

CSC Local Safeguarding Protocol.



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1. Introduction

Working Together to Safeguard Children 2023 sets out that local authorities, with their partners, should develop and publish local protocols for assessment. Milton Keynes local protocol sets out the arrangements for children referred to the local authority for support and describes what the local authority will do and how the child/young person will move through the journey of assessment and planning.

A key update of the 2023 Working Together highlights multi-agency expectations and emphasises strong partnerships among practitioners, parents, and carers, outlining expectations for effective.

Communication and collaboration

The local protocol aims to secure cooperative, collaborative working across agencies, and with parents/carers, children and young people that places the child at the centre of decision making both in Early Help and when a child requires a statutory social work assessment by Children's Services. The local protocol should be read alongside the following guidance:

- Working Together to Safeguard Children 2023
- Working with Foreign Authorities: Child Protection Cases and Care Orders (Departmental Advice for local authorities, social workers, service managers and children's services lawyers)
- The international Child Abduction and Contact Unit (Guidance 2016)

The local protocol provides a framework for agencies to work together in the best interests of children, so they are supported, safe and enabled to reach their full potential.

- A child is defined as pre-birth (unborn) and anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people'.
- The term 'practitioners' is used throughout the guidance to refer to professionals who work with children and their families in any capacity.



2. What is an Assessment?



When a child comes into contact with services, practitioners need to understand what life is like for them so they can ensure the right support is located quickly and thoughtfully. An assessment gathers information from children, the adults that care for them and the agencies that are currently engaged with them, i.e. schools and health partners.

Assessments are always completed in partnership with parents, as it is anticipated that they know what is best for their children and it is their responsibility to raise / care their children. All children's needs are unique, some children have more needs than others as they may have a disability as well as having challenging family systems and circumstances which impact their

development. When an assessment is completed, it aims to help professionals understand the support needs required for children and young people and crucially what outcomes are sought from the agreed intervention.

3. Milton Keynes Continuum of Help & Support Pathway

Most children and young people living in Milton Keynes have basic needs that are met well by their parents, wider family, support networks and universal services such as health, children's centres, and schools. All families can face difficulties from time to time, and some children need more help to achieve their potential.

The Milton Keynes Levels of Need, (see below), provides a framework for all practitioners who are working with children and families across Milton Keynes and aims to help identify when a child / young person may need additional levels of support to reach their full potential. It provides information and guidance on the levels of need and gives examples of some of the indicators that a child may need additional support.

Milton Keynes Early Help Service works alongside a range of services providing the right help at the right time to enhance quality of life for families while aiming to decrease the need for crisis intervention

services. The service aims to ensure that help is provided early, in the right places at the right time. “Early intervention means identifying and providing effective early support to children and young people who are at risk of poor outcomes. Effective early intervention works to prevent problems from occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life” (Early Intervention Foundation, 2020).

[Home | Early Intervention Foundation \(eif.org.uk\)](https://www.eif.org.uk)

The priority in Milton Keynes is to always keep children at the centre of what we do via the Child First Model, so that their lived experience is understood, their voices are heard, and their outcomes improved, through services based on a clear understanding of their needs and views of the individual 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

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|--|--|---|--|
| Health <ul style="list-style-type: none"> Physically well Nutritious diet Adequate hygiene and dress Developmental and health checks are not identifying concern | | Health <ul style="list-style-type: none"> Developmental milestones & motor skills appropriate Good height/weight Sexual activity appropriate for age Good mental health | |
| Behavioural development <ul style="list-style-type: none"> Takes responsibility for own behaviour Responds appropriately to boundaries and constructive guidance Plays positively | Identity and self-esteem <ul style="list-style-type: none"> Positive sense of self and abilities Sense of belonging and acceptance by others Confident in social situations Can discriminate between safe and unsafe contacts | Family and social relationships <ul style="list-style-type: none"> Stable and affectionate relationships with carers Good relationships with siblings and peers Developing independent and self-care skills | |
| Learning <ul style="list-style-type: none"> 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 | | Emotional development <ul style="list-style-type: none"> Good quality early attachments Able to adapt to change Able to understand others' feelings | |

PARENTS & CARERS

| | | | |
|---|---|---|--|
| Basic care, safety and protection <ul style="list-style-type: none"> 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 | Emotional warmth and stability <ul style="list-style-type: none"> Shows warm regard, praise and encouragement Ensures stable relationships Provides consistency of emotional warmth over time | Guidance, boundaries and stimulation <ul style="list-style-type: none"> 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 | |
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FAMILY & ENVIRONMENT ELEMENTS

| | | | |
|---|---|--|--|
| Family functioning and well-being <ul style="list-style-type: none"> Good relationships within family, including when parents are separated Sense of wider family, friends and community, networks | Housing, work and income <ul style="list-style-type: none"> 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 | Social and community including education <ul style="list-style-type: none"> Effective support networks | |
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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

| | | |
|--|--|--|
| <p>Health</p> <ul style="list-style-type: none"> • 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 | <p>Health</p> <ul style="list-style-type: none"> • 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 | <p>Emotional development</p> <ul style="list-style-type: none"> • 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 |
| <p>Identity and self-esteem</p> <ul style="list-style-type: none"> • 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) | <p>Family and social relationships</p> <ul style="list-style-type: none"> • Lack of positive role models • Unresolved issues arising from parents' separation, step parenting or bereavement • Links to and on periphery of gangs | <p>Self-care skills and independence</p> <ul style="list-style-type: none"> • Not always adequate self-care, e.g. poor hygiene • Child slow to develop age-appropriate self-care skills |
| <p>Learning</p> <ul style="list-style-type: none"> • 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 | <p>Learning</p> <ul style="list-style-type: none"> • 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 | |
| <p>PARENTS & CARERS</p> | | |
| <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • 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 | <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • 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 | <p>Emotional warmth and stability</p> <ul style="list-style-type: none"> • Inconsistent responses to child/young person by parent/carer • Parents struggling to have their own emotional needs met • Starting to show difficulties with attachments |
| <p>Guidance, boundaries and stimulation</p> <ul style="list-style-type: none"> • 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 |
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |
| <ul style="list-style-type: none"> • 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. • Early onset of sexual activity (13-14) • Sexually active (15+) with inconsistent use of contraception | <ul style="list-style-type: none"> • Child/young person is withdrawn, isolated/unwilling to engage • Regular missing episodes • May be aggressive in behaviour/appearance/self-esteem/confidence in a range of situations | <ul style="list-style-type: none"> • Lack of stability with inconsistent carers |

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|---|---|--|
| Self-care skills and independence <ul style="list-style-type: none"> • 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 | Learning <ul style="list-style-type: none"> • Escalating poor nursery/school attendance and punctuality • Some fixed-term exclusions • Not in education, employment, or training (NEET) – more than six weeks | Identity and self-esteem <ul style="list-style-type: none"> • 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 e.g. Bullying, abusive comments, images |
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PARENTS & CARERS

| | | |
|--|---|---|
| Basic care, safety and protection <ul style="list-style-type: none"> • 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 violence in the home | Basic care, safety and protection <ul style="list-style-type: none"> • 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 | Emotional warmth and stability <ul style="list-style-type: none"> • 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 |
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| Guidance, boundaries and stimulation <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Incidents of domestic violence 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 | Housing, work and income <ul style="list-style-type: none"> • 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 |
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Level 4

CHILDREN'S 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 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 | | |
|--|---|---|
| <p>Health</p> <ul style="list-style-type: none"> • 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 | <p>Health</p> <ul style="list-style-type: none"> • 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 | <p>Health</p> <ul style="list-style-type: none"> • 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 |
| <p>Behavioural development</p> <ul style="list-style-type: none"> • 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 • Harmfully sexual behaviour | <p>Identity and self-esteem</p> <ul style="list-style-type: none"> • 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 | <p>Family and social relationships</p> <ul style="list-style-type: none"> • 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 |
| <p>Self-care skills and independence</p> <ul style="list-style-type: none"> • 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 | <p>Learning</p> <ul style="list-style-type: none"> • Puts self or others at risk through behaviour • Child/young person is being refused access to an educational provision | <p>Emotional development</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Parents/carers unable to provide 'good enough' problems • 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 violence involving child/young person • Receiving/sharing indecent images of children | Basic care, safety and protection <ul style="list-style-type: none"> • 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 violence which is placing the child at significant risk of harm | Emotional warmth and stability <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 | Housing, work and income <ul style="list-style-type: none"> • 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 | Social and community including education <ul style="list-style-type: none"> • Family chronically socially excluded • Community is hostile to family |

4. Referrals

Children, young people and their parents/carers can access Level 1 (Universal) and most Level 2 services by referring directly to the services they want to access.



