Levels of need when working with children and their families

Introduction

1. This document is designed to provide guidance to professionals when they encounter children who they believe may be in need or at risk of harm. The overarching intention is to have an effective system in place to ensure that children get the right response from the right service at the time they need it, at any point in the journey from early help to risk of harm.

2. To achieve this, agencies need to work together to promote children's welfare and prevent them from suffering harm. Safeguarding is the action we take to promote the welfare of children and protect them from harm and it is everyone's responsibility. Everyone who comes into contact with children and families has a role to play (*Working Together guidance*).

3. This document seeks to clarify levels of need and processes and the relationship between early help processes and child protection procedures. Having clear thresholds for action which are understood by all professionals, and applied consistently, should ensure that services are commissioned effectively and that the right help is given to the child at the right time (*Working Together guidance*).

4. Professionals in any agency who work with children and/or adults who have parenting responsibilities share a commitment to safeguard and promote the welfare of children. This includes a responsibility to ensure they are equipped with the appropriate level of knowledge and support to be able to judge when they need to seek further information about a child's circumstances or need to seek advice from a manager, their designated lead or another agency.

5. Provision designed to support children and families can only work effectively if limited resources are used wisely and targeted appropriately. It is the responsibility of all referring agencies, as far as is possible and reasonable, to ensure that children and families are not escalated unnecessarily into the higher, more resource-intensive service areas. Where this does happen, systems become overloaded and children and families may be labelled as having more intractable problems than they really have, making solutions much more difficult.

Early Help Assessment (EHA) in Milton Keynes

6. The Early Help Assessment should be completed by professionals across universal and community services where there are emerging concerns about how well a child is progressing in terms of their health, welfare, behaviour, progress in learning or any other aspect of their well-being and when the child's needs are unclear or broader than a single service can address.

7. The Early Help Assessment should include a plan to support the child and family and identify who will be responsible for following through actions. Where possible, a Lead Professional should be assigned to be a central contact for the family and to review progress being made.

8. To support professionals using the Early Help Assessment, three new Early Help Advisor roles have been established who can be contacted to provide support and guidance. This could include guidance with undertaking assessments and suggestions regarding possible interventions as well as some assistance with facilitating Team Around Families (TAF) meetings.

Making a referral

9. If the Early Help Assessment identifies support is needed beyond what has been provided by universal services, the family should be referred to the Milton Keynes Multi-Agency Safeguarding Hub (MASH). To make a referral, the professional will need to complete an online Multi Agency Referral Form (MARF). A copy of the completed Early Help Assessment form will need to be uploaded to the online MARF. You will also need to include information about what interventions have been tried and how these have not worked.

10. The MASH will then assess the child's needs to see if they now require support at Level 3 or Level 4 and will make the decision as to whether support is required from either the Targeted Early Help Team (Children and Families Practice) or Children Social Care. A statutory assessment, called a Children and Families Assessment may be undertaken. Please note that the decision could also be that support and interventions remain with universal provision.

11. Whenever there are child protection concerns a section 47 enquiry is undertaken. This will involve liaison with police, health and other agencies and will include a strategy discussion, usually in the form of a meeting, to decide on and plan the actions needed. An assessment of the child's circumstances, including risks and needs, is undertaken following the strategy discussion. This may lead to a decision that there are no concerns, or to a voluntary Child In Need (Family Support) plan.

12. **The Early Help Assessment should not delay the process if a professional is concerned that a child is, or may be, at risk of significant harm. In such cases, the professional must make a telephone referral directly to the MASH followed by a completed MARF in an email. If a child or other person is at immediate risk, the first response should be to call the Police on 999.**

13. Referrals on open social care cases should be made to the allocated social worker for the case (or in their absence the manager or the duty social worker). The referrer can always ask to discuss their concerns with a qualified social worker.

Levels of Need

14. In Milton Keynes we work to a model of intervention that sets out four levels of need. The tables detailed in the document are intended to provide a quick reference point for professionals. The lists are not exhaustive, and few cases will straightforwardly fit into any one category.

