentiate between different levels of service provision.

Level 1 represents children with no identified additional needs. Their needs are met through the services they receive from early years services, schools and health services, such as the GP or Public Health Nurses, and some may also be receiving services from housing and voluntary sector organisations. The majority of children will successfully develop and thrive at this level of need.

Level 2 represents children with extra needs that can be met by a universal service providing additional support or straightforward working with one or more partners, e.g. Parenting Support, Physiotherapy, or Speech and Language Therapy.

Level 3 represents children with complex or escalating needs that can only be met by a coordinated multi-agency plan which sets out the outcomes to be achieved and the role of each partner agency and the family in meeting these objectives. Professionals working with the child and family will identify whether there is a need to engage specialist services.

Level 4 represents children who need statutory and/or specialist interventions including;

- Children in need, including those in need of protection;
- Children looked after and privately fostered;
- Young people who have committed an offence;
- Children with acute mental health needs.

The definition of '**child in need**' is defined by the Children Act 1989 s17 (10), which provides that a child is to be taken as 'in need' if

- (a) s/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority . . . ; or
- (b) her/his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- (c) s/he is disabled. You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

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

'Where a local authority has reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.'

Children and Young People who are looked after children under section 20 or section 31 of the Children Act 1989 will all be receiving services from children's social care at level 4.

This document does not specifically address the criteria for accessing other specialist services at level 4, for example youth justice services or acute mental health services, although these specialist services may be provided alongside services from children's social care.

The diagram below displays the Levels of Need, and the appropriate professional response, in an easily understandable format:



Figure 1: Levels of Need

However, a child’s needs can change and s/he can move forwards or backwards, which reinforces the importance of effective, seamless processes to ensure continuity of care when a child or young person requires different levels of support and moves between services (see Appendices 4 and 5 for step up/ step down procedures). It is important to note that information, advice and guidance should be available to children and families at all levels of need. This is available on line from Worcestershire County Council via its **Your Life, Your Choice website**.

7. Early Help in Worcestershire

The terms ‘early help’ and ‘early intervention’ are often used interchangeably and this can cause confusion. The Department for Education and Ofsted both use the term ‘Early Help’ and this has also been adopted by Worcestershire. The term refers to the support which is needed for children and families at the first sign of additional unmet need, at any point in the child’s life from pre-birth through to the teenage years. Providing the right help at the earliest opportunity can help to solve problems before they become more pressing and complex, and avert the need for statutory intervention later on.

‘Early help’ is used to describe services that are available to children and families at level 2 (additional support) and level 3 (targeted support) of the Threshold Framework. Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help;
- Undertake an assessment of the need for early help; and
- Provide targeted early help services to address the assessed needs of a child and family which focuses on activity to improve outcomes for the child (Working Together, 2018:13)

Professionals should, in particular, be alert to the potential need for early help for a child who:

- Has a disability and has specific additional needs
- Has special educational needs
- Is a young carer
- Is showing signs of engaging in anti-social or criminal behaviour
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems, and domestic abuse
- Has returned home to their family from care and/or
- Is showing early signs of abuse or neglect

In Worcestershire professionals are encouraged to use the Early Help Assessment to identify children and young people in need of additional or targeted support. A lead professional may be identified following consultation with the child and their family, and it will be their role to co-ordinate the Early Help Assessment, act as an advocate on the family's behalf and co-ordinate the delivery of support services as part of the Family Plan. The choice of lead professional will be decided on a case by case basis.

If parents or the child do not consent to an Early Help Assessment, then the lead professional will need to make a judgement as to whether, without help, the needs of the child will escalate and whether a referral to children's social care may be necessary.

Appendix 3 outlines the Early Help Pathway for Worcestershire, including how to contact a Community Social Worker for advice and guidance on how to respond.

If at any time it is considered that the child may require a statutory assessment because they are a Child in Need as defined in the Children Act 1989, or that the child has suffered or is at risk of suffering significant harm, a referral should be made immediately to children's social care via the Family Front Door (see Appendix 2 – Safeguarding Children Social Care Pathway on page 15). If the case is open to Targeted Family Support (TFS) or Early Intervention Family Support (EIFS) Team reference should be made to the Pathway outlined in Appendix 6.