Professionals can refer children and families to Level 1 and Level 2 services with their consent. If a professional has a concern about a child or is not sure which service a child should be referred to, they can contact the Multi-Agency Safeguarding Hub (MASH) for a consultation.

5. Multi-Agency Safeguarding Hub (MASH)

Milton Keynes MASH provides a single 'front door' for children in need of help and/or protection. Co-located within the MASH is a range of professionals from a variety of agencies including Thames Valley Police, BLMK NHS Trust, Milton Keynes Children's Social Care, Targeted Early Help, Probation Service and MK ACT the local Domestic Abuse Service.

The partnership works together to screen contacts taken into the MASH, share and analyse information held across various client data systems to understand the child's history, lived experience and agency involvement so that effective and timely decisions can be made about the type of services children need to reach their full potential and improve their outcomes.



Children referred to the MASH can be signposted to services i.e. referred to Early Help for an Early Help Assessment or screened by the MASH partnership before a decision is made about which services will best meet need. Consent must be obtained to commence multi-agency checks unless there is a clear risk to the child, or it is in the public interest not to do so. When consent is not obtained it must be clearly recorded stating the reasons why and why it was not proportionate not to carry them out. In situations where the outcome is not initially clear, the MASH can organise a multi-agency threshold discussion with partners.

All safeguarding queries about a child or young person must be referred to the MASH, the concern will be reviewed by the MASH for a decision to refer to Children's Social Care.

The MASH aims to ensure that all referrals are judiciously reviewed, and children are attached to the right services to meet their needs in a timely manner.

Professionals within the MASH will ensure that where proportionate and necessary, consent will be gained to share information, and that information will only be provided to professionals who need to have it to aid decision making. The MASH team will ensure that information is precise and up to date, shared safely and in a timely manner and is proportionate and relevant to ensure an even-handed response to risk and need. Every decision to share information without consent will be clearly recorded.

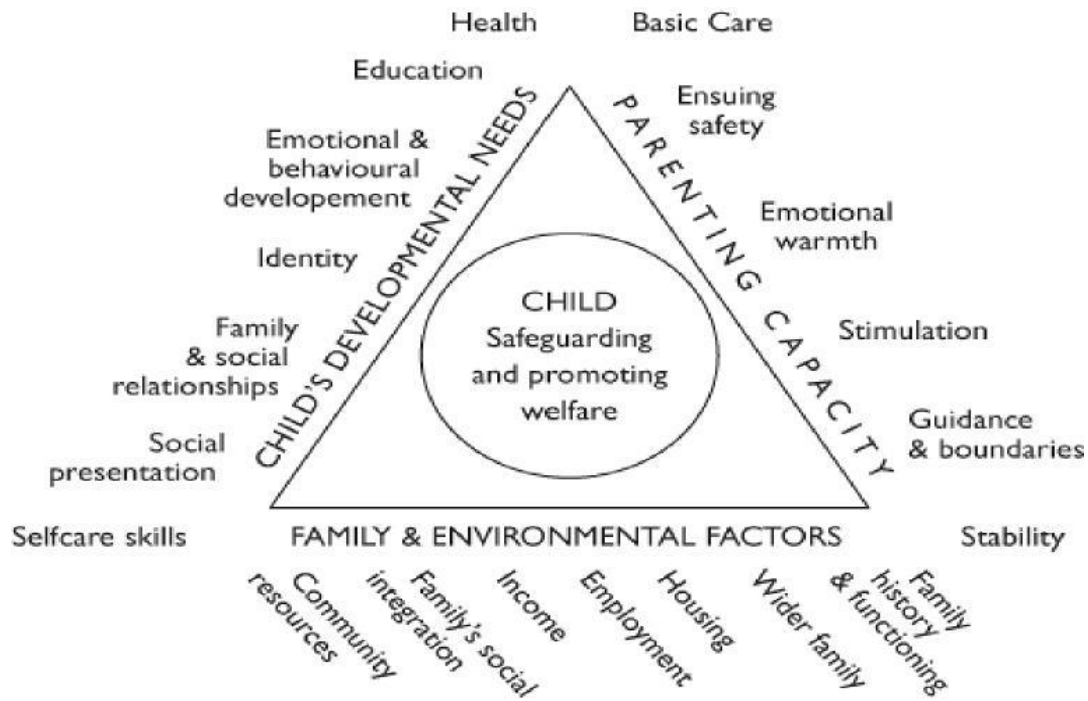


Assessment principles

The Framework for the Assessment of Children in Need and their Families provides scaffolding for social work assessments of children in need and their families. This is clearly set out in Working Together 2023. [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

The Assessment Triangle sets out three domains for assessment:

- the developmental needs of children
- the capacities of parents or caregivers to respond appropriately to those needs.
- the impact of wider family and environmental factors on parenting capacity on children.



Child development: An understanding of child growth and development at different ages and stages, attachment theory, children's identity and self-esteem and the circumstances that can impact on a child's development and outcomes as they move through their minority.

Parenting capacity: An understanding of parenting capacity, styles, and methods as they associate to individual children in family groups and wider systems, basic care, regulation, parenting difficulties including learning disabilities, mental health alcohol and substance misuse, domestic abuse, offending and

the impact this has on children’s safety, social competence, life skills and development, and whether a parent has capability to change in the child’s timescales.

Family and environmental factors: An understanding of socio-economic, housing, immigration and cultural/religious influences and access to community-based provision and broader family systems. By using the ‘assessment triangle’ practitioners must rely on a broad range of knowledge and skills to comprehend a child’s lived experience, both online, extra familial and inter familial. Whilst also considering the interconnected harmful and protective factors to make professional judgements based on cautious and robust analysis as to the level of support and protection children need.

We agree that children and families have presenting strengths, resources, and support systems that they can rely upon to counter the effects of unexpected life challenges/events. As a result, we have developed our practice approach, (Child First), on building resilience in children and within the workforce. We have developed four resilient-based practice principles that support the Child First approach, they are intersectional and complimentary and are shaped by the feedback from children and our workforce.

6. Milton Keynes Child First Approach



In Milton Keynes, we believe that every child has the right to a healthy, contented childhood. We are dedicated to ensuring all children living in the city have equal opportunities to learn, play, contribute, and flourish. To achieve our ambitions, our Child First approach aims to generate opportunities for positive change by building on presenting strengths and objectives. Milton Keynes Family Child First Approach sets out our model and method for engaging and supporting children and young people. The HELP acronym clearly sets out the core principles and we expect to see evidence of this throughout all assessments.

H: Hear them

E: Empower them

L: Listen to them

P: Protect them



Practitioners will aim to always identify family strengths and protective factors in an assessment as well as identify areas of challenge or concern. It is our common expectation that all assessments should:

- Always be timely, balanced, and measurable to the needs of individual children and their families.
- Always be succinct and written in plain English.
- Always place the children and young people at the centre and examine the child's lived experience, (real world and online world), within the family.
- Always clearly set out any worries or concerns as directly expressed by the children and young people in the household.
- Always recognise areas that locate family resilience by identifying strengths, engaging their support systems, and understanding their successful coping strategies.
- Always explore and seek to understand a family's Social GRACES and review these in relation to parenting capacity and the child's/young person's developmental needs. - [adultsdp_tools_1-6.pdf \(researchinpractice.org.uk\)](#) / [Social Graces: A practical tool to address inequality | BASW](#)
- Always work with the whole family, including non-resident fathers, (the absence of this, results in a significant intelligence gap).
- Always gain the views of other professionals involved with child and adults in the family and ensure these views are integral to care planning.
- Always review information from a broad range of sources including previous local authorities, schools, health providers, youth justice teams, adult services, early help and community faith and voluntary sector providers.
- Always be clear on what needs to change to improve outcomes for the child(ren) and when this needs to happen and ensure this always *in the child's not the parents' timescales*.
- Always share the assessment with the parents, partnership and where appropriate with the young person.