15. Some children are in need because they are suffering, or likely to suffer, *significant harm*. The *Children Act 1989* introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

16. There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. It is important to consider age and context - babies and young children are particularly vulnerable and at increased risk especially when there is parental history of domestic abuse, substance misuse and mental ill-health.

and context - babies and young children are particularly vulnerable and at increased risk especially when there is parental history of domestic abuse, substance misuse and mental ill-health.

17. Professionals in all agencies have a responsibility to refer a child to Children's Social Care when it is believed, or suspected that the child:
    - Has suffered significant harm
    - Is likely to suffer significant harm
    - Has developmental and welfare needs which are likely only to be met though the provision of support services
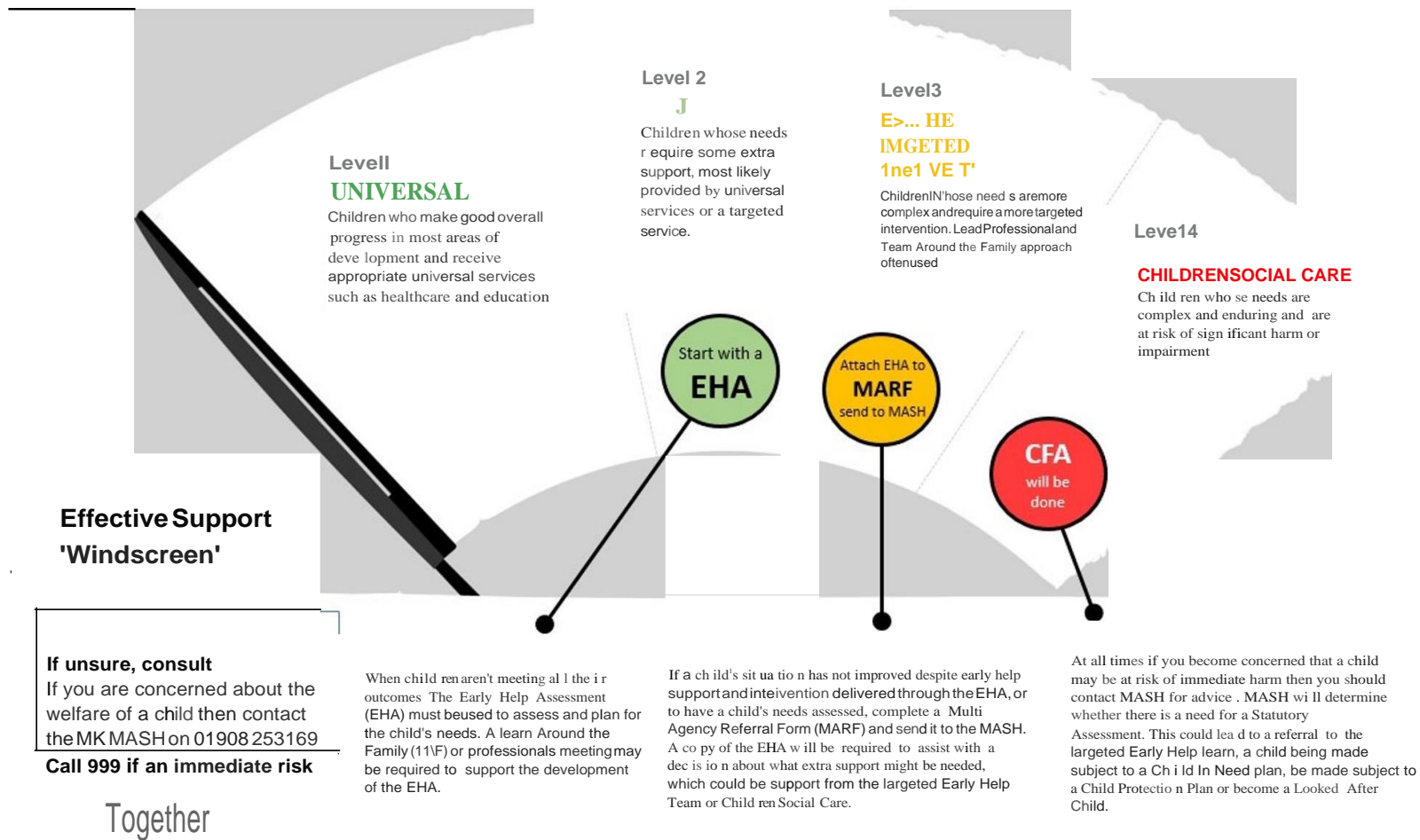
18. If there is a disagreement about the level of need for an individual child or family, then it is expected that practitioners have a dialogue and explore the issues behind the disagreement in order to reach a consensus. Where disagreement remains practitioners should discuss their concerns with their manager or safeguarding leads within their own organisation.

