

Levels of Need when working with Children and Families

Introduction

1. Children in Milton Keynes should all be able to grow up in circumstances where they are safe and supported, so that they can enjoy their childhood and achieve their best as adults.
2. This document is designed to provide guidance to professionals when they encounter children who they believe may be in need or at risk of harm. The overarching intention is to have an effective system in place to ensure that children get the right response from the right service at the time they need it, at any point in the journey from early help to risk of harm.
3. To achieve this, agencies need to work together to promote children's welfare and prevent them from suffering harm. Children who are being or who are likely to be harmed are safeguarded best when safeguarding procedures are consistent. Safeguarding is the action we take to promote the welfare of children and protect them from harm and it is everyone's responsibility. Everyone who comes into contact with children and families has a role to play (*Working Together guidance*).
4. This document seeks to clarify levels of need and processes and the relationship between early help processes and child protection procedures. It is important that there are clear criteria for taking action and providing help across this full continuum. Having clear thresholds for action which are understood by all professionals, and applied consistently, should ensure that services are commissioned effectively and that the right help is given to the child at the right time (*Working Together guidance*).
5. Professionals in any agency who work with children and/or adults who have parenting responsibilities share a commitment to safeguard and promote the welfare of children. Everyone who works with children has a responsibility to make sure they are equipped with the appropriate level of knowledge and support to be able to judge when they need to seek further information about a child's circumstances or need to seek advice from a manager, their designated lead or another agency.
6. Most public services from the Police to the Health Service to the Council have to be more efficient. Provision designed to support children and families can only work effectively if limited resources are used wisely and targeted appropriately. It is the responsibility of all referring agencies, as far as is possible and reasonable, to ensure that children and families are not escalated unnecessarily into the higher, more resource-intensive service areas. Where this does happen, systems become overloaded and children and families may be labelled as having more intractable problems than they really have, making solutions much more difficult.

Early Help Assessment (EHA) in Milton Keynes

7. We have agreed a change in language from the Common Assessment Framework (CAF) to Early Help Assessment as an umbrella term to describe activity that is undertaken to provide support to children and their families as early as possible. The Early Help Assessment should be a tool in its own right and not used as a referral mechanism.
8. The Early Help Assessment should be completed by professionals across universal and community services where there are emerging concerns about how well a child is progressing in terms of their health, welfare, behaviour, progress in learning or any other aspect of their well-being and when the child's needs are unclear or broader than a single service can address.
9. If the Early Help Assessment identifies support is needed beyond what has been provided through universal services, the family should be referred to the Milton Keynes Multi-Agency Safeguarding Hub (MASH). To make a referral, the professional will need to complete an online Multi Agency Referral Form (MARF) through the Milton Keynes MASH website. A copy of the completed Early Help Assessment Form will need to be uploaded to the online MARF.

Making a referral

10. **The Early Help Assessment should not delay the process if a professional is concerned that a child is, or may be, at risk of significant harm. In such cases, the professional must make a telephone referral directly to the MASH followed up with a completed MARF in an email. If a child or other person is at immediate risk, the first response should be to call the Police on 999.**
11. The Early Help Assessment should be used as a basis for multi-agency or multi-disciplinary discussion and decision-making. The outcomes of such discussions may be that:
 - a. The concerns are unfounded
 - b. The child needs additional support and this can be met within a single agency
 - c. The child needs support from another agency or several agencies
 - d. The child is referred for a more specialist assessment
12. The Early Help Assessment should include a plan to support the child and family and identify who will be responsible for following through actions. Where possible, a Lead Professional should be assigned to be a central contact for the family and to review progress being made.
13. To support professionals using the Early Help Assessment, the Milton Keynes Early Help strategy now includes a directory of services to support professionals in accessing additional support or signposting families. This can be accessed on the Milton Keynes Council website using the following web link <https://www.milton-keynes.gov.uk/children-young-people-families/early-help/early-help-a-to-z-directory>
14. In Milton Keynes we work to a model of intervention that sets out four levels of need. The tables on pages 8 to 16 are intended to provide a quick reference point for professionals. The lists are not exhaustive and few cases will straightforwardly fit into any one particular category.
15. If there is disagreement about the level of need for an individual child or family then it is expected that practitioners have a dialogue and explore the issues behind the disagreement in order to reach a consensus. Where disagreement remains practitioners should discuss their concerns with their manager or safeguarding leads within their own organisation.