In addition to the above we are also cognisant of paragraph 172 in Working Together 2023 and adhere fully to the principles within in it:

Practitioners should also be alert to a desire to think the best of adults and to hope they can overcome their difficulties. This should not subvert the need to protect children from chaotic, abusive, and neglectful homes. Practitioners should always reflect the latest research on the impact of abuse, neglect, and exploitation, and relevant findings from serious case and practice reviews when analysing the level of need and risk faced by the child. This should be reflected in the case recording.

7. Targeted Early Help Provision

Universal services are available to all children and young people across the city, they usually do not need to be referred to them but may need to be registered to receive them. Milton Keynes Early Help Strategy 2024 sets out a wide range of Early Help Services that are delivered across the borough community, universal and or acute and targeted settings. Early Help has a variety of interventions, some of which are delivered in partnership with partners in health, education and the voluntary, community, faith and social enterprise sectors.

All referrals for Targeted Early Help Support are made with parental consent and reviewed in the MASH.

The Targeted Early Help Service carry out a Signs of Safety Well Being Assessment, where there is evidence that a child, young person and their family require support contained within the level 3 of the levels of need document i.e.

- 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
- 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.



8. Child & Family Assessment

When a child is referred to Children's Services for an assessment of need, they will have a multi-agency assessment under section 17 of the Children Act 1989 in accordance with Working Together to Safeguard Children 2023.

Every assessment in Milton Keynes is undertaken by a qualified social worker under the supervision of an experienced social work Team Manager.

Assessments will entail a visit(s) to the child's home and where appropriate, the child's nursery or school. Throughout each assessment, the social worker will gather information from the child, their parents/carers, siblings, wider family systems and professionals who are currently working with them or who have been involved with them in the past, where appropriate. Children may be seen alone and together with their parent(s) and siblings.

At initial allocation the MASH social worker, in consultation with the Team Manager, will reflect on the below to support effective planning for the assessment process.

- Why the referral was made and any alleged or suspected risks, concerns, or gaps in information.
- What information needs to be shared with the child's parents/carers and key agencies.
- Ensure that consent is obtained, where appropriate, for relevant checks to be commenced.
- Review and take note of the child and family's language, cultural and communication needs.
- Understand how to access the child and ensure there is an awareness of how the child's views will be obtained.
- Make sure that non-resident parents/care givers views are sought out and presented in the assessment.
- Be clear on which agencies need to contribute to the assessment.
- Develop effective and proportionate communication with parents with learning disabilities. Adult/Child Mental Health and/or Alcohol or Substance Misuse challenges.
- Ensure the Milton Keynes Child First Guidance is being adhered to at all times.
- Be aware of violence that has taken place in the home and consider what an Immediate safety plan should look like.
- Ensure there is a clear awareness of the specific needs of unborn children and non-resident children /young people of adult care givers.
- Develop contingency plans for evolving information, changing or new circumstances that increase risk to the child. This should be done in and outside of the supervision space.
- Review the impact of social and environmental factors affecting risk of Criminal and Sexual Exploitation.
- Obtain and review the family history paying close attention to past harm, repeated patterns of behaviour and involvement with specific services.

The assessment should take **no longer than 45 working days to complete.**

Completed assessments will determine:

- If the child or young person needs services provided under s17 Children Act 1989
- If the child or young person requires accommodation under s20 Children Act 1989
- What actions, if any, are required to safeguard the child or young person in the immediate or longer term
- What level of support is required to improve the child's or young person's outcomes i.e. referral to Targeted Early Help Services.

The Assessment will be used to formulate the child's plan and will be used as the social work report for Child Protection Conferences including revised assessments for successive Review Child Protection Conferences.

9. Section 47 enquiries Children Act 1989

Section 47 Children Act 1989 will be triggered if there are reasonable grounds to suspect that the child is suffering or likely to suffer significant harm i.e. the child has made a serious allegation of abuse, has incurred an unexplained or non-accidental injury or is suffering neglect or a child is taken into Police Protection.



In accordance with Working Together to Safeguard Children all child protection investigations in Milton Keynes will:

- Take place via an initial (or review) Strategy Discussion or Meeting with the Police and Health, and other agencies as relevant.
- The strategy meeting will decide if the investigation needs to be managed jointly with the Child Abuse Investigation Team or solely by Children's Services (single agency)
- The strategy meeting will be informed by MASH checks/information.
- The strategy meeting will identify what needs to happen to ensure the child is safe for the duration of the investigation i.e. safety planning or transitory living arrangements away from the cause of risk or harm with a relative, family friend or foster carer.
- The social work team will initiate an Assessment, in which the child/young person will be seen alone.
- Where a crime has been committed against the child, the social work team will obtain the child's evidence via a video recorded interview carried out by a police officer with a specially trained social worker in attendance.
- Where necessary, include a physical examination of the child by a paediatrician.
- The strategy meeting will determine whether an Initial Child Protection Conference, (ICPC), is required to develop child protection plan for the child(ren) and where an ICPC is needed, for it to be convened within 15 working days of the strategy discussion at which section 47 enquiries were initiated.

10. Child Protection System

Working Together 2023 sets out a new process for implementing Multi Agency Child Protection Standards. These standards are designed to do the following:

- Create a Learning Culture – Through staying up to date with new evidence and best practice guidelines and processes.
- Actively Promote Best Outcomes – Awareness of issues such as disproportionality and gender disparity and ensuring interventions are designed to understand, capture and overcome these challenges.
- Creating an environment where it is safe to challenge – This will enable better decisions to be made and ensure that assumptions are reviewed and understood.
- Understanding the importance of Supervision – This relates to individual, group and multi-agency, the aim being to create a space where analysis can be enhanced and decisions can always be evidenced based.
- Being alert to the signs, symptoms and challenges of abuse – Awareness of a child / young person’s world both online and physical and to be aware of how abuse that can’t be seen, i.e. sexual / neglect is robustly investigated.
- Awareness that plans belong to the Network and that assessments should always include the whole family – this will ensure all assessments are consistently child centred.
- Effective safety planning using a Signs of Safety approach; taking a balanced understanding of the safety that can be developed within Family Networks, strengths that can be developed to create safety and an awareness of the distinction between complicating factors, past harm, current harm and likelihood of future harm to the child.



Working Together 2023 – page 11, paragraph 12 – 17

Working Together 2023 – page 80, paragraph 212 – 218

11. Public Law Outline

The Public Law Outline (PLO) is a framework for the local authority to work with parents to prevent an entrance into care proceedings. Agreement for the process to commence takes place at a Legal Planning Meeting. The process works by commencing specialist assessments, providing support, and setting clear targets for families aimed at evidencing the change required for them to remain primary carers for their children. If change cannot be realised within agreed timescales, the local authority may issue Care Proceedings to think about alternative care arrangements for the children. Pre-proceedings assessments are designed to help reduce the time spent in Family Court Proceedings so children can achieve timely and proportionate outcomes; the usual length of Care Proceedings to conclude is 26 weeks.

i. PLO Requirements

Prior to the process commencing the Local Authority must write to the parents involved. The letter is formal written notification that care proceedings are being considered.

It sets out the following:



- An overview in plain English of the local authority's concerns and presenting risks.
- A clear summary of supports already provided to the parents.
- What the parents need to do and what support will be provided for them, to prevent proceedings taking place, including clear, measurable timescales.
- Information on how to obtain appropriate legal advice, advocacy and support, making it extremely clear how imperative for parents to be legally represented.

The letter will invite parents/others with Parental Responsibility to a Pre-proceedings meeting and will also include an up-to-date list of local solicitors who are experts in care cases.

The pre-proceedings meeting will aim to:

- Be clear that the parents have internalised the PLO letter and the motivation for the meeting.
- Determine the parents' awareness of the concerns the local authority has about their children.
- Give an appraisal of the current child protection plan to gauge if there are any areas of the plan that the parents agree could provide safety for the children.

- Explain what support the local authority will offer to the parents while they focus on the assessments that will be taking place.
- Consider and agree any supplementary assessment work and the timetable for this to take place.

ii. Court Assessments

A Legal Planning Meeting must be held between the social worker and local authority legal department to determine if the threshold is met to issue Court Proceedings. Once agreed, the local authority will send the parents a 'letter before proceedings' which releases the availability of funding for the parents to obtain legal advice. The letter before proceedings will make clear the local authority's concerns and the describe the plan for completing detailed assessments within agreed timescales that meets the children's needs.

The social worker and local authority solicitor will then prepare the papers that are necessary to be produced for Court. The local authority solicitor will instruct the court of the name of the Independent Reviewing Officer and their contact details.

The court application will include assessments completed in respect of the family including:

- The social work Chronology.
- The social work statement and Genogram – including any early identification of Connected Carers.
- Any Assessments relating to the child and/or the family and friends of the child to which the social work statement relies upon.
- The local authority should also lodge a care plan, setting out what assessments have already been completed and a timetable for any other assessments, which fits into the overall schedule; this should include robust kinship assessments that took place during pre-proceedings work in order they do not have to be undertaken once the application is issued.
- Milton Keynes Children's Services uses the Social Work Evidence Template (SWET). The SWET includes the social work statement, Chronology and Genogram.



12. Assessing and planning for permanence

Milton Keynes Children's Services believes that children and young people should always live with carers/parents who support them to reach their full potential and who will do so consistently, throughout their childhood and adolescence and finally into adulthood.

The Children Act Guidance and Regulations 2021 defines Permanency Planning as follows:

Permanence is the long-term plan for the child's upbringing and provides an underpinning framework for all social work with children and their families from family support through to adoption. The objective of planning for permanence is therefore to ensure that children have a secure, stable and loving family to support them through childhood and beyond and to give them a sense of security, continuity, commitment, identity and belonging.

[The Children Act 1989 guidance and regulations \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)



The objective of permanence is to ensure that children have attachment security and stable family support to guide them throughout their lives. Permanence provides robust scaffolding for care planning, for all social work with children and their families; from family support through to adoption. This can include situations where the Local authority

and birth parents are sharing parental responsibility (PR), (during the life of court proceedings), but also where the carer has made a long term commitment to the child”.

Additionally, the Care Inquiry In 2013, ([consultation document.pdf](#) ([publishing.service.gov.uk](#)) commented that permanence for children means: *“Security, stability, love and a strong sense of identity and belonging”*

The review indicated that no one route to permanence was better than another. Milton Keynes supports permanence through a range of options, but only where it is safe and proportionate to do so; this will include a return to birth parents or placement with extended family or friends. Keeping children safe is the Local Authority’s primary task and this is an aspect of care that will not be compromised. Being robustly child focused is the central pillar to this policy and a child’s needs for security must always be prioritised.

When a child or young person cannot remain with birth family members, we seek suitable permanent, family orientated placements through adoption, special guardianship or long term fostering. In some instances, some older young people, (mainly CWD cohort), will find permanence and security through good residential care and we recognise that some young people will thrive, achieve and make a positive transition to adulthood through this provision.

Every child or young person is unique and so they all must have their own individual permanence plan agreed by the time of their second looked after review, this will include those children and young people for whom residential care is the most appropriate option.

Whatever the plan that is agreed the seven Corporate Parenting principles of the Children and Social Work Act 2017 will apply.

These are:

- To act in the best interests, and promote the physical and mental health and well-being, of children and young people,
- To encourage children and young people to express their views, wishes, and feelings,
- To take into account the views, wishes and feelings of children and young people,
- To help children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners,
- To promote high aspirations, and seek to secure the best outcomes, for those children and young people,
- For those children and young people to be safe, and for stability in their home lives, relationships, and education or work,
- To prepare children and young people for adulthood and independent living.

[Children and Social Work Act 2017 \(Get in on the Act\) \(local.gov.uk\)](#)

The Process:

The process of permanency planning in Milton Keynes is split into 3 distinct meetings that will enable the Social Work teams to ensure sufficient grip. The meetings are defined as follows:

- Initial Permanency planning meeting, (IPPM), – 2 weeks after initial Child Care Review
- Review Permanency planning meeting, (RPPM), - to take place every 6 weeks – chaired by Service Manager, (alternating between SM for CWD, QA and Family Support).
- Permanency planning panel – to take place every 14 weeks alternately chaired by Service Managers, Head of Service for Corporate Parenting and Head of Service for Quality Assurance.

13. Children with Disability Service

Milton Keynes City Council is committed to delivering the highest quality services for children and young people with disabilities and providing their families with the necessary support they require.

We strive to ensure that all children and young people are safe, content, learning and thriving, and in order to achieve this goal we need to match the individual with the service that is best suited to them.

In all our work with children and young people, from referral to assessment and beyond, not only do we always take our statutory duty very seriously, but the best interest of the child and or young person is central to our decision making.



It is important to note, however, that should a child or young person's needs fall outside the eligibility criteria for this service, it may be possible for them to meet the criteria of another service within the council or from external providers so that they may still receive the support they need at the right time.

This criteria relies upon the following relevant legislation and guidance, such as the Equality Act 2010, The Care Act 2014, Children and Social Work Act 2017 and the Children Act 1989

Assessment Criteria

The CWD Team will carry out an assessment where the child has:

- A substantial/severe learning disability
- A long term or permanent physical disability which seriously limits activities of daily life.
- A chronic or life threatening/life limiting illness.
- A profound loss of hearing that significantly affects the child's educational and social development and requires substantial, or very substantial support.
- A non-correctable loss of vision, whether it's complete blindness or partial vision loss that significantly affects the child's educational and social development.
- A substantial developmental delay, where there is evidence that the child's activities, physical, social or educational are seriously limited.
- A diagnosis of Autistic Spectrum Disorder (ASD), where the ASD affects the child's developmental progress significantly i.e. where the child requires substantial or very substantial support and/or is educated at a specialist school. A diagnosis is not essential; however independent verification of the presentation of the child will be required.
- An Education, Health and Care Plan which requires significant support within the school/college environment and the child would not be able to attend without social care involvement.
- Specialist pre-school intervention through the MKCC SEND inclusion team.
- Multiple disabilities/difficulties. Where a child has a combination of disabilities that individually may not be regarded as severe.

The CWD team will not routinely work with:

- A child with a medical condition which is not permanent or severe.
- A child with social, emotional, and behavioural, mental health or wellbeing difficulties.
- A child with ASD or ADHD, where there is no significant impact on the child's developmental progress as a direct result of the ASD, or ADHD.

Where a child has disabilities that appear to meet the threshold for intervention by CWD, the child and family will be offered an assessment under section 17 Children Act (1989) to determine whether the criteria for CWD are met and whether the services offered by CWD are appropriate for this child and family. This assessment will either be carried out by the Short Breaks service or the Children with Disabilities Team.

Please note; the eligibility criteria must be met in order to receive paid services. The eligibility criteria will be applied, and it is only once this is met that a personal budget will be assessed and presented to the resource allocation panel that makes the decision on financial care packages. Where a child does not meet the criteria for services from CWD, the parents will receive advice and information about what services may be more appropriate.

14. Pre-Birth

When to refer:

Where agencies or individuals anticipate that prospective parents may need support services to care for their baby or that the baby may have suffered, or be likely to suffer, significant harm, a referral to local authority Children's Services must be made as soon as the concerns are identified. This would usually be around the 12-week scan. The referral should (wherever possible) highlight existing or previous areas of concern, alongside areas of potential strength. There may be a need to alert the MASH earlier than 12 weeks where a mother has known to be pregnant and a previous child was seriously harmed i.e. died or was seriously injured. However, in this instance it will be the decision of the MASH as to whether to commence the assessment prior to the 12-week threshold.

Case progression should follow the below timeline. This is an ideal timeline to follow in case of early enough referrals, but in cases of late referrals, the process should be expedited. If a referral is made earlier consideration will be made by the MASH manager about whether it is triaged to Early Help or progressed for an earlier assessment.

| Weeks | Action |
|--------------|--|
| 12 weeks | Contact/Progress to Referral |
| 13 weeks | Post Referral Visit |
| 19 weeks | Completion of Pre-Birth Child and Family Assessment |
| 20 weeks | Strategy discussion/Meeting (if required) |
| 21 weeks | CIN review (if that's the case progression pathway) |
| 23 weeks | ICPC/LPM (if required) |
| 25 weeks | Initial Pre-Proceedings Meeting |
| 25-34 weeks | Support/Assessments |
| 30 weeks | Review Pre-Proceedings Meeting |
| 34-35 weeks | Final Pre-Proceedings Meeting |
| 35 weeks | Preparation to issue (if that's the care plan). Draft SWET to be ready |
| Day of Birth | Issue court application on first working day after birth |

What happens next?

MASH will decide alongside partner agencies if the Contact should be progressed as a Referral. Consideration will be given to whether a Targeted Early Help offer is more appropriate.

If threshold is met for Social Care intervention the case will progress for a pre-birth assessment in the Family Support Service. If the family is already supported by a team in CSC, the referral will be progressed for an assessment by that team.

Where contact is made for unborn children of care proceedings experienced parents within 12 months of the last proceedings, the referral and pre-birth assessment should progress directly to the Family Support Service. Discussion of the case and circumstances should take place promptly between respective Heads of Services to agree/confirm this and the appropriateness of the transfer. Similarly, consideration must be given for progression of referrals directly to the Family Support Service in cases of relinquishments for pre-birth assessment and relinquishment support.

The Assessment:

The Pre-Birth Assessment should be completed by **week 19** of the pregnancy to allow sufficient time for effective support plan to be in place prior to the expected due date.

In cases where pregnancy is confirmed later (i.e., beyond the 12-week point), the Pre-Birth assessment should be expedited (**i.e., completed in 10-15 working days**), to allow for the maximum opportunity to assess risk and provision of support.

All Pre-Birth Assessments must ensure that all reasonable and appropriate attempts are made to engage with the birth father. In addition, any new partner (or household member) must be included in the assessment process.

Practitioners should attempt to build up a clear history from the parents of their previous experiences – particularly experiences of parenting and the impact of a new baby. Relationships and any conflicts need to be understood.

It will be particularly important to ascertain the parent(s)/partners' views and attitudes towards any previous children who have been removed from their care, or where there have been serious concerns about parenting practices. Relevant questions would include:

- Do the parent(s)/partners understand the nature, dynamics and impact of the previous concerns and outcomes?
- Do they acknowledge these concerns and the impact upon their children?
- Do they minimise, normalise or deny the concerns?
- Do they blame themselves?
- Do they blame others?
- Do they blame the child?
- Do they acknowledge the seriousness and impact of what happened in the past?
- Did they accept any treatment/counselling?
- What was their response to previous interventions? e.g. genuinely attempting to cooperate or disguised compliance.
- What are their feelings about that child now?
- What has changed for each parent/partner since the child was removed?

This list is not exhaustive. There will be particular issues for the individual's family that require social workers and other practitioners to gather information about past history and review past risk factors.

It is also important to ascertain parent/partner' feelings towards the current pregnancy and the new baby; relevant areas to explore and related questions should seek to understand:

- Is the pregnancy wanted or not?
- Is the pregnancy planned or unplanned?
- Is this pregnancy the result of sexual assault?
- Is domestic abuse, coercion or control present in the parents' relationship?
- Feelings towards the new baby?
- Have they sought appropriate ante-natal care?
- Are they aware of the unborn babies needs and able to prioritise them?
- Do they have realistic plans in relation to the birth and their care of the baby?

Upon completion of the Pre-Birth Assessment, a referral should be made to the Family Group Conference (FGC) Service. The FGC should consider wider family support available to the unborn baby and the parents. The FGC should also consider options for alternative placement and permanency with Connected Persons in case this is later required.

In cases where significant harm is identified following a strategy discussion and Section 47, an Initial Child Protection Conference should be convened by week 23 of the pregnancy. Earlier requests for ICPC will be considered where there is a known likelihood of a premature birth. Where late referrals are received, the process should be expedited so that an ICPC takes place as early as possible.

Where assessments indicate significant risks to the unborn and alternative care arrangements may be required upon birth, a referral should be made to LPM concurrent to case progression to ICPC at week 23 with a view to commence Pre-Proceedings. This will:

- Avoid additional stress for the pregnant woman in the later stages of pregnancy;
- Provide an opportunity for the prospective parent(s) to obtain legal advice;
- Provide an opportunity to work with the family to explore what support they will be able to give;
- Provide an opportunity to commission specialist assessments; and
- If appropriate, to avoid the need for legal proceedings.

The timing for initiating Pre-Proceedings is critical here. Where there is a serious concern about the welfare and safety of an unborn child and families where the mother or father have had child(ren) removed from their care in the past and there is concern that any presently identified risks cannot be managed with the children remaining in the parents' care, the unborn child/ren should be referred to Legal Planning Meeting (LPM) without delay. The identification of needs, and the provision of support, identification of potential safe carers within the family and friend's network should happen as soon as possible.

LPM will consider the outcome of any Pre-Birth Assessment and decide as to whether Pre-Proceedings should commence or an application for a Care Order needs to be made at birth. SW team must recognise that this is a stressful time for expectant parents, and we want to work humanely and compassionately whilst also recognising the need to safeguard the unborn baby.

Upon completion of the pre proceedings process, if an application at birth is deemed necessary, then draft court documents (statement and evidence in support) should be sent to legal team by 34-35 weeks of gestation. Consideration must be always given to the likelihood of early arrival of babies. An application must be made immediately after the birth of the child – on the day of birth or first working day after birth.



Placement options should be explored with the parents and with family members from the very beginning of the Local Authority's involvement. Placement options will be discussed at LPM, and a decision made at LPM as to where and with whom the baby should live after discharge from hospital - parent-and-baby foster placements, fostering-to-adopt placements or placement with family members, to ensure that early permanence is achieved for babies, as appropriate.

If it is felt that the ICPC is required earlier a consultation with the Child Protection team should take place.

If the unborn baby is made subject to a CP plan at the initial pre-birth conference, then a Review Conference or Core Group should be held within 10 days of the birth (20 days if the mother is not medically fit to attend a meeting within the first 10 days). If the decision is made to hold a Core group, then it is particularly important to ensure that all relevant health professionals attend, including midwifery services. This decision is made by the CP Chair so important that the CP Chair is notified of the birth of the baby to review whether a review conference or core group meeting is required.

Where the decision is made that the first meeting post birth is a Core group meeting, the next Review Conference will be held within three months.

Discharge planning meetings and Safety Planning:

The Discharge Planning Meeting will be led by the Social Work team and will include consideration of any additional help and support needed by the parents/carers of the baby at birth; and clear expectations around duration of stay in hospital and plans for discharge when mother and baby are medically fit, and it is safe to do so. If the baby is the subject of a child protection or child in need plan, consideration should be given to convening a Core group/pre-discharge planning meeting to draw up a detailed plan prior to the baby's discharge home.

It is vital when mothers and children have been admitted and there is a potential risk of harm to either, as well as to staff members, that a coherent safety plan is devised. This plan will be led by the Social Work team and will need to involve health professionals. Parents will need to be informed of what the plan looks like and why in order to ensure effective joint working and that there will be no surprises if the plan is activated, and Police or security colleagues need to be called upon. The safety plan is designed to keep everyone safe, and it is vital that there is one in place when a mother enters the ward.

Proposed agenda for Discharge Planning Meetings:

- Reasons for involvement
- Current care plan – changes / updates / next steps / rationale
- Risk management and safety plan on / off the ward
- Review of health needs
- Consideration to be given to support mother with referral to maternal mental health service.



15. Education, Health and Care (EHC) Plan

Education, Health and Care plans are focused on the individual child or young person and will help them to gain the support needed for them to achieve their aspirations. An Education, Health and Care plan is there for children and young people who need a significant amount of support above the ordinary available provision. Further information can be found in the SEND code of practice. Milton Keynes SEND Local Offer provides information, support and signposting for children and young people with special educational needs and disabilities (SEND) and their families. Milton Keynes SEND Local Offer can be found at: www.milton-keynes.gov.uk/sendlocaloffer Education, Health and care Plan Process.

Who are EHC plans for?

Education, Health and Care Plans are designed to support children and young people with long term and complex needs that are impacting on their ability to access learning and develop independence. A request for an Education, Health and Care Plan will generally only be made once support has already been put in place through the child or young person's setting and the services available through the Local Offer.

The guidelines for requesting an EHC assessment reflect the four main areas of need, outlined in the 2015 Code of Practice:

- Cognition and Learning.
- Communication and Interaction.
- Social, Emotional and Mental Health.
- Sensory and/or physical needs.

The guidelines ask those requesting an EHC Needs Assessment for a child or young person to submit evidence not only about the child/young person's needs but about:

- Interventions and support that have been put in place by the child or young person's setting and other professionals involved.
- How progress has been monitored and interventions reviewed.
- Information on how the difficulties impact the child or young person's ability to learn and develop independence.
- What advice has been sought and acted on from external agencies.



This is to ensure that children and young people whose needs can be met through their setting are appropriately met and wider services are involved as necessary. SEN services in Milton Keynes are committed to ensuring we have the fullest possible understanding of a child or young person and their environment, to appropriately consider referrals for EHC needs assessments.

The full guidelines can be found at [2023-2024 EHC Needs Assessment Guidance.pdf](#) (mksendlocaloffer.co.uk)

Who can request an EHC Needs Assessment?

- The child or young person's parent/carer.
- A young person over the age of 16 but under the age of 25.
- A person acting on behalf of a school or post 16 institution (this should be with the knowledge and agreement of the parent or young person where possible).
- In addition, anyone else can bring a child or young person who has (or may have) SEN to the attention of the Local Authority.

How long will it take for a decision to be made?

The time taken from the point a request for an EHC Needs Assessment is received to when the final EHC Plan is issued will be no more than 20 weeks. Once the SEN Team have received a request for an EHC Needs Assessment, we will normally tell you within six weeks whether we will carry out an assessment. To help us make our decision we will ask you for information about your child or young person and we will also ask your child or young person's setting for information about your child or young person's needs and how they are progressing.

16. Outcomes

The Special Educational Needs and Disability (SEND) Code of Practice is designed to help children and young people to work towards their aspirations by focusing on outcomes. Outcomes underpin the detail of EHC plans and describe what parents hope their child can achieve, or what children want to achieve for themselves, especially as they move towards adulthood.

The outcomes in an EHC Plan will usually come from discussion with the child/young person, their family, the setting and any outside professionals involved with the child/young person – they are co-produced. The [SEND Local Offer](#) provides more detail.

i. Personal Budgets

Parents, carers and young people have the right to request a Personal Budget when agreement has been reached to issue an EHC Plan. A personal Budget must be used to

effectively deliver some or all of the provision that has been agreed in an EHC plan and must support an agreed approach to meeting the child or young person's outcomes

A Personal Budget will require the agreement of the local authority and education provider. *You can find out more about personal budgets on the [Children with special educational needs and disabilities \(SEND\): Extra help - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/children-with-special-educational-needs-and-disabilities-send-extra-help)*

Who can request a personal budget?

A child or young person aged 0-25, assessed to receive an EHC plan, or their parent carers, can request a Personal Budget. However, a Personal Budget must be an effective way of delivering the outcomes that have been agreed in an EHC Plan and securing the provision that has been agreed to support those outcomes. The Personal Budget should also be an efficient use of resources and must be used appropriately to deliver the provision agreed.

17. Young Carers

A young carer is any child or young person who is looking after a parent, a brother or sister, relative or friend who has a long term illness, a physical disability or a mental health problem.



Young carers spend time doing things for other people who cannot do those things for themselves, examples of the things young carers might do include:

- Helping someone to eat or bath
- Giving someone their medicine
- Keeping an eye on someone if they drink too much alcohol or take dangerous drugs

Sometimes young carers miss out on important things like school, sports, hobbies and socialising because they're so busy helping out or they are worried about the person they look after. It is important that young carers get the help and advice that they need to tackle anything that rises around their caring role.

How to request an Assessment

Milton Keynes City Council Children's Services take the lead in assessing the needs of young carers of disabled children and Adult Services take the lead where the cared for person is an adult although the services will work together, and input is likely to be required from both.

- The point of contact in Adults Services is the Access Team
- The point of contact in Children Services is [MASH](#)

More Information, Help and Support (Young Carers MK)

[Young Carers MK](#) is a specialist service to support young carers living in Milton Keynes.

Young Carers MK can help to make sure the person that is being looked after gets the help they need from the council, it also can help the young carer by offering support and activities including:

- a chance to talk to someone about your situation
- youth clubs, trips out and social events

18. Children and Young People involved in the Criminal Justice System

Young people who have offended will receive guidance and support to help make positive changes in their lives, so they do not re-offend or cause further harm to themselves or others.

To understand the type and level of support required to address offending behaviour, an assessment will be completed by a member of the Youth Justice Service (YJS), which is a multi-agency team comprising of Youth Justice Team workers, a CAMHS worker, Probation Officer and a Police Officer. The team is also supported by professionals with expertise in education, speech and language therapies, and substance misuse. The team works closely with community volunteers, Housing, Community Safety Services, Children's Social Care, and the local community and voluntary sector to support holistic assessment, and interventions using the AssetPlus tool, Child Gravity Matrix tool and where requested, Pre-Sentence Reports.

The AssetPlus assessment will ascertain past and current offending, presenting harm/risks, levels of need, analysing the child's lived experience to create a child first intervention plan to address the risk factors. The assessment is informed by personal, family, and social factors such as living arrangements, parenting, family and relationships, learning, education, training and employment and health. The assessment is strengths based, focusing on the child's resilience, goals and attitudes, opportunities available to them and their engagement.

The assessment will also consider potential future behaviour, determining the likelihood of reoffending and risk of serious harm and focuses on the young person's safety and wellbeing and identifying the risks to them, for example, exploitation.

The assessments are used to inform Court at the sentencing stage and to craft a plan to decrease further offending by addressing the nature of the offending, whilst taking into account the young person's lived experiences, attitudes and values.

Youth Justice Services also:

- Support young people at the police station when they are brought into custody.
- Provide guidance when a young person attends court.
- Provide supervision for young people serving both community and custodial sentences or whilst on bail or remand.
- Encourage young people to lead a progressive and healthy lifestyle which involves building healthy relationships, gaining/maintaining education, training and employment, staying safe online and being aware of the challenges of substance misuse.



19. Unaccompanied Asylum Seeking Children & Age Assessments

Milton Keynes Children's Services may need to carry out an age assessment if there is doubt about the age of a young person seeking asylum as an unaccompanied or trafficked child. Habitually, the Home Office will request the local authority to undertake this assessment, when there is significant doubt regarding their presenting age, a social worker can propose that an age assessment takes place, if there is significant reason to doubt that the claimant is a child. Age assessments are not a routine part of Milton Keynes assessment of unaccompanied or trafficked children but are used to ensure age appropriate services are offered. ([Guidance to assist social workers and their managers in undertaking age assessments in England, October 2015](#))

In undertaking assessments of children from abroad, our social workers will consider if the child has been trafficked, their emotional, physical, educational and mental health needs, their life and family in their country of origin and their journey to the UK, their immigration status and accommodation needs.

Children who may have been trafficked to the UK will be referred to the National Referral Mechanism (NRM), some may require a s47 enquiry and the development of a robust safety plan.

All unaccompanied children will be accommodated under s20 Children Act 1989 for the duration of the age assessment, in parallel a child in need assessment will be undertaken to assess their full range of needs.



20. Private Fostering

The responsibilities of the Local Authority are outlined within the Private Fostering Regulations ('Regulations') and the Private Fostering National Minimum Standards (NMS) 2005 that came into force on 18th July 2005. This and the measures in the Children Act 2004 were intended to strengthen and enhance the existing Private Fostering notification scheme.



The National Minimum Standards were intended to focus Local Authorities' attention on Private Fostering, in part by requiring them to take a more proactive approach to identifying arrangements in their area, to ensure the welfare of privately fostered children is safeguarded and promoted. Milton Keynes Children's Services is responsible for all privately fostered children who reside in their area. There is a duty placed on anyone involved in a Private Fostering arrangement to notify Milton Keynes Children's Services

Milton Keynes City Council needs to be satisfied that the welfare of privately fostered children, or children who are likely to be privately fostered, is being safeguarded and promoted. Private Fostering arrangements can be a positive response from within the community to difficulties experienced by families, however privately fostered children remain a diverse and potentially vulnerable group.

Where the Local Authority is informed of a proposed or existing Private Fostering arrangement:

- Milton Keynes Children’s Services will allocate to a worker to undertake an initial visit.
- The child’s Social Worker or Fostering Social Worker will undertake an initial visit to the child within seven working days of the date of notification.
- The Fostering Social Worker will then carry out an assessment of the suitability of the arrangements for the child.
- Visits during the assessment will be fortnightly.
- Following completion of the assessment and thereafter for the first-year visits are every six weeks unless the needs of the child requires otherwise.
- Thereafter, the visits move to every 12 weeks.
- When completing assessments of, and meeting with, children, young people and their families, all agencies should ask questions about who lives in the household and who has parental responsibility, this can help in identifying a Private Fostering arrangement.
- All the relevant checks should be undertaken such as medical, DBS and social care safeguarding checks.

Additional duties of Milton Keynes City Council are as follows:

- Continued development within Children’s Services around Private Fostering and what constitutes these arrangements to ensure best practice.
- Building knowledge and raising public and professional awareness with regards to what constitutes a Private Fostering arrangement and the duty to notify Milton Keynes Children’s Social Care

21. Special Guardianship

In assessing the suitability of any likely applicants for Special Guardianship Orders, the local authority must assess whether any option would not be harmonious with the child's welfare or would not be realistically practicable.

Assessments should be robust, evidence-based and child-focused. Before the assessment, the potential carer(s) should be provided with full information about:

- What the assessment will include.
- The time and commitment needed from them.
- A letter should be sent explaining the expectations of the carers and what they should think about during the process.

The assessment should judiciously balance the strengths families may have: consider any current relationship they have with the child; investigate their parenting experience; the significance for the child of staying within their family and network, against the carers' capacity to meet the assessed needs and the difficulties that a particular child may bring on a long-term basis (including any additional needs as a result of significant harm or neglect they may have suffered), *and* until their 18th birthday.

In recognising that each scenario will be looked at on a case-by-case basis, an interim placement with the proposed special guardians may be considered to ascertain relationships between the child and special guardians and confirm the applicants' suitability to carry out their parenting role, meet the needs of the child, promote their welfare so the child can reach their full potential.

Final recommendations should not be made until the essential tasks and activities for a full Special Guardianship Order assessment are completed.



A court may make a Special Guardianship Order in respect of the child on the application of:

- Any guardian of the child
- Any individual who is named in a Child Arrangements Order as a person with whom the child is to live
- A local authority foster parent with whom the child has lived for a period of at least one year immediately preceding the application
- A relative with whom the child has lived for a period of at least one year immediately preceding the application
- Any person with whom the child has lived for three out of the last five years

- Where the child is in the care of a local authority, any person who has the consent of the local authority
- Any person, including the child, who has the leave of the court to apply
- The court may also make a Special Guardianship Order in any family proceedings concerning the welfare of a child if they consider an order should be made. This applies even where no application has been made and includes adoption proceedings. When considering whether to make a Special Guardianship Order, the welfare of the child is the court's paramount consideration and the welfare checklist in section 1 of the Children Act 1989 applies.

Assessment

Pre-SGO

- The Fostering Team will complete a comprehensive Special Guardianship Assessment of prospective guardians, This will be submitted to court as part of Family Proceedings and will form part of the local authority Care Plan.
- If a guardian is making a private application, then the guardian must give three months' notice to the local authority of their intention to apply.
- Local authority will investigate guardians' suitability to become a Special Guardian.
- Prospective Special Guardian should make an application to the court. Local Authority will be asked to submit report/assessment of guardian as to their suitability to be a Special Guardian.
- The court considers the application, the local authority assessment and makes a decision in respect of the child.

Post SGO:

- For the first three years, support to the child is given by local authority where the SGO was granted.
- After three years, support to the child is provided by the local authority where the child is living.
- Financial support remains the responsibility of local authority where the SGO was granted.
- If a Special Guardian is living in Milton Keynes and would like advice/support, they can contact the Post-SGO Support Service on 01908 253206 and PostSGOSupport@milton-keynes.gov.uk.

The query will be managed by Post-SGO Support Workers who will contact the Special Guardian and complete a contact form. The Fostering Team Manager will approve any action regarding informal advice/signposting or whether formal assessment is to be completed, and the case opened to the Post-SGO service. If you have a financial query this will be passed to our Finance Officer who will review any query and respond directly to Special Guardians.

Support Plans

Regulation 14 requires that a Support Plan must be prepared if the local authority proposes to provide Special Guardianship support services to a person on more than one occasion and the services are not limited to the provision of advice or information.

The plan should set out:

- The services to be provided.
- Any financial support and the amount payable
- The objectives and criteria for evaluating success.
- Timescales for provision.
- Procedures for review.
- The name of the person nominated to monitor the provision of services in accordance with the plan.
- The provision of services is always discretionary, even in those cases where it is mandatory to carry out an assessment.

If the assessment is prior to the making of a Special Guardianship Order, the Support Plan should be filed with the Court as an appendix to the court report.

Review of the Support Plan

Regulation 17 requires that plans for Special Guardianship support must be reviewed taking into account the following:

- Any change of circumstances affecting the support planned.
- At whichever stage of implementation of the plan is considered most appropriate.
- In any event at least annually.

Reviews do not have to involve direct contact where there is no change or a minor change in circumstances. The format of the review will depend on the circumstances of the case and may be limited to an exchange of correspondence.

If the local authority decides to vary or terminate the provision of support services after the review, such a decision must be communicated in writing. The revised plan must be sent and a timescale for response. Those affected should be advised of how to access sources of independent advice and advocacy and given 28 days to make representations.

22. Children who Return Home from Care

S20 – CA1989

When a child is voluntarily in care (Section 20) and the decision is made for them to return to the care of their parent(s), a Care Plan must be drawn up outlining what supports are on offer for the child once they return, with the primary aim of reducing a return to care. The Care Plan should be agreed between the child, the child's family, and any involved professionals at a planning meeting, ideally a Looked After Review.

Where a child has been placed and the plan was long term care and there is a possibility of rehabilitation the social worker must complete an assessment setting out why this option could meet the child's needs. Clearly setting out the progress parents have made, risk

reduction, risk awareness and improved relationships with the child, each other and that there is a robust support system in place for the children. Such an assessment must be authorised by the social worker's team manager and the Head of Service.

If the outcome of the assessment is positive – it identifies that the child can return home - the change in the plan for the child will need be agreed at the next Looked After Child Review which may need to be re-arranged to take place sooner than planned.

S31 – FCO or ICO

If the child is the subject of a Section 31 Care Order, a 'placement at home agreement' will need to be signed by the Assistant Director, (nominated officer), for Children's Social Care. This agreement will be accompanied by a report by the social worker detailing the appropriateness of this option. A rehabilitation plan will be agreed at the next Looked After Child Review, which will include overnight stays at home prior to a full return. However, if the child is the subject of a Care Order, any overnight stays must not take place until the Assistant Director has signed the 'placement at home agreement'.

If the child is the subject of a Care Order, the Looked After Child Review following the return home, and all subsequent Looked After Child Reviews, must consider the revocation of the Order.

23. Homeless 16 & 17-Year Olds



Young people may become homeless for a variety of reasons. However, family breakdown, mental health concerns and unemployment are often major contributing factors to this. 16 and 17 year olds who are homeless or threatened with homelessness are likely to be vulnerable and will often be at risk of harm in the absence of intervention. Safeguarding and

promoting their welfare should be central to service provision. It is therefore essential that children's services and housing services work together to plan and provide services that are centred on young people and their families and prevent young people from being passed back and forth between services. In Milton Keynes we follow the guidance related to supporting 16/17 year old homelessness as a template for supporting this cohort and are also guided by recent evidence from the children's commissioner about young person's homelessness.

[Provision of accommodation for 16 and 17 year olds who may be homeless and/or require accommodation \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[Homeless 16- and 17-year olds in need of care | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](https://childrenscommissioner.gov.uk)



In October 2018, the Homelessness Reduction Act 2017 came into effect and provided new duties on local housing authorities to intervene at an earlier stage in order to reduce the risk of homelessness.

The guide to the duty to refer identifies a person is considered homeless if:

-

- They do not have any accommodation which is available for them which they have a legal right to occupy; or
- It is not reasonable for the person to occupy their current accommodation, for example, because they would be at risk of domestic abuse.

This guidance advises that the service user must:

1. Consent to the referral being completed in the first place;
2. Allow the individual to identify the housing authority in England which they would like the notification to be sent to;
3. Have consent from the individual for their contact details to be supplied so the housing authority can contact them regarding the referral.

Local authorities should make the referral process transparent on their websites and should also make the referral process as simple as possible. See: Duty to refer: Referral Form. The referral should be sent to the following e-mail address: children@milton-keynes.gov.uk.

24. Compliments and complaints

We are committed to providing high quality social care, there may be times when things go wrong and you do not feel satisfied. When this happens, we want to hear about it, so that we can explain things and try our best to put them right. Please do not worry if you make a complaint, that we will treat you unfavourably because of it, this will not happen. You have the right to tell us if something is wrong and we need to know.

How can I tell you about my complaint, comment or compliment?

[Complaints, comments or compliments](#) all help us to improve the way we do things, you can tell us about a complaint, provide positive and constructive feedback or make a comment using our online form - this will immediately log your complaint or comment onto our system. You will receive confirmation and a unique reference number and password which will enable you to track the progress of your complaint or comment online. Alternatively, you can call our complaints line on 01908 253817.



The complaints procedure

Stage 1 - In most cases problems can be sorted out quickly and satisfactory at stage 1, the Investigating Officer will look into your complaint and what you think ought to be done to put things right. Your complaint will be acknowledged within 3 working days. If you are a child or young person we aim to provide a full response within 10 working days. If you are an adult, we aim to provide a full response within 20 working days.

Stage 2 - If you are unhappy with the outcome of your complaint you can request that the matter be reinvestigated at stage 2 of our complaints process. To request a further investigation please contact your investigating officer or the Customer Feedback Team within 20 working days of your response, setting out your reasons for dissatisfaction with the outcome at stage 1. This information will then be considered, taking into account what has been investigated at stage 1 and your reasons for why this has not fulfilled your expectations. The Customer Feedback Team will then confirm your complaint with you in writing.

An Independent Investigating Officer and Independent Person will be appointed and following their investigation they will each write a report which explains their findings. They will aim to provide their reports within 25 working days, however, if they need longer this will be agreed with you and the extension should be no longer than 65 working days.

Following receipt of this Children's Services have 10 working days to consider a response and write to you.

Stage 3 – If you are still dissatisfied you have the right to ask for your complaint to be heard by a Review Panel within 20 working days of receiving Children's Services response. A Review Panel is made up of an Independent Chair and two Independent Persons.

The panel will look at all of the information held about your complaint and may ask to speak with individuals involved during the stage 1 and 2 investigations. You will also be able to

make verbal or written statements to the panel. The panel will review how your complaint has been dealt with and consider what should happen next. The Chair will write to you and the Director of Children's Services within 5 working days of the panel being held.

Following receipt of this Children's Services have 15 working days to consider a response and write to you.

This is the final stage of the complaints procedure. If you remain dissatisfied with the Council's response following the 3 stages, you can contact the [Ombudsman](#)

RRC provides Milton Keynes Council with Independent Investigating Officers and Independent Persons for stage 2 and 3 Children's Services complaints.

Consent and Data Protection

Anyone can make a complaint on your behalf, if you are unable to do so. They will need signed authorisation from you. Please be assured that all complaints, comments and compliments will be dealt with in confidence.

If you are a young person receiving Children's Services and something is worrying you, you can contact an advocate to [get yourself heard](#). An advocate can make sure you are listened to and help you to speak out.

Complaints from Foster carers:

- Complaints about a decision made by the service's Decision Maker or a recommendation made by the fostering panel will be managed in line with the [Fostering Regulations](#)
- Complaints about Milton Keynes Council's Fostering Service not adhering to agreed standards and processes will be reviewed in line with Milton Keynes Council's Complaints Procedure.
- Complaints raised on behalf of a child or young person will be reviewed in line with Milton Keynes Council's Complaints Procedure for Children's Social Care.

The **CQC** cannot get involved in individual complaints but is happy to receive information about our services which are registered with them at any time. You can contact the CQC at:

Website: www.cqc.org.uk

Address:

Care Quality Commission National Correspondence
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA
Telephone: 03000 616161



25. Appendix A – The Legal Framework

Legal Framework

The Children Act (1989, 2004) set out specific duties under section 17 and section 47.

section 17(1), Children Act 1989 places a general duty on every local authority:

- (a) to safeguard and promote the welfare of children within their area who are in need; and
- (b) so far as is consistent with that duty, to promote the upbringing of such children by their families.

By providing a range and level of services appropriate to those children's needs

Section 17(10) a child shall be taken to be in need if:

- (a) s/he is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority under this Part.
- (b) her/his health or development is likely to be significantly impaired, or, further impaired, without the provision of such services;
- (c) s/he is disabled - The Equalities Act 2010 defines this as 'a physical or mental impairment and the impact has a substantial and long-term adverse effect on their ability to perform normal day to day activities.'

section 47, Children Act 1989 where a local authority:

- (a) are informed that a child who lives, or is found, in their area
 - is the subject of an emergency protection order, or
 - is in police protection; or
- (b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm

The authority must make, or cause to be made, such enquires as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Section 31(9) of the Children Act 1989, as amended by the Adoption and Children Act 2002:

- **'Harm'** means ill-treatment or the impairment of health or development, including for example impairment suffered from seeing or hearing the ill-treatment of another.
- **'Development'** means physical, intellectual, emotional, social or behavioural development.
- **'Health'** means physical or mental health; and
- **'Ill-treatment'** includes Sexual Abuse and forms of ill-treatment that are not physical.

Section 31(10), Children Act 1989

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his or her health and development shall be compared with that which could reasonably be expected of a similar child.

Section 10, Children Act 2004 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners, and such other persons or bodies who exercise functions or are engaged in activities in relation to children in the local authority's area, as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of children in the authority's area – which includes protection from harm and neglect alongside other outcomes.

Section 11, Children Act 2004, places duties on a range of organisations and individuals to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

Everyone who comes into contact with children and families has a role to play. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

Protecting children from maltreatment

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.

Taking action to enable all children to have the best outcomes (LSCP, 2022)

Milton Keynes Safeguarding Children Partnership