Some of the early help services available in Worcestershire are set out in the 'Early Help in Worcestershire' guidance located at: www.worcestershire.gov.uk/downloads/file/8060/early_help_in_worcestershire

Further information about early help in Worcestershire is located at:

www.worcestershire.gov.uk/earlyhelpfamilysupport

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Appendix 1 - Levels of Need Examples

LEVEL ONE Level of Need: Universal Services No additional support needed beyond that which is already available and provided by their family, school and health services		
CHILD'S DEVELOPMENTAL NEEDS	Health	<ul style="list-style-type: none"> ■ Meeting development milestones, including speech and language ■ Physically and psychologically well ■ Adequate diet/hygiene/clothing ■ Mental Health managed effectively by child or young person ■ Accesses health services, including dental and optical care ■ Participating in general healthy and safe relationships
	Education	<ul style="list-style-type: none"> ■ Attends school / college regularly ■ No barriers to learning ■ Achieving key stages
		Emotional and Behavioural Development
<ul style="list-style-type: none"> ■ Good quality early attachments ■ Growing competencies in practical and emotional skills ■ No substance misuse 		
Family & Social Relationships	Identity	
	<ul style="list-style-type: none"> ■ Positive sense of self and abilities ■ Demonstrates feelings of belonging and acceptance 	
	<ul style="list-style-type: none"> ■ Stable and affectionate relationships with care givers ■ Good relationships with siblings ■ Positive relationships with peers 	
FAMILY & ENVIRONMENTAL FACTORS	Social Presentation	
	<ul style="list-style-type: none"> ■ Appropriately dressed for different settings ■ Good level of personal hygiene 	
	<ul style="list-style-type: none"> ■ Supportive family relationships, including when parents are separated ■ Extended family members provide support to the child 	
PARENTING CAPACITY	Housing, Employment & Finance	<ul style="list-style-type: none"> ■ Housing has basic amenities and appropriate facilities ■ Parents aspirational for their child ■ Not living in poverty, sufficient income
	Families Social Integration / Accessing Community Services	<ul style="list-style-type: none"> ■ Social and friendship networks are strong and the family will demand services if they are needed ■ Family able to access community services
	Basic Care, Safety and Protection	<ul style="list-style-type: none"> ■ Carers able to provide for the child's physical needs and protect from danger and Harm
	Parent & Carers Basic Care, Safety & Protection	<ul style="list-style-type: none"> ■ Carers provide warmth, praise and encouragement and a stable environment ■ Carers support development through interaction and play ■ Carers provide appropriate guidance and boundaries

LEVEL TWO Level of Need: Additional Support

Children and young people with emerging vulnerabilities whose needs require support

CHILD'S DEVELOPMENTAL NEEDS	Health	<ul style="list-style-type: none"> ■ Slow in reaching development milestones, short interventions make improvements ■ Minor concerns re: diet/dental health/hygiene/clothing ■ Mild to moderate mental health problems including - low mood, anxiety ■ Missing health checks/immunisations ■ Child with a disability and requiring support services ■ Starting to have sex (under 16) / risk of pregnancy
	Education	<ul style="list-style-type: none"> ■ Occasional truanting or non-attendance, poor punctuality ■ Not in education, employment or training (NEET) ■ Child identified as having additional learning needs ■ At risk of exclusion and on a school attendance plan ■ Few opportunities for play /socialisation ■ Identified language and communication difficulties ■ Not achieving educational potential
		<p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> ■ Low level mental health or emotional issues ■ Involved in behaviour that is seen as anti-social (low-level)
		<p>Identity</p> <ul style="list-style-type: none"> ■ Some insecurities around identity ■ May experience bullying/isolation around perceived difference, or bully others
FAMILY & ENVIRONMENTAL FACTORS	Family & Social Relationships	<ul style="list-style-type: none"> ■ Undertaking some caring responsibilities occasionally ■ Loss of significant parent/carer ■ Young parent in need of some practical advice and support ■ Low parental aspirations ■ Child worried about sibling rivalries ■ Some difficulties with peers
		<p>Social Presentation</p> <ul style="list-style-type: none"> ■ Inappropriately dressed but this can be resolved with advice ■ Poor personal hygiene
	Family History & Functioning	<ul style="list-style-type: none"> ■ Parents have relationship difficulties which may affect the child ■ Child has support from key extended family such as grandparents and aunts / uncles
	Housing, Employment & Finance	<ul style="list-style-type: none"> ■ Family affected by low income / unemployment / redundancy ■ Poor housing / home conditions
	Families Social Integration / Accessing Community Services	<ul style="list-style-type: none"> ■ Some social exclusion problems ■ Family unable to engage in local Services ■ Parents with additional needs and vulnerable themselves

PARENTING CAPACITY	Basic Care, Safety and Protection	<ul style="list-style-type: none"> ■ Parent requires advice on parenting issues ■ Some basic needs unmet but most of the time a good quality of care is provided ■ Professionals suspect possibility of low level substance misuse by adults within the Home
	Parent & Carers Basic Care, Safety & Protection	<ul style="list-style-type: none"> ■ Sometimes inappropriate expectations of child / young person for age/ability ■ Inconsistent parenting but parents respond well to advice and support ■ Parents need help to understand the importance of activities and play in the child's development ■ May have different carers where inconsistent boundaries offered.

LEVEL THREE Level of Need: Threshold to work with partners as Targeted Support

Children or young people with identified vulnerabilities and needs that require a multi-agency coordinated approach

CHILD'S DEVELOPMENTAL NEEDS	Health	<ul style="list-style-type: none"> ■ There is a threat to achievement of developmental milestones due to family or environmental factors ■ Has some chronic / recurring health problems or terminal illness ■ Concerns about diet/hygiene/clothing impacting on child's emotional well-being acute, severe and enduring mental health problems including conduct and oppositional defiant disorder, compulsive / obsessive disorder, eating disorder, suicide ideation ■ Non engagement with ante-natal appointments ■ Missing routine and non-routine health appointments for child / young person ■ Parents not responding appropriately to child's health needs impacting upon the wellbeing of the child ■ Child with a disability that requires multi-agency support services ■ Conception aged under 16 ■ CSE risk screened as vulnerable to CSE
	Education	<ul style="list-style-type: none"> ■ Persistent truanting, poor school attendance, previous fixed term exclusions ■ Persistently not in education, employment or training (NEET) ■ Permanently excluded from school or at risk of permanent exclusion ■ Education Health & Care Plan ■ Persistent low achievement requiring multi-agency support <p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> ■ Difficulty coping with anger, frustration and upset ■ Starting to go missing from home ■ Offending or regular anti-social behaviour ■ Problematic substance misuse ■ Hostile and physically aggressive to other children and adults <p>Identity</p> <ul style="list-style-type: none"> ■ Subject to discrimination and or bullying ■ Child experiencing difficulties with their own or their family's race, culture, religion, or sexuality
	Family & Social Relationships	<ul style="list-style-type: none"> ■ Regularly needed to care for another family member ■ Child experiencing difficulties with separation, bereavement and loss ■ Young parent's who need additional support e.g. family nurse partnership <p>Social Presentation</p> <ul style="list-style-type: none"> ■ Persistently inappropriately dressed for the weather ■ Persistent poor hygiene resulting in social isolation from peers

FAMILY & ENVIRONMENTAL FACTORS	Family History & Functioning	<ul style="list-style-type: none"> ■ Persistent disputes and hostility between parents, domestic abuse impacting on the child ■ Family seeking asylum / refugee ■ Parents require specific intervention regarding boundaries, discipline and routines for their children
	Housing, Employment & Finance	<ul style="list-style-type: none"> ■ Overcrowding, temporary accommodation, risk of homelessness ■ Home conditions need improving for the child / young person ■ Serious debts / poverty impacting on ability to care for the child, finance the home, food etc
	Families Social Integration / Accessing Community Services	<ul style="list-style-type: none"> ■ Family socially excluded ■ Escalating victimisation ■ Criminal activity due to drug, alcohol, aggression, mental health
PARENTING CAPACITY	Basic Care, Safety and Protection	<ul style="list-style-type: none"> ■ Parent is unable to provide adequate care without needing support from a number of agencies ■ Parents with learning disabilities or cognitive functioning additional needs ■ Parental learning disability is impacting on ability to provide care ■ Parents have a substance misuse problem (including alcohol) impacting on parenting ability ■ Teenage parents who themselves were subject to Child Protection plan or Looked After.
	Parent & Carers Basic Care, Safety & Protection	<ul style="list-style-type: none"> ■ Child is often scapegoated by parents / family ■ Child receives inconsistent care / has multiple care givers ■ Child is rarely comforted when distressed ■ Parents lack empathy for child

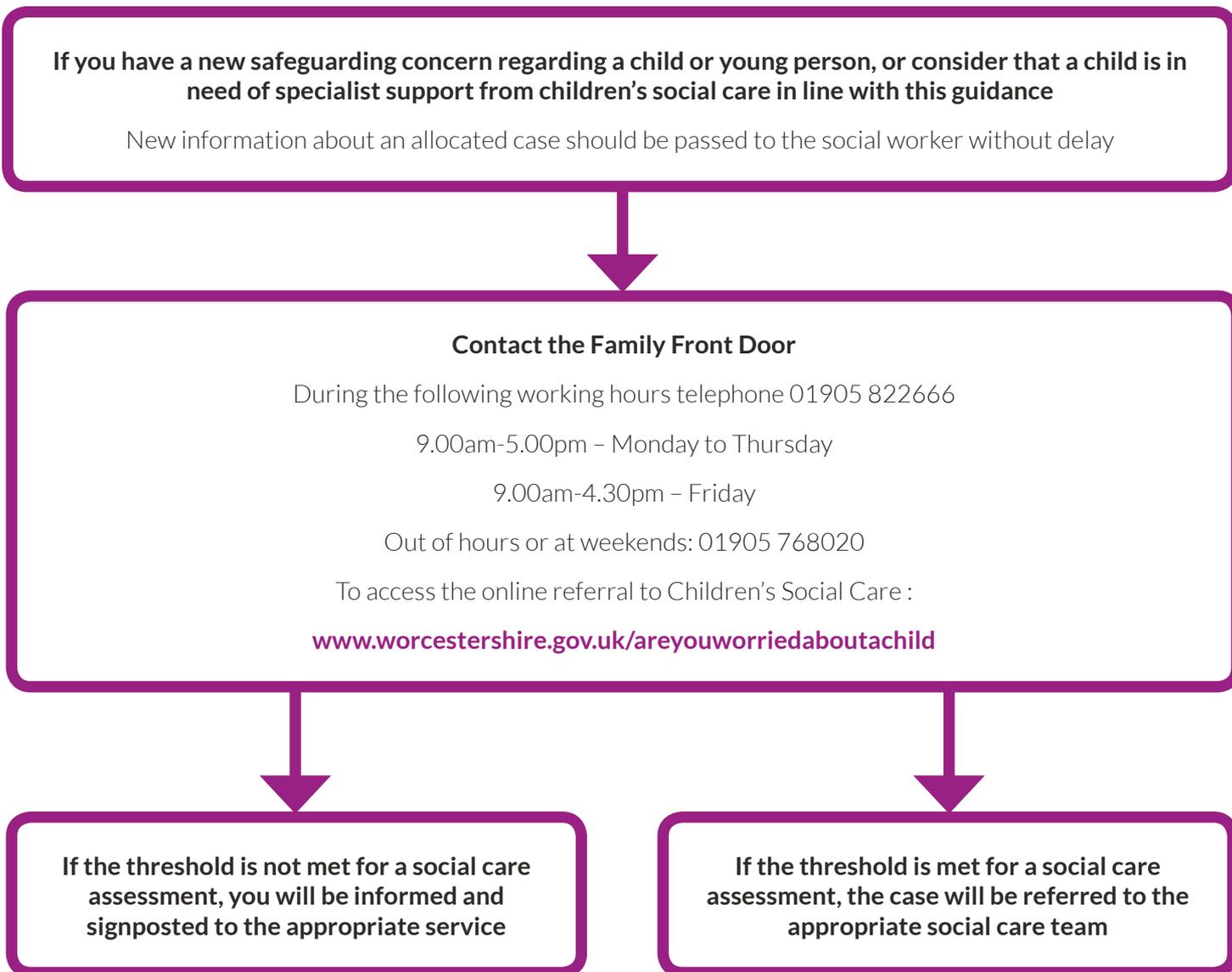
LEVEL FOUR Level of Need: Criteria for Statutory Social Work Intervention

Children requiring formal statutory intervention under either section 17 of the Children Act 1989 (Children in Need) or Section 47 of the Children Act (Safeguarding Children)

CHILD'S DEVELOPMENTAL NEEDS	Health	<ul style="list-style-type: none"> ■ There is likelihood of significant harm to child's health and development ■ Have severe chronic/recurring health problems, including severe obesity and dental decay unresolved by early help interventions. Fabricated/induced illness ■ Non-organic failure to thrive ■ Female Genital Mutilation (FGM) ■ Concerns about diet/ hygiene / clothing, persistent and severe and not improving following early help interventions at level 3 ■ Immediate or imminent risk to the child or young person's life or the life of others due to mental health problems e.g. self-harm, suicide ideation or attempts, eating disorders ■ Persistent non-compliance even though parents are aware of short and long term implications which are likely to cause significant harm – Physical and / or emotional ■ Child with disabilities meeting the criteria for social care intervention ■ Sexual activity under the age of 13 ■ Sexual exploitation. CSE risk screened as experiencing CSE
	Education	<ul style="list-style-type: none"> ■ Persistent exclusions for behavior, non-attendance , co-operation in school ■ Drug and alcohol abuse / suspected dealing ■ Significant development delay due to neglect / poor parenting <p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> ■ Puts self or others in danger ■ Child abuses other children e.g. physically, sexually ■ Young people who are charged with a crime and go to court and/or are convicted of a crime and given a sentence ■ Endangers own life <p>Identity</p> <ul style="list-style-type: none"> ■ Persistently demonstrates extremist views e.g. radicalisation ■ A child or young person's association with others places them at risk e.g. gangs
	Family & Social Relationships	<ul style="list-style-type: none"> ■ Multi-agency interventions are not working and the child is suffering or likely to suffer significant harm ■ Child in care or care leaver ■ Family breakdown and need for edge of care / accommodation ■ Deceased parents and no arrangements to care for the child ■ Privately fostered children / young people ■ Teenage parent who is a subject of Child protection plan or is a child looked after ■ High criticism, low warmth resulting in emotional harm ■ Domestic abuse impacting on the safety and welfare of children ■ Frequent aggression and violence ■ Criminal activity <p>Social Presentation</p> <ul style="list-style-type: none"> ■ Poor hygiene persistent and chronic despite advice and support at level 3 ■ Persistent ongoing mental health needs impacting on the ability to safely and appropriately care for children.

FAMILY & ENVIRONMENTAL FACTORS	Family History & Functioning	<ul style="list-style-type: none"> ■ Honor based violence/forced marriage ■ Evidence of ongoing domestic abuse impacting upon the care and wellbeing of the children / young person. ■ Person posing a risk to children (PPRC) in contact with children ■ Special Guardianship Order applied for ■ Radicalisation ■ Toxic trio: mental health, drugs/ alcohol and domestic abuse ■ Child privately fostered cared for by non-relative ■ Previous history of children removed/ adopted / Child Protection Plan.
	Housing, Employment & Finance	<ul style="list-style-type: none"> ■ Physical accommodation places child in danger. ■ No fixed abode or homeless ■ Homeless young people - Southwark ■ No recourse to public funds
	Families Social Integration / Accessing Community Services	<ul style="list-style-type: none"> ■ Family chronically socially excluded likely to cause significant harm to the child ■ Children from families experiencing a crisis likely to result in a breakdown of care arrangements. ■ Anti-social behavior in community of parents ■ Family have not engaged / not demonstrated significant or sustainable changes in the timescales for the child given level 3 intervention and support
PARENTING CAPACITY	Basic Care, Safety and Protection	<ul style="list-style-type: none"> ■ Parents unable to protect their children and cannot prioritise the child's needs over their own ■ Severe or long term harm has been or is likely to be done to the child and/or the parents / carers are unwilling or unable to engage in work to improve care provided. ■ Children subject to care proceedings including children / young people subject to care order, wardship, EPO, supervision order or remanded to LA care. ■ Failure to provide good quality care across most of the child's needs most of the time ■ Transferring in cases from other Local Authorities e.g. CIN and CP, Final Court orders ■ Child or young person is likely to suffer significant harm or the likelihood of this happening due to the level of care being given them by their parents or carers
	Parent & Carers Basic Care, Safety & Protection	<ul style="list-style-type: none"> ■ Missing from home or care ■ Child is rejected or abandoned including subject to police protection. ■ Parents are negative and abusive, verbally, emotionally and/or mentally and / or sexually, towards the child. ■ Physical chastisement of child/ young person. ■ Parental anti-social and criminal activity that has an impact on the child / young person.

Appendix 2 - Safeguarding Children's Social Care Pathway



Forms and guidance can be found at www.worcestershire.gov.uk/safeguardingchildren

In an emergency always dial 999

Please note: The Family Front Door act as points of referral and advice. It does not actively collect and analyse intelligence and such information should not be passed through this route.

Managing Professional Disagreements

Disagreements over the handling of concerns can impact negatively on positive working relationships and consequently on the ability of professionals to safeguard and promote the welfare of children. All agencies are responsible for ensuring that their staff are supported and know how to appropriately escalate inter-agency concerns and disagreements about a child or young person's well-being.

For more information please refer to the WSCB Escalation procedure located at:

<http://westmidlands.procedures.org.uk/local-content/4gjN/escalation-policy-resolution-of-professional-disagreements>

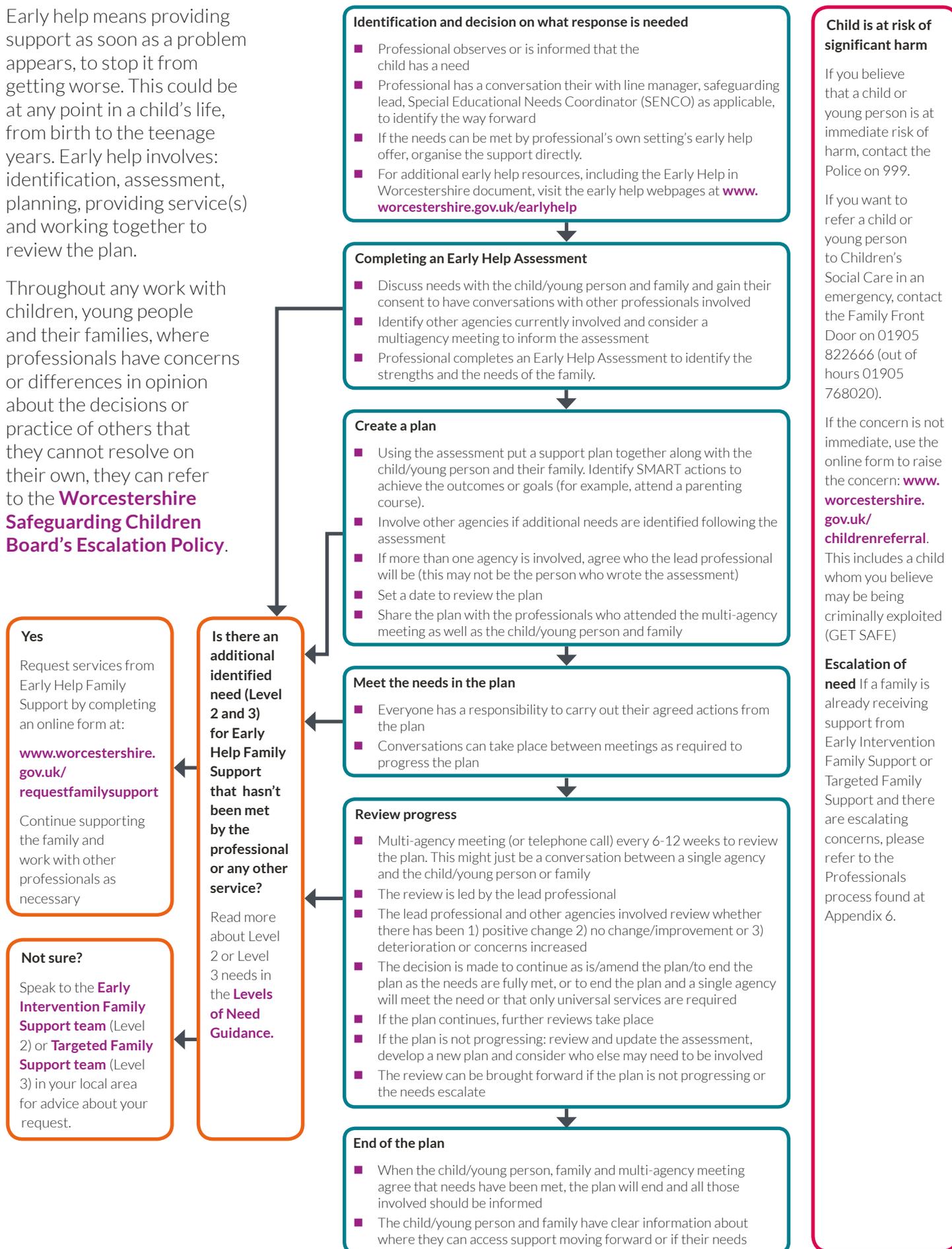
For further information please refer to the Worcestershire Safeguarding Children Board's procedures at:

<http://westmidlands.procedures.org.uk>

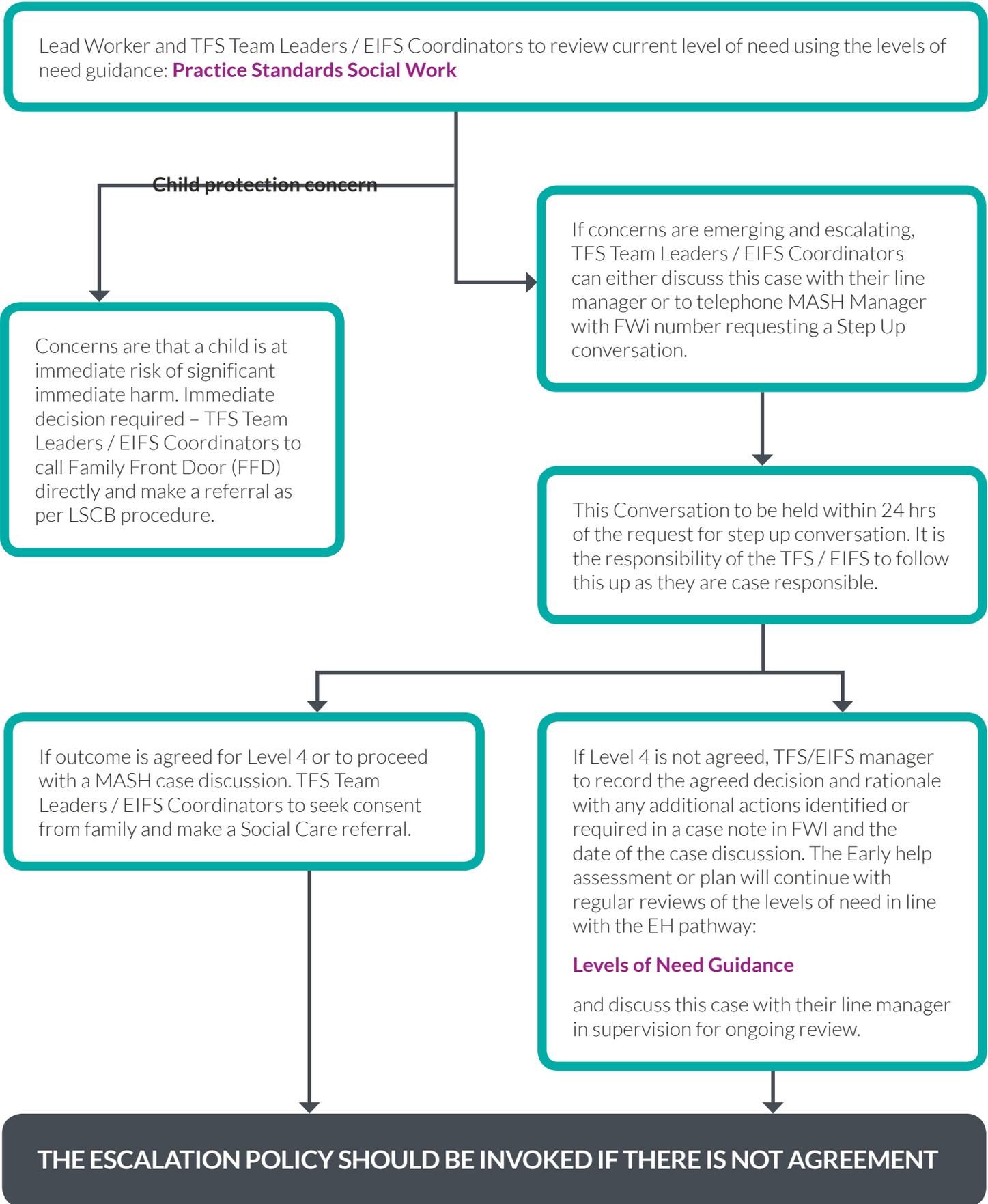
Appendix 3 - Early Help Pathway

Early help means providing support as soon as a problem appears, to stop it from getting worse. This could be at any point in a child's life, from birth to the teenage years. Early help involves: identification, assessment, planning, providing service(s) and working together to review the plan.

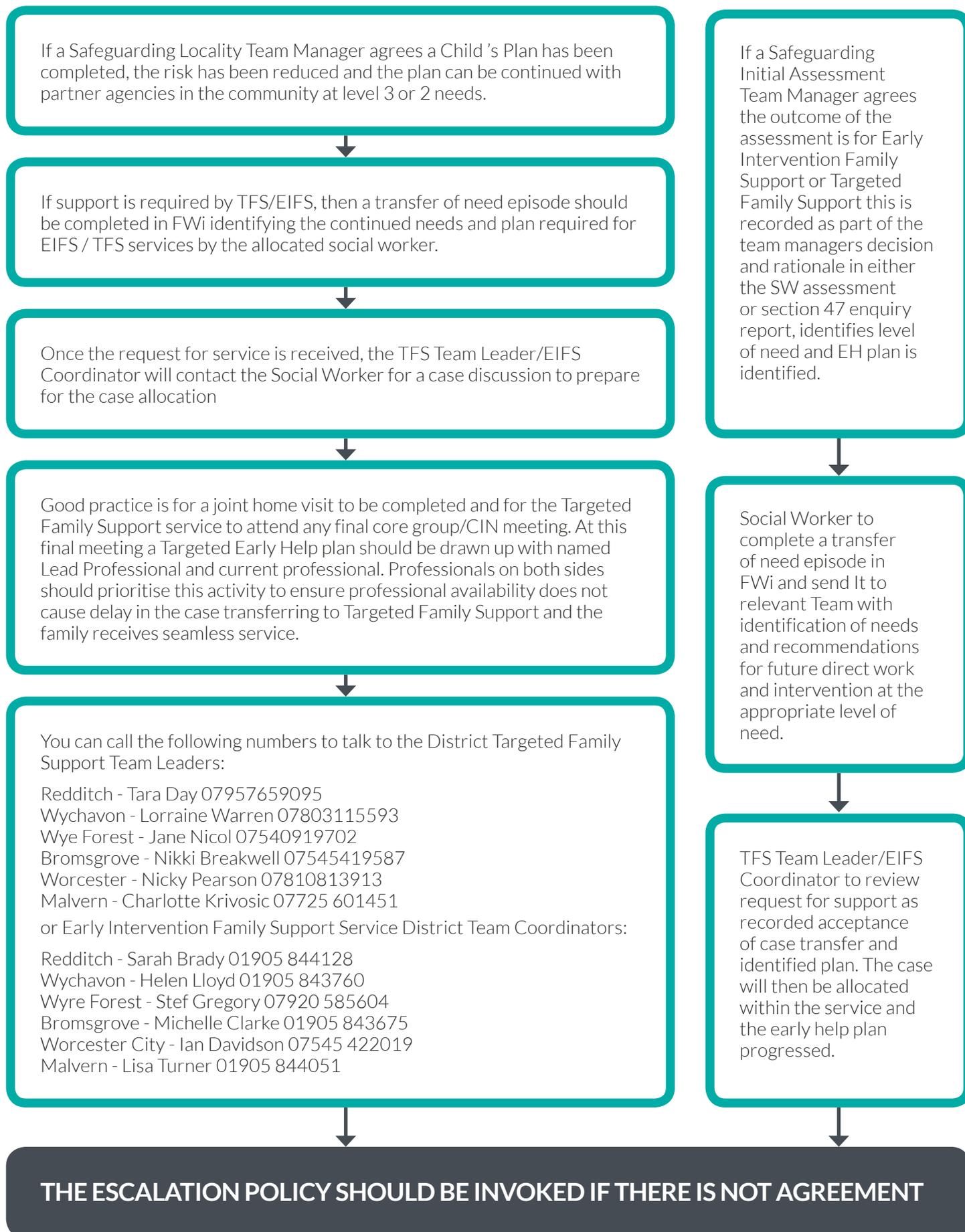
Throughout any work with children, young people and their families, where professionals have concerns or differences in opinion about the decisions or practice of others that they cannot resolve on their own, they can refer to the **Worcestershire Safeguarding Children Board's Escalation Policy**.



Appendix 4 - Step Up to Social Work (level 4) from Targeted Family Support (TFS) Team Leaders and Early Intervention Family Support (EIFS) Coordinators



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