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

Sharing Information

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

Referral to Children's Social Care (CSC)

18. The referral route to Children's Social Care is through the MASH – see paragraph 10 above. In urgent child protection situations where a child may be at risk of significant harm, in order to avoid delay, a telephone referral may be made in the first instance.
19. Some children are in need because they are suffering, or likely to suffer, **significant harm**. This includes **child protection** – see paragraph 31 below. The *Children Act 1989* introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.
20. There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. It is important to consider age and context - babies and young children are particularly vulnerable and at increased risk especially when there is parental history of domestic abuse, substance misuse and mental ill-health.
21. Therefore, significant harm could occur where there is a single event, such as a violent assault. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development suffers through neglect. Assessment of harm should be undertaken in the context of the child's age and vulnerability (*'Harm' means ill-treatment or the impairment of health or development, including impairment suffered from seeing or hearing the ill-treatment of another*).

22. Detailed assessments are undertaken by Children's Social Care social workers to decide whether a child is suffering, or is likely to suffer, significant harm. If you are working with a family where an assessment is being undertaken, you will be required to share information to ensure that all relevant information is considered.
23. Professionals in all agencies have a responsibility to refer a child to Children's Social Care when it is believed, or suspected that the child:
- Has suffered significant harm
 - Is likely to suffer significant harm
 - Has developmental and welfare needs which are likely only to be met through the provision of support services
24. New referrals and referrals on closed cases should be made to Milton Keynes MASH on 01908 253169. Unless there is immediate risk of significant harm, the family should be consulted by the referrer and informed of the referral. Referrals on open social care cases should be made to the allocated social worker for the case (or in their absence the manager or the duty social worker). The referrer can always ask to discuss their concerns with a qualified social worker.
25. All professionals working in any context with children are encouraged to contact the MASH if they have a concern or wish to talk an issue through with a social worker. This is referred to as a **consultation**. Anyone can ask to speak to a qualified social worker.
26. At the MASH, the person answering the phone is a trained (but not social work qualified) worker called a Customer Liaison Officer (CLO) who will respond to queries, give information and signpost to other more appropriate services. The MASH will respond in this way to all telephone enquiries concerning children at levels 1 and 2 of the windscreen, unless consultation with a qualified social worker is requested. The level of need tables in this document will be used as a guide.
27. At levels 3 and 4 of the windscreen a MASH manager will review the referral within one working day to decide a course of action. These may be passed back to the relevant practitioner to undertake further assessment, or held on the MASH duty desk to gather more information, allocated to a Children and Families Practice or accepted as a Social Care referral and allocated to a social worker.
28. Domestic abuse notifications from the Police are all triaged by the Police representatives in the MASH. These reports are all passed to a MASH manager for a decision, as in paragraph 27 above.
29. When a referral is accepted by Children's Social Care, it will be allocated to a social worker and a **Children and Families Assessment** will be undertaken in most cases; this will include seeing the child alone (where age-appropriate), meeting parents and discussing concerns and gathering information from all relevant professionals, in order to form a judgment about needs and risks and develop a plan or agree further actions to support the child. The outcome may be a Child in Need (Family Support) Plan; further assessment or support from a colleague from the Children and Families Practice or other agency to support the child/family; signposting to alternative advice and support; or no further action.
30. The assessment may lead to a **Child In Need (Family Support) Plan** or, if the situation is complex, further *assessment* may be required involving more detailed information from

other agencies and detailed exploration into family background and dynamics and the needs of the children.

31. Whenever there are **child protection concerns** a **section 47 enquiry** is undertaken. This will involve liaison with police, health and other agencies and will include a **strategy discussion**, usually in the form of a meeting, to decide on and plan the actions needed. An assessment of the child's circumstances, including risks and needs, is undertaken following the strategy discussion. This may lead to a decision that there are no concerns, or to a voluntary Child In Need (Family Support) plan, or to some form of statutory intervention and/or to an **Initial Child Protection Conference**. If a Child Protection Conference is required, the target is that this happens within fifteen days of the strategy discussion.
32. Where a Child In Need (Family Support) Plan has not successfully improved parenting to protect children from significant harm, a **strategy discussion** is convened and a decision may be taken in consultation with the Child Protection Independent Chair to proceed to a multi-agency **Initial Child Protection Conference**. If the conference agrees, a **Child Protection Plan** is put in place.
33. Should the circumstances of the child/young person not improve or where a serious incident occurs, a decision may be made to apply to the court for **care proceedings**. The first step in this process is usually to have a legal planning meeting and issue parents with a formal Public Law Outline letter stating what must improve in order to avoid care proceedings.
34. Once Children's Social Care and other specialist intervention has successfully reduced the level of need for the child or young person, earlier intervention services such as the CFP may be asked to continue to support the child and family.

Indicators of possible need

35. The detailed indicators of possible need in the tables in this document are intended to help practitioners to identify the level of need that a child may have and to help the family get the right support.
36. The indicators are divided into four levels, which match the four levels of need shown on the windscreen. Each level is divided into three domains:
 - