



Solihull
Safeguarding
Children Partnership

**Listening, Learning and
Improving Outcomes for
Children and Young People**

RESPECTFUL CHALLENGE • ACCOUNTABILITY • LISTENING • LEARNING • INCLUSION

Right Help, Right Time, Right Response

‘We work together so that children and young people in Solihull are safe from harm and neglect, are heard and have the opportunity to thrive’

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Introduction

In Solihull we want to ensure that children, young people, and their families receive the **right help** at the **right time**, at the earliest opportunity. In order to achieve this, constructive quality conversations need to form part of a meaningful [assessment](#) to improve decision making and joint working. We realise that we are on an improvement journey, and we need to listen and learn together. This means that anyone who has contact with children and young people, their parents or carers; police officers, teachers, doctors, social workers, postal workers, hairdressers, utilities workers, members of faith groups, the community etc.; needs to always consider if there is anything we can do to improve outcomes and safeguard all children and young people in Solihull.

This guidance and information has been developed to help identify the support a child may need, but we must recognise that guidance alone cannot provide all of the answers. We have to talk to each other, honestly, and respectfully challenge one another, and ensure change becomes growth and improvement for children and young people and that we deliver the right response.

Visions, Values and Principles

Here are our Visions, Values and Principles.



**Listening, Learning and Improving Outcomes
for Children and Young People**

Safeguarding is everyone's responsibility. We therefore want to take a Think Family Approach asking any children's, young people's, and adult's practitioners/ volunteers to identify wider family needs which extend beyond the individual they are supporting. This means that if practitioners/ volunteers work primarily with adults, they should still consider the safeguarding needs of children, and if they work mostly with children, they should still consider the needs of adults. We want everyone in Solihull to be safe, secure and able to reach their full potential, and to do this we need to listen and learn together. We are committed to the following principles:

- Listening and acting on the views and voices of children and young people
- Listening to family members and giving importance to what they say
- Understanding children in the context of their family, as well as contexts beyond the family home
- Building on strengths as well as identifying difficulties
- Focusing on actions and outcomes for children
- Recognising difference - working to understand and respect individuality, values, beliefs, culture, disability, neurodiversity, gender identity etc.
- Being honest and transparent about what we do and why we are involved.

Supporting Families Outcomes

In Solihull, we want to ensure children and their families are able to be happy, healthy & hopeful for the future, by achieving the following outcomes:

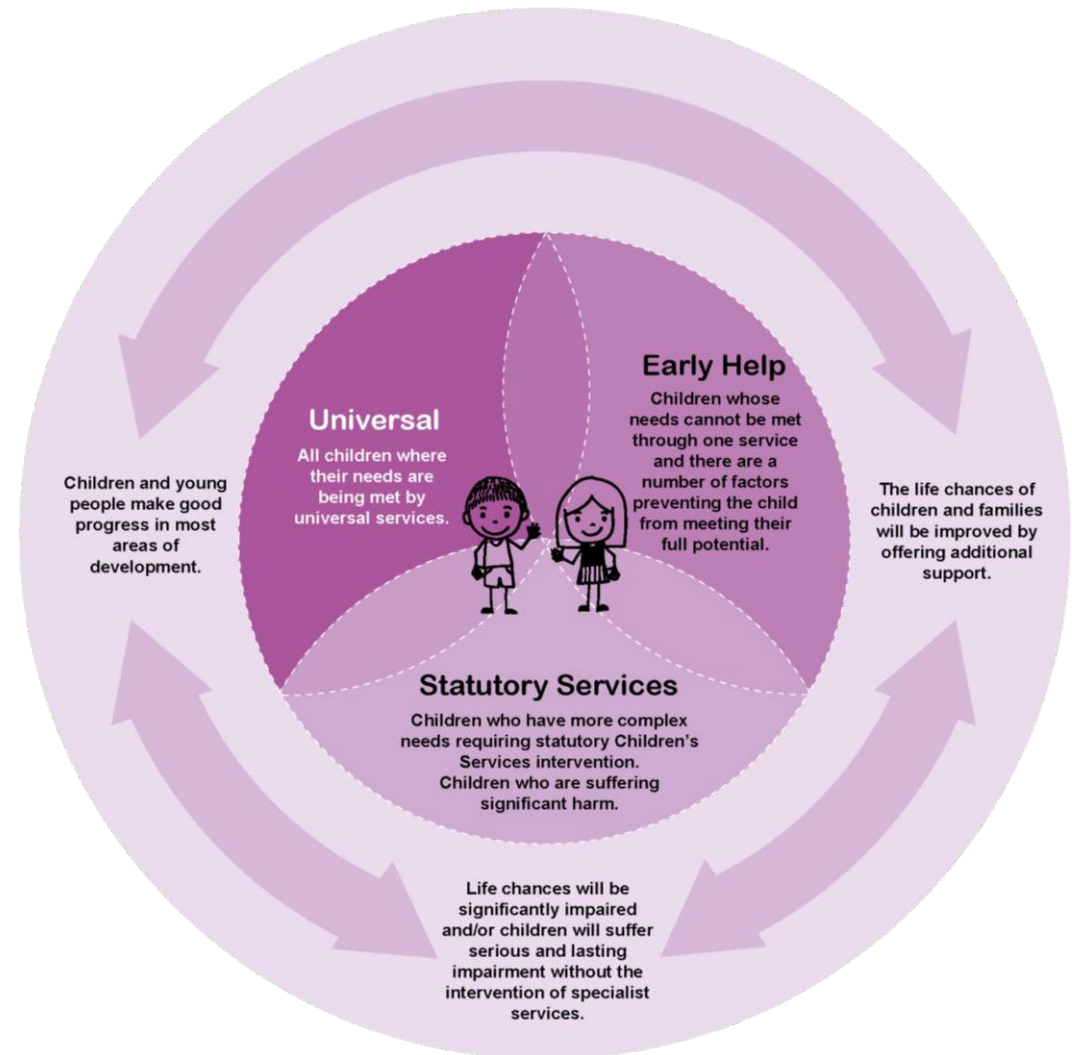


Response to Need

Safeguarding and promoting the welfare of children is defined as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network, whenever possible and where this is in the best interests of the child(ren)
- taking action to enable all children to have the best outcomes

[Working Together to Safeguard Children 2023](#)



What does this mean?

Universal	Early Help	Statutory Services
<p>All Children will access a range of Universal services; these could be G.P.'s, Health Visitors, Nursery, School, to name but a few. In most situations these services will listen to children and their families and ensure that their needs are met to enable good progress in most areas of development. They will consider the needs of children and young people, in the settings where they are based, in their family environment and in the wider communities outside of their family homes.</p> <p>Universal plus These agencies may offer some extra support themselves and/ or signpost to community resources.</p>	<p>Early help is a term used for providing support to a child and their family as soon as an issue emerges. Early help is a collaborative approach, not a provision, and it relies upon local agencies and families working together to identify the varied needs of a child and the family, their peer groups, the communities, and spaces in which they live and spend time, to make and follow plans of what needs to happen to improve the situation.</p> <p>Early Help can also be offered if a child/family has previously received Statutory Services, to help prevent needs re-emerging.</p>	<p>Children who have needs that cannot be met by local services and require additional support led by Children's Services as a Child in Need (Section 17 of the Children Act 1989).</p> <p>Children who are suffering or likely to suffer significant harm require statutory intervention and protection coordinated by Children's Services (Section 47 Children Act 1989).</p>

Response

Use the indicator pages below (pages 9 – 17) to determine the right response:

Universal	Early Help	Statutory Services
<p>Universal Services will follow a wide range of Government Guidance to ensure they respond effectively to the needs of children, young people and their families. These agencies will have their own individual assessments and processes to carry out their duties.</p> <p>Universal plus For some children and families this will include the services offering additional support themselves and or sign posting to community resources</p>	<p>When an issue emerges that requires an early help response, local services will use the SSCP multi-agency Early Help procedures and guidance to work with the child and family and fully assess their needs and create and implement a plan to meet them. One person will lead this process and coordinate the involvement of family members, friends and other professionals who can help meet the needs.</p> <p>There is a guide to Early Help to provide information for parents and carers</p>	<p>If a child is identified as a Child in Need local services will discuss this with the family and if agreed with Children’s Services. There is a guide explaining what MASH is and a guide to help the family understand what is meant and what will happen when a Child in Need referral is made.</p> <p>If a Child is thought to be at risk of significant harm, someone should talk to Children’s Services to agree what action needs to be taken and if appropriate inform the family they will be making a referral. There is a guide to both MASH and a section 47 enquiry to help the family understand what is happening.</p> <p>There is also a guide for making a referral wishing to complete the referral form.</p>

Information sharing and consent

What you need to know and consider:

Universal	Early Help	Statutory Services
<p>Information sharing can happen without consent if there is a legal duty to do so, but the person must be informed of the information shared and who it is shared with.</p> <p>Case notes should clearly record the information to be shared and practitioner's (and manager's) decision to proceed.</p> <p>If a referral is being made for an intervention, then consent is always required.</p>	<p>Information sharing can happen without consent if there is a legal duty to do so, but the person must be informed of the information shared and who it is shared with.</p> <p>Case notes should clearly record the information to be shared and practitioner's (and manager's) decision to proceed If a referral is being made for an intervention, then consent is always required</p> <p>Consent remains in place for the Early Help provision, or until consent is withdrawn. Where consent is refused for multi-agency intervention parents/ carers should be informed that services will be limited to single agency response. Professionals must consider whether the subsequent lack of multi-agency assessment and support is likely to cause significant harm and require a S47 child protection referral to be made.</p>	<p>Child in Need: Information sharing can happen without consent if there is a legal duty to do so, but the person must be informed of the information shared and who it is shared with. If a referral is being made for an intervention, then consent is always required.</p> <p>Where consent is refused for Children's Services intervention parents/ carers should be informed that services will be limited to a single agency response. Professionals must consider whether the subsequent lack of multi-agency assessment and support is likely to cause significant harm and require a S47 child protection referral to be made.</p> <p>When consent is gained it remains in place for the Child in Need provision, or until consent is withdrawn.</p> <p>Significant harm: if there is reasonable cause to believe a child is suffering, or at risk of suffering significant harm, then case notes should clearly record the information to be shared and practitioner's (and manager's) decision to proceed with enquiries and making a referral to children's services based on evidence/ reasonable cause. The family should be informed of the decision and information to be shared, unless to do so would cause more harm to a child.</p>
<p>If someone is not sure of the level of need then all local services have a designated lead for safeguarding who may be able to assist, or Children's Services will be happy to have a conversation and offer advice; call 0121 788 4300 (Monday to Thursday 8.45am-5.20pm, Friday 8.45am- 4.30pm. If you are calling out of working hours in an emergency only (Evenings, weekends, or bank holidays) please call 0121 605 6060.</p>		

Indicators

The following pages provide information for different assessment factors, outlining a set of possible indicators of need for each. The list of features outlined in the tables is not exhaustive; please remember to use your professional judgement.

Indicators - Health

Indicators of need	
Universal	Early Help
<ul style="list-style-type: none"> • Physically well • Nutritious diet • Adequate hygiene and dress • Developmental and health checks / immunisations up to date • Developmental milestones and motor skills appropriate • Sexual behaviour age-appropriate • Good mental health, including maternal/ paternal mental health in pregnancy • Accessing health care including dental & optical care • Parents/ carers to be accessing appropriate antenatal care and making good health choices for their unborn • Children with physical, neuro-development disorders and/ or learning disabilities whose needs are being met 	<ul style="list-style-type: none"> • Missing immunisations/checks • Child is slow in reaching developmental milestones • Concerns re diet, hygiene, clothing • Dental difficulties untreated/dental decay as result of poor diet or management with irregular access to dental services • 'Was not brought' to some routine and non-routine health appointments • Limited or restricted diet e.g. no breakfast, no lunch money • Concerns about developmental progress: e.g. overweight/ underweight, bedwetting/ soiling • Vulnerable to emotional difficulties, perhaps in response to life events such as parental separation • Mental health issues emerging e.g. anxiety; depression; eating disorder; self-harming • Experimenting with alcohol or illegal substances • Frequent accidents • Parents/ carers to be, missing ante-natal appointments and / or who do not prioritise the health of their unborn baby. (This may be through missing appointments for their own health too, and applies equally to all parents/ carers to be, not just mothers; for example, missing appointments with mental health, or substance abuse services) • Concerns about behavioural and neuro-developmental disorders e.g. Conduct Disorder, ADHD and Autism Spectrum Disorder, possibly waiting for a diagnosis/ Education Health Care plan • Children with physical and or learning difficulties requiring coordinated support/waiting for Education Health Care Plan • <u>Inappropriate</u> sexual behaviours, including online distribution of sexual images of others

Indicators - Health

Indicators of need	
Statutory Services: Child in need	Statutory Services: Significant harm
<ul style="list-style-type: none"> • Child has chronic/recurring health needs (including mental health); not treated, or inadequately managed • Developmental milestones are not being met due to lack of stimulation or inappropriate parental care • Child has acute mental health difficulties e.g. severe depression; suicidal ideation or self-harm, alcohol and or substance misuse. • Child has significant physical and/or learning disability requiring intensive support or supervision • Conception aged under 16, for all genders • Harmful sexual behaviours • Identified as being at risk of being targeted for exploitation • Child has significant behavioural and neuro- developmental disorders e.g. Conduct Disorder, ADHD and Autism Spectrum Disorder requiring intensive support or supervision • Parent/ carers to be, who do not prioritise the health of their unborn baby at all. (This may be through missing vital appointments or disengagement from services for their own health, and applies equally to all parents/ carers to be, not just mothers; for example, not attending/ engaging with mental health, or substance abuse services) 	<ul style="list-style-type: none"> • There is a risk of significant harm to child’s health and development • Parent/carer failing to facilitate appropriate medical care placing the unborn baby/child at risk of harm or compromising their health development/ treatment • Significantly obese/ underweight • Significant dental decay through persistent lack of dental care/lack of parental response to advice • Persistent and high-risk parental and or young person’s substance misuse • Child is being exploited • Child is being sexual abused or at risk of sexual abuse (including abuse facilitated online) • Sexual activity/ conception under 13 for all genders • Sexually abusive/ violent (including abusive online activity) • Non-accidental injury and/or unexplained injuries • Child is being physically abused • Parents failing to recognise / respond to physical/learning disability/ life limiting illness needs • Parent/ carers to be, who repeatedly fail to ensure that their baby is not exposed to unnecessary risk in utero (womb) • Suspicion /evidence of Fabricated or Induced Illness (FII) • Child has significant or escalating patterns of mental health difficulties e.g., chronic depression; repeated suicidal ideation or self-harm, significantly harmful alcohol and or substance misuse

Indicators - Emotional/Behavioural Development

Indicators of need	
Universal	Early Help
<ul style="list-style-type: none"> • Good quality early parent/carer and child relationship • Able to adapt to change (age appropriate) • Able to understand others' feelings (age appropriate) • Takes responsibility for behaviour (age appropriate) • Responds appropriately to boundaries and constructive guidance. • Parent/ carer ensures the child can develop a sense of right and wrong • Parent/carer shows warm regard, praise, and encouragement 	<ul style="list-style-type: none"> • Unresolved conflict/ difficulties with family relationships • Child/young person has experienced a bereavement • Some difficulties with peer group relationships and with adults, e.g. emotionally dependent, anxious, or withdrawn • Inappropriate responses and actions/ offensive/ anti-social behaviours • Concerns about engagement with others/ has few or no friends • Not always able to understand how own actions impact on others • Finds accepting responsibility for own actions difficult • Responds inappropriately to boundaries/ constructive guidance • Finds positive interaction with peers difficult in unstructured contexts • Periods of inadequate self-care, e.g. poor hygiene • Child is continually slow to develop age-appropriate self-care skills • Parent/carer offers inconsistent boundaries/lack of routine in the home • Child/young person spends considerable time alone, e.g. watching television or online • Child/young person is not often exposed to new experiences; has limited access to play and leisure activities • Parents who struggle to show emotional attunement with their child • Disability prevents appropriate self-care in a significant range of tasks

Indicators - Emotional/Behavioural Development

Indicators of need	
Statutory Services: Child in need	Statutory Services: Significant Harm
<ul style="list-style-type: none"> • Young carer whose development is being compromised by virtue of having those responsibilities • Changed behaviour and reference to radicalised thoughts and threats to act • Parents struggle/refuse to set effective boundaries e.g. ineffective/ restrictive/ involving physical chastisement • Disability prevents appropriate self-care in a significant range of tasks and parent/ carer require statutory intervention to meet the child's needs • Child or young person is at risk of being targeted for exploitation offline and/or online • Child is living in a household where domestic abuse takes place that is impacting on their emotional & behavioural development 	<ul style="list-style-type: none"> • Child / young person is being emotionally abused • Child / young person is being exploited • Child, young person is frequently missing from home • Continually challenging behaviour at school, home or in the community putting self or others at risk of harm • Allegations that the child/young person has harmed others • Serious or persistent offending behaviour • Severe emotional/behavioural challenges • Parent's own emotional experiences impacting on their ability to meet child/young person's needs • Child has no-one to care for them • Ineffective boundaries set by parents/carers • Multiple carers in disagreement/conflict • Child is being privately fostered • Child is being impacted by coercion and control in the household- control of time and movement, deprivation of resources, isolation from others, used in abuse of another person

Indicators - Identity and Self Esteem

Indicators of need	
Universal	Early Help
<ul style="list-style-type: none"> • Is confident and can express own identity; sexuality, gender, beliefs, culture, religion etc. (age appropriately) • Positive sense of self and abilities 	<ul style="list-style-type: none"> • Insecurities/ lack of parental support around identity expressed e.g. low self- esteem, sexuality, gender identity • Experiencing bullying / discrimination • Exhibiting bullying/ discriminatory behaviour • Lack of confidence is incapacitating • Presentation (including hygiene) significantly impacts on interpersonal relationships • Child/young person is isolated and has very few positive relationships
Statutory Services: Child in need	Statutory Services: Significant harm
<ul style="list-style-type: none"> • Child/young person experiences persistent bullying/ discrimination; internalised and reflected in their self-image • Parents are unsupportive towards child's identity- sexuality, gender, beliefs, disability etc. • Severe disability – child/young person relies totally on other people to meet care needs, and parent/carer require statutory intervention to meet these needs • Harmful/Oppressive attitudes towards young women, sexuality, relationships and consent within the family. • Cold callous attitudes towards offending & lack of empathy within the family. 	<ul style="list-style-type: none"> • Child/young person is significantly harmed, likely to be significantly harmed through persistent bullying/ discrimination • Parents are hostile/ emotionally and or physically abusive towards child's identity- sexuality, gender, beliefs etc.

Indicators - Education and Learning

Indicators of need	
Universal	Early Help
<ul style="list-style-type: none"> • Access to books and toys • Enjoys and participates in play and learning activities • Has experiences of success and achievement • Sound links between parent/ carers and early years/ education provision • Planning for career and adult life • Home education will enable a child to grow up and to function as an independent citizen in the UK, including beyond the community they grow up in. 	<ul style="list-style-type: none"> • Has some identified specific learning needs requiring targeted support and/or Education Health and Care plan • Language and communication difficulties • Regular underachievement or not reaching education potential • Poor punctuality/pattern of regular school absences (including and consideration being mentioned to move the child out of the school system to Elective Home Education) • Not always engaged in play/learning, e.g. poor concentration • Limited access to books/toys/ online learning resources • Some fixed term exclusions • There are initial concerns about the minimum literacy and numeracy content/ excessive isolation/ circumstances which make it difficult to concentrate of someone being home educated
Statutory Services: Child in need	Statutory Services: Significant harm
<ul style="list-style-type: none"> • Not in education (under 16) • Misses school consistently concerns about possible exploitation • Threat of exclusion and school have been providing support for some time • Persistent concerns about the minimum literacy and numeracy content/ excessive isolation/ circumstances which make it difficult to concentrate for someone being home educated • Parents failing to recognise concerns about consistently poor nursery/school attendance and punctuality despite support from school/ nursery 	<ul style="list-style-type: none"> • No school placement due to parental neglect • Child/young person is out of school due to parental neglect • Permanent exclusion from school/parental non engagement with services • Child is in unsuitable home education

Indicators - Family and Social Relationships

Indicators of need	
Universal	Early Help
<ul style="list-style-type: none"> Stable and affectionate relationships with parent/carer Good relationships with siblings Is able to make and maintain positive friendships on and offline Good relationships within wider family, including when parents are separated 	<ul style="list-style-type: none"> Lack of positive role models Child has some difficulties developing/ sustaining positive relationships Unresolved issues arising from parents' separation, step parenting or bereavement Inconsistent responses to child/young person by parent/carer Parents struggling to have their own emotional needs met A child/young person is taking on some caring responsibilities in relation to their parent/carer/ younger siblings No effective support from extended family or community Unresolved conflict in the household Parent/ carer has been incarcerated; child remains within their home environment with another resident parent/ carer
Statutory Services: Child in need	Statutory Services: Significant harm
<ul style="list-style-type: none"> Relationships with parent/carers continually characterised by unpredictability Family have physical and mental health difficulties impacting on their child Possibility of family breakdown related to child's behavioural difficulties Parent/ carer has been incarcerated; child must move from their home environment with a different carer. Allegations of online abusive behaviour, even if allegation is withdrawn 	<ul style="list-style-type: none"> Relationships with family experienced as negative and detrimental to the child/young person's health and/or development Rejection by a parent/carer; family no longer want to care for - or have abandoned child/young person Young person is main carer for family member Significant parental/carer discord and persistent domestic abuse and discord between family members Abuse, coercion, control within child's own intimate partner relationship Individual posing a risk to children in, or known to, household Family home used for drug taking, sex working or illegal activities Parent's/carers own needs mean that they are unable to keep the child/young person safe or provide adequate care 'Honour' based abuse/violence/forced marriage/ female genital mutilation (FGM) Parent/ carer has been incarcerated; child has no other suitable carer

Indicators - Basic Care

Indicators of need	
Universal	Early Help
<ul style="list-style-type: none"> • Parent/ carers provides for child’s physical needs, e.g. food, drink, and appropriate clothing, medical and dental care • Parent/ carers provides safety (including online) both in the parent/ carer’s presence and suitable arrangements are made for care in their absence. • Provide emotional care, interaction and mutual engagement • Provide age-appropriate developmental care • Pregnant women ensure that the baby is not exposed to unnecessary risk in utero (womb), and ensure that their own lifestyle choices do not impact adversely upon them 	<ul style="list-style-type: none"> • Basic care is not provided consistently • Parent/carer requires advice on parenting issues • Some concerns around child’s physical, emotional or developmental needs being met • Child is scapegoated, may rarely receive comfort when distressed, parents lack empathy for the child. • Inappropriate childcare arrangements • Some exposure to dangerous situations in the home or online • Unnecessary or frequent access to medical services e.g. GP/ Emergency Department /Ambulance Service • Failing to bring the child to planned medical appointments where there is a known health need, or for routine health care such as immunisations. Not seeking appropriate medical advice when in the child’s best interest • Parent/carer stresses starting to affect ability to ensure child’s safety • Emerging concerns about poverty/debt having an impact on ability to care for unborn baby/child/young person
Statutory Services: Child in need	Statutory Services: Significant harm
<ul style="list-style-type: none"> • Domestic abuse in the home • Parent’s mental health difficulties, learning disability or substance misuse affect care of child/young person • Child has few positive relationships and receives inconsistent care • Child has multiple carers, some of whom may have no significant relationship with them • Families at risk of homelessness • Families with no recourse to public funds • Housing/home dangerous or seriously threatening to health/well-being of unborn baby/child/ young person • Extreme poverty/debt impacting on ability to care for unborn baby/child/young person 	<ul style="list-style-type: none"> • Parent/carer’s mental health, learning disability or substance misuse significantly affects care of child • Parents/carers unable to care for previous children • Parent/carer is failing to provide adequate care • Persistence abuse/violence in the home • Parents/carers involved in violent or serious crime, or crime against children • Non-compliance of parents/carers with services • Child/young person at risk of or subject to neglect and/or abuse • Parents/carers own needs mean they are unable to keep child/young person safe • 16–17-year-olds at risk of becoming or homeless • Unaccompanied asylum seeker child/young person • Trafficked child/young person

Indicators - Social and Community Integration

Indicators of need	
Universal	Early Help
<ul style="list-style-type: none"> • Has friendships and is able to access local services and amenities • Family feels part of the community • Children and young people with additional needs are accessing the local offer for short breaks • Parent carers of disabled children are accessing Carers Trust and engaging with Parent carers assessments if required 	<ul style="list-style-type: none"> • Some social exclusion or conflict experiences • Low tolerance of other groups in Community characterised by negativity towards them • Difficulty accessing community facilities • Adult family members, child/young person can behave in an anti- social way in the community • Peer group relationships/ online activity supportive of oppressive attitudes towards young women, sexuality, relationships and consent. • Peer group relations/ online activity supportive of/ involving anti-social/ offending behaviours
Statutory Services: Child in need	Statutory Services: Significant harm
<ul style="list-style-type: none"> • Community are hostile to family • Exposure to risks outside of the family environment e.g. child being groomed or targeted for exploitation/ subject to attacks/ robbery/street-based crime. • Peer group relations/ online activity that actively threatens or intimidates others, or target of threats and intimidation. 	<ul style="list-style-type: none"> • Significant social exclusion or conflict experiences within the community • Evidence of radicalisation • Extra familial harm including child being exploited • Allegations against staff, carers, and volunteer • Child to child/ child to adult/adult to child violence and aggression

Useful Resources/Links

- [Solihull Safeguarding Children Partnership Website](#)
- Email the SSCP: sscp@solihull.gov.uk
- [West Midlands Child Protection Procedures](#)
- **Multi-Agency Safeguarding Hub** – 0121 788 4300
- **Out of hours, Emergency Duty Team** - 0121 605 6060
- **Local Authority Designated Officer(LADO)** - LADO referrals: should be made via telephone: 07795128638 or email: lado@solihull.gov.uk (please put 'LADO referral' in subject line)
- [NSPCC](#)
- [Solihull Safeguarding Adults Board Website](#)
- Email the SSAB: ssab@solihull.gov.uk
- [Protecting Adults with Care & Support Needs](#); If you have concerns about someone over 18 who needs community care services, or who finds it difficult to take care of themselves or protect themselves against harm or exploitation you can call 0121 704 8007 for advice (0121 605 6060 out of office hours)

We welcome your feedback on this document to inform future reviews, please click this link to provide your thoughts;
[Solihull Safeguarding Children Partnership](#)