



Right Help, Right Time

Delivering effective support for children and families in Birmingham

Guidance for Practitioners

Version 5 – December 2021



Introduction

Thank You!

That's to you. With all of the pressures and abnormality of the pandemic, recent times have been especially challenging for children, families, safeguarding staff and practitioners, and you have stepped up to meet that challenge.

This refreshed 'Right Help, Right Time' (RHRT) is essential guidance for everyone who works with children, young people, and their families in Birmingham. It advises what support is available whatever their needs and is our collective framework and practice guide on how all individuals, agencies, partners and practitioners work together in Birmingham.

This guidance reflects the fact that, during this period, we have continued to make improvements to the services that we offer and in our working together. This includes the embedding of the new Early Help system, strengthened guidance related to assessing needs outside of the home, greater knowledge of the impact of domestic abuse, and further information to add focus and clarity to strategy discussions. Above all, the refreshed guidance continues to emphasise the importance of respectful relationships that professionals develop to support those who need the Right Help at the Right Time.



Whether you work in one of the caring professions, are a teacher, health professional, police officer, probation practitioner, social worker, nursery worker, childminder, housing officer, DWP support worker, volunteer, voluntary sector worker or another role that brings you into contact with children and families, you are continuing to help to make Birmingham a great place to grow up in.

Our collective mission is to deliver the Right Help at the Right Time by coordinating our efforts, sharing information and putting the child and their experience at the centre of everything we do. You are part of a network of grown-ups in children's lives who need to work well together, to value each other's skills and experience, our commonality, difference or diversity.

Shared values and trust are essential to enable us to learn and improve together and have a greater combined positive impact.

As we continue to improve our services, what do you do, or could you do differently, to help us achieve this mission?

A handwritten signature in black ink, appearing to read 'Penny Thompson', with a long horizontal line extending to the right.

Penny Thompson CBE
Independent Chair

Birmingham Safeguarding Children Partnership

Our ambition

Our ambition is that all children and families in every part of the city achieve their full potential and are supported by a confident workforce with a common core of knowledge and understanding of children's needs, the importance of building positive relationships and a consistent approach to practice.

Achieving our ambition will mean Birmingham is a great place for all children to grow up in and will lead to the following outcomes:

- Healthy, happy and resilient children living in families
- Families (especially parents/carers, but also young people) take responsibility for their wellbeing
- Children and young people able to attend, learn and maximise their potential in early years settings, at school or in other education settings
- Young people ready for and able to contribute to adult life
- Children and young people protected from significant harm



Guiding principles:

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

We will:

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

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



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

RHRT sets out four layers of children's needs: **Universal**, **Universal Plus**, **Additional** and **Complex/Significant**.

Universal needs - a range of services such as maternity services/ health visiting services, school nursing, GP practices, early years, school and education settings, housing and youth services are provided as a right to all children including those with universal plus, additional and complex needs.

These services are also well placed to recognise and respond when extra support may be necessary. This may be because of the child's changing developmental, health and wellbeing needs or because of parental or family circumstances.

Children with **Universal Plus** needs are best supported by those who already work with them such as health professionals, children's centres, school settings, organising additional support with local partners as needed. This can be through an Early Help Assessment and an Our Family Plan. The Early Help Locality Teams can support the lead professional and family in a more intensive way. To access the Early Help Locality Teams click or type this link into your web browser: <https://bit.ly/familycf> and complete the Family Connect Form.

For children with **Additional** needs a co-ordinated multi-disciplinary approach is usually best led by a professional already known to the family. The lead professional will engage the family and other professionals to co-ordinate support through one plan. Where the support needed is more than a Lead Professional can organise effectively, CASS will direct the best way to access support. To access help from CASS click or type this link into your web browser: <https://bit.ly/rfsupportform> and complete the Request for Support form, ensuring that you follow the guidance.

Children with **Complex and Significant** needs are those whose health and development may be impaired without the provision of services, or who are disabled, or those where there is reasonable cause to suspect they may be at risk of significant harm. Examples of specialist services include children's social care, accessed via CASS; Child and Adolescent Mental Health Services (CAMHS), accessed via Forward Thinking Birmingham; and Youth Offending Services. To access help from CASS click or type this link into your web browser: <https://bit.ly/rfsupportform> and complete the Request for Support form, ensuring that you follow the guidance.

Universal Needs:

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

Universal Plus:

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

Additional Needs:

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



Complex / Significant Needs:

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

Determining need - questions I need to consider about the child, family and community

- What are the strengths of the family and what is working well?
- What are my worries?
- Is the child suffering harm or likely to suffer significant harm? How is this affecting their health and development?
- What did the child say or communicate about these worries?
- What did the family say about these worries?
- Has their response helped my decision making?
- What is the picture of the family as a whole?
- What are the needs of any siblings and parents?
- What advice and support have I offered the child and their family?
- What are the complicating factors making the problem more difficult to deal with?
- Is the child vulnerable within the community?
- What is the advice from my line manager or safeguarding advisor?
- What is the view of other professionals involved with the child/family?
- What help does the family need?
- Does the family consent to sharing information?
- Does the family agree to an offer of help and support?
- What action will I take if consent is not given? What will the impact be for the child if action is not taken?
- Are risks escalating due to non-engagement with agencies?

The purpose of these questions is to have a better understanding of the child and family's lived experiences. Be curious; put yourself in the child's place.

Recognise that views and interests may differ. Treat all family members with respect and show empathy.



Consent and Information Sharing:

Practitioners who believe a child or family requires help have a responsibility to discuss this with the family and where possible agree a way forward with them. This will ensure that parents are aware of worries and of what information will be shared. Children and families have a right to confidentiality, and we should always seek their consent and cooperation where we want to share information about them with others.

However, if you have reasonable cause to suspect that a child is likely to or is suffering from significant harm, consent is not needed to share information or make a referral using the Request for Support form to Birmingham Children's Trust via CASS. You have a duty to share in these circumstances.

In some situations it will not be clear that a child is at risk of significant harm, but it is apparent that their safety may be at risk.

In these circumstances sharing information without consent may still be appropriate, please refer to the consent and information chart. If this is the case it is still good practice to discuss your worries with the family, unless you consider this

would put anyone at greater risk of harm. By adhering to the following three key principles, practitioners can ensure they fulfil their professional safeguarding responsibilities, relevant legal requirements, and their obligation to show respect and consideration for children and families in need.

Key principles:

1. We are committed to gaining the **informed consent of children and/or parents** when we wish to share **confidential/personal information**.
2. We will respect the wishes of those who do not give consent, except where there is reasonable cause to **suspect significant harm** or when it is **inappropriate to seek their agreement**.
3. In each case we will record the: necessity; proportionality; relevance; adequacy; accuracy; timeliness; and security of the information shared. We will take reasonable steps to obtain consent and, if it is not given, we will record why we believe there is **reasonable cause to suspect significant harm**, or why it was inappropriate to seek agreement.

Right Help, Right Time	If I have concern for a child?	What information can I share?	Further action / what could this lead to?
Additional Needs	Have a conversation with the family and the child to understand their needs and implement help and support.	Child's name, DOB and address, the context of the current welfare concerns and any other relevant information.	Continue to work with the family and other professionals and consider whether to seek advice or support from CASS.
	Gain consent to share information with other professionals to co-ordinate help and support. If help and support is refused, consider whether this gives you reasonable cause to suspect a child is at risk of serious harm.	Always seek consent to share information or make a referral using the Request for Support form, unless doing so would place a child at further risk of significant harm.	To access the Early Help Locality Teams click or type this link into your web browser: https://bit.ly/familycf and complete the Family Connect Form.
		Full details of your concern through completion of the Request for Support Form: https://bit.ly/rfsupportform	To access help from CASS click or type this link into your web browser: https://bit.ly/rfsupportform and complete the Request for Support form, ensuring that you follow the guidance.

Right Help, Right Time	If I have concern for a child?	What information can I share?	Further action / what could this lead to?
Complex / Significant Needs 'serious risks to their health or welfare'	Discuss concerns with the family unless doing so would place the child at risk of further significant harm.	Child's name, DOB and address, the context of the current welfare concerns and any other relevant information.	This could lead to a social work family assessment. Multi-Agency Child Protection Strategy discussion.
Complex / Significant Needs 'risk of significant harm'	Seek advice or support from CASS. Is there information (eg assessments or screening tools) that would assist in assessing safety and the risk of harm? To access help from CASS click or type this link into your web browser: https://bit.ly/rfsupportform and complete the Request for Support form, ensuring that you follow the guidance.	Always seek consent to share information or make a referral unless doing so would place a child at further risk of significant harm. Full details of your concern through completion of the Request for Support form: https://bit.ly/rfsupportform	

Universal Needs

Development needs of Child/Young Person

Education & Learning Needs

- Enjoys and participates in learning activities
- Access to books, toys and age appropriate learning
- Good links between home and school
- Has experiences of success and achievement
- Planning for career and adult life

Health Needs

- Health needs being met
- No worries regarding diet and nutrition
- Good enough hygiene
- Developmental and health checks/immunisations up to date
- Developmental milestones appropriate
- Safe and age appropriate sexual activity

Emotional Health & Behaviour Needs

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

Family & Parenting Needs

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



Development needs of Child/Young Person

Education & Learning Needs

- Has some identified learning needs or disability or receives Special Educational Needs (SEN) Support in nursery/school, and the barriers to the child/young person engaging fully in the education setting require whole family help and support
- Language and communication difficulties
- Patterns of regular school absences
- Low motivation to engage in learning
- Not reaching educational development potential
- Physical disability needs requiring targeted support
- Some fixed term exclusions
- Not in education, employment or training post 16

Health Needs

- Emerging worries regarding diet, hygiene, clothing
- Defaulting on immunisations, development checks, health/dental appointments
- Slow in reaching developmental milestones
- Emerging worries regarding substance misuse

Emotional Health & Behaviour Needs

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

Emotional Health & Behaviour Needs

- Moderate post-traumatic stress disorder and/or obsessive-compulsive disorder
- Moderate anger management
- Moderate mental ill health issues emerging e.g. regular self-harm, eating disorders

Family & Parenting Needs

- Inconsistent responses to child/young person by parent/carer
- Starting to show difficulties with attachments
- Child/young person spends considerable time alone
- Rarely exposed to new experiences
- Taking on a caring role for parent/carer or may look after younger siblings
- Parent has physical or mental health difficulties
- Parental stress starting to affect ability to ensure child's safety
- Parental conflict or domestic abuse with the potential for emotional impact on child/ren
- Multiple changes of address
- Limited support from extended family and friends
- Family seeking asylum or are refugees e.g. no access to public funds
- Poor state of repair, temporary or overcrowded or unsafe housing
- Intentionally homeless
- Poor parental engagement with services
- Parent/carer requires advice on parenting issues
- Parent's own emotional needs beginning to impact on child's wellbeing
- Teenage pregnancy
- Some exposure to dangerous situations in home/community
- Lack of emotional warmth
- Unable to develop other positive relationships
- Parent/carer offers inconsistent boundaries
- Lack of routine in the home
- Lack of positive role models or existence of significant others who are poor role models
- Parents struggling to have their own emotional needs met
- Family new to area
- Some social exclusion or conflict experiences
- Limited access to universal resources or community facilities
- Periods of unemployment of parent/carer
- Financial/debt problems

Additional Needs

Development needs of Child/Young Person

Education & Learning Needs

- Consistently poor nursery/school attendance and punctuality
- Not in Education (Under 16)
- Has identified Special Educational Needs and Disability (SEND) requiring both additional support and the involvement of outside agencies, and the barriers to the child/young person engaging fully in the education setting require whole family help and support
- Young person aged 14 plus where planning for transition has not started
- Not achieving Key Stage benchmarks due to parental care
- School attendance below 90%
- Greater or equal to 3 fixed term exclusions or greater than 15 days excluded in any year, access early help partnership approach
- Permanently excluded from school, year 7 and above, access early help partnership approach

Health Needs

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



Emotional Health & Behaviour Needs

- | | |
|--|--|
| <ul style="list-style-type: none"> • Persistent disruptive/challenging/ criminal behaviour • Exhibiting extremist language/ behaviour • At risk of being affiliated to a gang • Sexualised behaviour • Risky sexual behaviour • May be at risk of being groomed for criminal or sexual exploitation • Missing from home or change in behaviour/routine suggesting development of inappropriate relationship • Child lacks a sense of safety and often puts him/herself in danger • Unable to demonstrate empathy • Experiences of persistent discrimination e.g. ethnicity, sexual | <ul style="list-style-type: none"> orientation or disability • Poor self-care for age • Disability prevents self-care in a significant range of tasks • Very poor self-esteem • Difficulty in coping with anger/ frustration and upset • Child/young person demonstrates thoughts, behaviours, distress and/ or impact on functioning that may be consistent with a (working) diagnosis, and treatment is focused on achieving short/medium term psycho-social goals • Without treatment or intervention, the child/young person would require a more intensive level of care |
|--|--|

Family & Parenting Needs

- | | |
|--|---|
| <ul style="list-style-type: none"> • Where a child receives erratic/ inconsistent poor-quality care • Parental capacity affects ability to nurture • Absence of positive relationships • Persistent parental conflict impacting on child's wellbeing • Parent in prison • Not receiving positive stimulation • Difficult to engage parents/carers—reject advice/support • Parent continually struggling to provide care, despite appropriate support being in place • Professionals concerned basic care will not be provided • Parent's mental health problems or substance misuse affects care of child/young person • Parents perceive child's safety outside the home to be a real problem • Neglect identified • Parents socially excluded | <ul style="list-style-type: none"> • Unsafe situations e.g. criminal activity, drugs, alcohol • Incidents of domestic abuse with impact on victim and children • Family has serious physical/mental health difficulties • Drug use or alcohol dependency by parent/carer • Poor relationship/little communication with wider family • Vulnerable accommodation e.g. friend's house • Parents struggle to engage to set effective boundaries • Young person is carer for family member • Lack of basic skills or long-term substance misuse hinders parent's employability • Chronic unemployment that is affecting family • Serious debts/poverty impact on ability to meet basic needs • Community are hostile to family |
|--|---|

Complex / Significant Needs

Development needs of Child/Young Person

Education & Learning Needs

- Where a primary age child is permanently excluded from school
- Persistent poor school attendance if in conjunction with other complex and significant needs

Health Needs

- If a child is suffering severe/chronic health problems, developmental delay or disability where treatment is not being sought or adhered to*
- Failure to Thrive (FTT) is slow physical development in a baby or child. It is caused by a baby or child not having enough nutrition*
- Persistent and high-risk substance misuse
- Suspicion of and/or concealment of drugs and/or money either vaginally, rectally or both. Strategy discussion to take place and child protection sexual health medical as this should be seen as sexual assault and can result in drug debt bondage and could be life threatening*
- Pregnancy or Sexually Transmitted Infection (STI) of a child under 13*. A strategy discussion must be held and child sexual abuse medical considered within the strategy discussion
- Concealed pregnancy by an under 16-year-old
- Repeat dental extraction/repeated concerns for health. Neglected and/or previous children removed from the home for neglect, where a child is being denied medical attention
- Child significantly under/overweight
- Suspicion of fabricated or induced illness*. A strategy discussion must be held and child protection medical considered within the strategy discussion
- Child in tier 4 mental health provision or there is a likelihood of admission to tier 4 provision or the child is entitled to aftercare under S117
- Any bruise or other injury to a non-mobile baby or to a disabled child where a reasonable explanation doesn't fit the injury*
- Any bruise or other injury in unusual locations in a mobile child without a reasonable explanation*
- Suspicion of child sexual abuse under the age of 16*

Situations marked with * are highly likely to result in reasonable cause to suspect significant harm, in which case a strategy discussion must be convened

Emotional Health & Behaviour Needs

- | | |
|--|---|
| <ul style="list-style-type: none"> • Challenging/disruptive behaviour putting self or others in danger • At significant risk or already being sexually exploited* • Child is at risk of being trafficked this includes being found in/out of borough/country* • Peer-on-peer abuse • Child is at significant risk of gang affiliation and/or criminal exploitation including signs of drug dealing or found out of area* • Harmful sexual behaviour • Sexual activity child under 13* • Abuse by an adult or concerns about a relationship with an older adult • Chronically socially isolated • Frequently missing from home/ care that places the young person at significant harm* • Young person persistently running away or absconding • Child or family member demonstrates extremist actions or behaviour that indicate radicalisation and may cause harm to themselves or others* • Child has close relationships with people demonstrating extremist views and/or actions/behaviours* | <ul style="list-style-type: none"> • Serious violent offending behaviour including use of weapons • Persistent poor and inappropriate self-presentation • Significant impact of traumatic event • Acute mental health problems, e.g. severe depression; threat of suicide; psychotic episode risk admission to psychiatric unit • Deterioration of mental health leading to risk to self and/or others, including the risk of suicide or serious self-harm • Child is a victim of serious gun and knife crime, which may result in threat to life or serious injury* • Drug debt • Concealment of drugs internally • Child within the National Referral Mechanism (NRM) process* |
|--|---|

Situations marked with * are highly likely to result in reasonable cause to suspect significant harm, in which case a strategy discussion must be convened

Family & Parenting Needs

- Parents consistently unable to provide 'positive enough' parenting that is adequate and safe
- Previous children removed from parent's care
- Domestic abuse/coercive control, including in pregnancy*
- Regularly hungry, very unclean, clothing smells
- Any allegation of abuse or serious neglect or a suspicious injury in a pre- or non-mobile child or a child with a disability*
- Persistent instability and violence or abuse in the home*
- Incidents of domestic abuse which include reported strangulation, rape, stalking or assault with intent where there is a child or unborn in the home
- Parent and/or child have significant involvement in crime
- Parents unable to keep child safe and secure
- A child at significant risk of female genital mutilation, honour based abuse or forced marriage*
- Poor/harmful sibling relationships
- Involving a child in crime or significant anti-social behaviour
- Negative influence from family involved in drugs/crime/illegal activities
- Parent's mental health problems or substance misuse significantly affects care of child and/or pregnancy
- An individual with serious child related offences visiting/moving into a household with children*
- Downloading sexual imagery of children*
- Case discussion at MARAC (multi-agency risk assessment conference – domestic abuse) including unborn children
- Where perpetrators who are managed by MAPPA (multi-agency public protection arrangements) have contact with children whether they have parental responsibility or not
- Allegations or suspicion about a serious injury or sexual abuse to a child, including online abuse*
- Unaccompanied refugee/asylum seeker
- Privately fostered
- Emergency housing needs as a consequence of fleeing domestic abuse/gang reprisal
- No effective boundaries set by parents/carers
- Child beyond parental control
- Periods of accommodation by Local Authority and worries are re-emerging

Family & Parenting Needs

- Family breakdown leaves child at risk
- Grossly under stimulated
- Child is main carer for family member
- Subject to physical, emotional or sexual abuse or neglect*
- Any duration of pregnancy where there is a significant history when a child has been previously removed
- Child abandonment and/or parent's inconsistent, critical or apathetic attitude to a child may result in significant harm*
- Suspicion of fabricated or induced illness*
- Dysfunctional attachments between parent and child leading to significant harm
- Extreme poverty/debt impacting on ability to care for child
- The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development*

Situations marked with * are highly likely to result in reasonable cause to suspect significant harm, in which case a strategy discussion must be convened



How to access support for children and families

UNIVERSAL NEEDS

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

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

What to do next:

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



UNIVERSAL PLUS NEEDS

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

What to do next:

A single universal service or more services are likely to be involved; these services should work together to provide timely, effective help and support. Talk to the child and family and seek consent to obtain and share information with others.

The agency that knows the child/family best should take a co-ordinated approach, organising support with local partners as needed. This can be through an Early Help Assessment and Our Family Plan.

Where the support needed is more than a Lead Professional can organise effectively, the Early Help Locality Teams can support the Lead Professional and family. To access the Early Help Locality Teams click or type this link into your web browser: <https://bit.ly/familycf> and complete the Family Connect Form. For more information on the Early Help Services visit the Local Offer.

To access the Early Help Handbook click or type this link into your web browser: <https://bit.ly/ehphandbook>



ADDITIONAL NEEDS

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

What to do next:

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

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

Consider whether to seek advice or support from CASS. To access help from CASS click or type this link into your web browser: <https://bit.ly/rfsupportform> and complete the Request for Support form, ensuring that you follow the guidance.

COMPLEX/SIGNIFICANT

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

What to do next:

Talk to the child and family and seek consent to make a referral using the Request for Support form and guidance on the following link: <https://bit.ly/rfsupportform> unless you believe the child is at immediate risk of significant harm or would be placed at risk of further significant harm.

Seek advice from the Designated Safeguarding Manager in your agency or/and the Children's Advice & Support Service (CASS) **0121 303 1888 (option 2, option 2)**.

CASS operates between **8.45am and 5.15pm Monday to Thursday** and **8.45am to 4.15pm on Fridays**. Outside these hours, please call the Emergency Duty Team (EDT) on **0121 675 4806**.

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





If you have concerns about the safety and/ or welfare of a child or young person telephone the Children's Advice & Support Service (CASS) on **0121 303 1888** (option 2, option 2)

Office Hours

Monday - Thursday 8.45am to 5.15pm

Friday 8.45am to 4.15pm

Outside of these hours, including weekends and Bank Holidays, contact the **Emergency Duty Team (EDT)** on **0121 675 4806**.

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

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

www.lscpbirmingham.org.uk for the Request For Support form

www.localofferbirmingham.co.uk for the Early Help Handbook and Family Connect Form