19. Where there is doubt about the most appropriate service pathway to take, anyone concerned about the welfare of a child should consult with their own manager and/or designated member of staff and, where they remain unsure, contact the MASH on 01908 253169.

Sharing Information

20. Knowing when and how to share information is not always easy – but it is important to get it right. Children and their families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent, but there may be circumstances when you need to override this. Whilst the law rightly seeks to preserve individuals' privacy and confidentiality, it should not be used (and was never intended) as a barrier to appropriate information sharing between professionals. The safety and welfare of children is of paramount importance and agencies may lawfully share confidential information about the child or the parent, without consent, if doing so is in the public interest. A public interest can arise in a wide range of circumstances, including the protection of a child from harm and the promotion of child welfare.

21. Unless there is immediate risk of significant harm, the family should be consulted by the referrer and informed of the referral.

Level 2

J

Children whose needs require some extra support, most likely provided by universal services or a targeted service.

Level3

E>... HE IMGETED 1ne1 VE T'

ChildrenIN'hose need s aremore complex andrequire a more targeted intervention. Lead Professional and Team Around the Family approach often used

Levell

UNIVERSAL

Children who make good overall progress in most areas of development and receive appropriate universal services such as healthcare and education

Leve14

CHILDRENSOCIAL CARE

Ch ild ren who se needs are complex and enduring and are at risk of sign ificant harm or impairment

Start with a
EHA

Attach EHA to
MARF
send to MASH

CFA
will be done

Effective Support 'Windscreen'

Together

When child ren aren't meeting al l the i r outcomes The Early Help Assessment (EHA) must beused to assess and plan for the child's needs. A learn Around the Family (11\F) or professionals meeting may be required to support the development of the EHA.

If a ch ild's sit ua tio n has not improved despite early help support and inte ivention delivered through the EHA, or to have a child's needs assessed, complete a Multi Agency Referral Form (MARF) and send it to the MASH. A co py of the EHA w ill be required to assist with a dec is io n about what extra support might be needed, which could be support from the largeted Early Help Team or Child ren Social Care.

At all times if you become concerned that a child may be at risk of immediate harm then you should contact MASH for advice . MASH wi ll determine whether there is a need for a Statutory Assessment. This could lea d to a referral to the largeted Early Help learn, a child being made subject to a Ch i ld In Need plan, be made subject to a Child Protectio n Plan or become a Looked After Child.

Level 1

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

DEVELOPMENT OF THE BABY OR CHILD

Health	Health
• Physically well • Nutritious diet • Adequate hygiene and dress • Developmental and health checks are not identifying concern	• Developmental milestones & motor skills appropriate • Good height/weight • Sexual activity appropriate for age • Good mental health

Behavioural developments	Identity and self-esteem	Family and social relationships
• Takes responsibility for own behaviour • Responds appropriately to boundaries and constructive guidance Plays positively	• Positive sense of self and abilities • Sense of belonging and acceptance by others • Confident in social situations • Can discriminate between safe and unsafe contacts	• Stable and affectionate relationships with carers • Good relationships with siblings and peers • Developing independent and self-care skills

Learning	Emotional development
• Access to books and toys • Acquires a wide range of skills and interests • Enjoys and participates in learning activities • Has experiences of success and achievement • Sound links between home and school • Planning for career and adult life	• Good quality early attachments • Able to adapt to change • Able to understand others' feelings

PARENTS & CARERS

Basic care, safety and protection	Emotional warmth and stability	Guidance, boundaries and stimulation
• Provide for child's physical needs, *e.g.,* food, drink, appropriate clothing, medical and dental care • Protection from danger or significant harm, in the home and elsewhere	• Shows warm regard, praise and encouragement • Ensures stable relationships • Provides consistency of emotional warmth over time	• Encourages learning and development through interaction and play • Enables child/young person to experience success • Ensure the child can develop a sense of right and wrong • Child/young person accesses leisure facilities as appropriate to age and interests

FAMILY & ENVIRONMENT ELEMENTS

Family functioning and well-being	Housing, work and income	Social and community including education
• Good relationships within family, including when parents are separated • Sense of wider family, friends and community, networks	• Accommodation has basic amenities and facilities • Parents/carers able to manage the working or unemployment arrangements • Reasonable income being used appropriately to meet the needs of the child	• Affective support networks

Level 2

EARLY HELP ADDITIONAL NEEDS: Children whose needs require some extra support. A single universal or targeted service or two services are likely to be involved. The Early Help Assessment should be used to assess and plan the delivery of interventions.

DEVELOPMENT OF THE BABY OR CHILD

Health	Health	Emotional development
• Missing/poor attendance at medical appointments or frequent attendance or admissions to hospital • Slow in reaching developmental milestones • Minor concerns re diet, hygiene, clothing • Weight not increasing at rate expected, or obesity	• Dental care not sufficient • Vulnerable to emotional problems, perhaps in response to life events such as parental separation e.g., child seems unduly anxious, angry or defiant • Early sexual activity or awareness • Experimenting with tobacco, alcohol or illegal drugs	• Some difficulties with family relationships inside and outside the family • Some evidence of inappropriate responses and actions • Starting to show difficulties expressing empathy • Limited engagement in play with others • Victim of abuse, but risk now managed
Identity and self-esteem	**Family and social relationships**	**Self-care skills and independence**
• Some insecurities around identity expressed e.g., low self-esteem • May experience or exhibit bullying around difference • Misuse of social media (bullying, abusive comments, images) • Receiving abuse over social media (bullying, abusive comments, images)	• Lack of positive role models • Unresolved issues arising from parents' separation, step parenting or bereavement • Links to and on periphery of gangs	• Not always adequate self-care, *e.g.,* poor hygiene • Child slow to develop age-appropriate self-care skills

Learning	Learning
• Child/young person presenting increasing problem behaviour where parents and/or school are finding it difficult to manage • Language and communication difficulties • Poor punctuality/pattern of regular school absences	• Not thought to be reaching his/her education potential, including unmet learning needs • Reduced access to learning • Not in education, training or employment (NEET) – less than six weeks

PARENTS & CARERS

Basic care, safety and protection	Basic care, safety and protection	Emotional warmth and stability
• Basic care is not provided consistently • Parent/carer engagement with services is poor • Parent/carer requires advice on parenting issues • Young parents struggling to cope	• Inappropriate childcare • arrangements and/or too many carers • Some exposure to dangerous situations in the home or community • Parent/carer stresses starting to affect ability to ensure child's safety	• Inconsistent responses to child/young person by parent/carer • Parents struggling to have their own emotional needs met • Starting to show difficulties with attachments

Guidance, boundaries and stimulation
- Parent/carer offers inconsistent boundaries
- Lack of routine in the home
- Child/young person spends considerable time alone e.g., watching television
- Child/young person is not often exposed to new experiences; has limited access to leisure activities
- Child/young person engaging in low level offending or anti-social behaviour

FAMILY AND ENVIRONMENT ELEMENTS		
Family functioning and well-being	**Housing, work and income**	**Social and community including education**
- Parents/carers have some conflicts or difficulties that can involve the child/young person - A child or young person has experienced loss of significant adult, e.g., through bereavement, separation, parent in custody/prison - Parent/carer has physical/mental health difficulties - A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings - Limited friends and family support	- Inadequate poor housing/home conditions due to overcrowding, lack of heating or structure - Some problems over basic facilities - Periods of unemployment/low income may affect the wider family unit - Financial/debt problems	Family new to the area with risks of isolation

Level 3	EARLY HELP TARGETED INTERVENTION: Children whose needs are more complex and require a more intensive targeted intervention. If a child's situation has not improved despite early help support and intervention delivered through the EHA, you should submit a MARF through the MASH attaching the EHA, stating what interventions have already been tried.	

DEVELOPMENT OF THE BABY OR CHILD

Health	**Health**	**Emotional development**
• Concerns re diet, hygiene, clothing struggling to be met and impacting on child's well-being • Child has some chronic/recurring health problems, not treated, or badly managed • Non-attendance at essential medical appointments • Child/young person for whom there are emotional/physical/behavioural and mental health concerns • Dental decay • 'Unsafe' sexual activity	• Significant speech language difficulties/delay or disordered development • Child has significant disability where needs are not being met • Mental health issues deteriorating e.g., conduct disorder, ADHD, anxiety, depression, eating disorder, self-harming • Lack of supervision resulting in frequent accidents	• Child/young person finds it difficult to cope with or express emotions *e.g.,* anger, frustration, sadness, grief • Child appears regularly anxious, stressed or phobic • Caring responsibilities affecting development • Child lacks confidence or is watchful or wary of carers / people
Behavioural Development	**Behavioural Development**	**Family and social relationships**
• Challenging and disruptive behaviour impacting on daily life, achievements and relationships • Starting to commit offences/re-offend • Increasing risk of vulnerability to child sexual exploitation activity/teenage pregnancy/suspected involvement in gangs/county lines and risk of radicalisation.	• Child/young person is withdrawn, isolated/unwilling to engage • Regular missing episodes • Indecent images child to child • May be aggressive in behaviour / appearance/self-esteem/confidence in a range of situations	• Lack of stability with inconsistent carers
Self-care skills and independence	**Learning**	**Identity and self-esteem**
• Disability prevents self-care in a significant range of tasks • Child lacks a sense of safety and often puts him/herself in danger • Child is main carer or has significant care responsibilities for parent/sibling	• Escalating poor nursery/school attendance and punctuality • Some fixed-term exclusions • Not in education, employment, or training (NEET) – more than six weeks	• Child subject to persistent discrimination, *e.g.,* racial, sexual or due to disabilities • Demonstrates significantly low self-esteem/confidence in a range of situations • Signs of deteriorating emotional well-being/mental health • Persistent misuse of social media (bullying, abusive comments, images)

PARENTS & CARERS

Basic care, safety and protection	Basic care, safety and protection	Emotional warmth and stability
- Parent/carer is struggling to provide adequate consistent care - Parents have found it difficult to care for previous child/young person - Inappropriate care - arrangements - Instability and domestic abuse in the home	- Parent's mental health problems or substance misuse significantly affect care of child/young person - Non-compliance of parents/carers with services - Experiencing unsafe situations - Child/young person may be subject to neglect - Child/young person previously looked after by Local Authority	- Parents/carers with mental health issues which are impacting on their ability to parent - Child has multiple carers; may have no significant relationship with any of them

Guidance, boundaries and stimulation

- Parents struggle/refuse to set effective boundaries *e.g.,* too loose/tight/physical chastisement
- Child/young person behaves in anti-social way in the neighbourhood
- Parent/carer does not offer a good role model, *e.g.,* by behaving in an anti-social way

FAMILY AND ENVIRONMENT ELEMENTS

Family functioning and well-being	Housing, work and income
- Incidents of domestic abuse between parents/carers - Acrimonious divorce/separation negatively impacting on the child - Parent/carer has physical/mental health difficulties - Family has serious physical and mental health difficulties	- Poor state of repair, temporary or overcrowded, or unsafe - Intentionally homeless - Serious debts/poverty impact on ability to have basic needs met - Rent arrears put family at risk of eviction or proceedings initiated - No Recourse to Public Funds and presenting as homeless

Level 4	**CHILDREN SOCIAL CARE:** At all times if you become concerned that a child may be at risk of immediate harm then you should contact the MASH for advice. This could lead to a child being referred to the Targeted Early Help Team (Children and Families Practice) or be made subject to a Child In Need, Child Protection or Looked After Child Plan for intensive targeted interventions.

DEVELOPMENT OF THE BABY OR CHILD

Health	**Health**	**Health**
• Child/young person has severe/chronic health problems • Child/young person's weight and height causing significant concern • Other developmental milestones unlikely to be met; failure to thrive • Lack of food may be linked with neglect • Refusing medical care endangering life/development • Seriously obese	• Dental decay and no access to treatment • Persistent and high-risk substance misuse • Dangerous sexual activity and/or early teenage pregnancy • Child sexual/criminal exploitation • Suspected imminent risk of FGM (female genital mutilation) • Sexual abuse • Non-accidental injury	• Acute mental health problems e.g., severe depression, threat of suicide, psychotic episode • Disclosure of abuse from child/young person • Evidence of significant harm or neglect • Disclosure of abuse/physical injury caused by a professional • Physical learning disability requiring constant supervision
Behavioural Development	**Identity and self-esteem**	**Family and social relationships**
• Cannot maintain peer relationships e.g., is aggressive, bully, bullied • Regularly involved in anti-social/criminal activities • Prosecution of offences resulting in court orders, custodial sentences, ASBOs • Professional concerns but difficulty accessing child/young person • Unaccompanied refuge/asylum seeker • Privately fostered • Abusing other children • Young sex offenders	• Child/young person experiences persistent discrimination; internalised and reflected in poor self-image • Failed Education Supervision Order – three prosecutions for non-attendance: family refusing to engage • Victim of crime; may fear persecution by others • Child/young person likely to put self at risk	• Relationships with family experienced as negative ('low warmth, high criticism') • Rejection by a parent/carer; family no longer want to care for - or have abandoned -child/young person • Periods accommodated by Local Authority • Subject to physical, emotional or sexual abuse or neglect • Suspected imminent risk of FGM (female genital mutilation) • Suspected imminent risk of forced marriage • Suspected imminent risk of honour-based violence • Suspected imminent risk of radicalisation
Self-care skills and independence	**Learning**	**Emotional development**
• Severe disability – child/young person relies totally on other people to meet care needs • Child neglects to use self-care skills due to alternative priorities, e.g., substance misuse	• Puts self or others at risk through behaviour • Child/young person is being refused access to an educational provision	• Children who disappear or are missing from home regularly for a long period of time • Severe emotional behavioural challenges

PARENTS & CARERS

Basic care, safety and protection	Basic care, safety and protection	Emotional warmth and stability
• Parents/carers unable to provide 'good enough' care • Parent/carer's mental health or substance misuse significantly affect care of child • Parents/carers unable to care for previous children • Instability and violence in the home continually • Parents/carers involved in crime • Parents unable to restrict access to home by dangerous adults • Parents/carers own needs mean they are unable to keep child/young person safe • Chronic and serious domestic abuse involving child/young person	• Unexplained injuries • Allegation or reasonable suspicion of serious injury, abuse, or neglect. • Unable to manage severe challenging behaviour without support –high risk of family breakdown • Suspected/evidence of fabricated or induced illness • Unable to meet child/young person's physical or emotional needs • Disclosure from parent of abuse to child/young person • Escalating or serious domestic abuse which is placing the child at significant risk of harm	• Parents/carers inconsistent, highly critical, rejecting or apathetic towards child • Child/young person beyond parental/carer's control • Child has no-one to care for him/her • Child/young person threatened with rejection from home • Requesting young child be accommodated • Adoption breakdown

Guidance, boundaries and stimulation
• Parents/carers unable to set effective boundaries to keep the child/young person safe from significant harm • Child regularly behaves in an anti-social way in the neighbourhood

FAMILY AND ENVIRONMENT ELEMENTS

Family functioning and well-being	Housing, work and income	Social and community including education
• Family characterised by conflict and serious chronic relationship difficulties • History of rejection • Destructive/unhelpful involvement from extended family • Child/young person has been identified as a child/young person in need, but parents/carers have refused support • Family involved in criminal activity; parent or sibling has received custodial sentence • Individual posing a risk to children in, or known to household • Unsafe home environment • Family home used for drug taking, prostitution, illegal activities	• Homeless – or imminent • Housing dangerous or seriously threatening to health • Extreme poverty significantly impacting on ability to meet the child's basic care needs and leading to neglect	• Family chronically socially excluded • Community is hostile to family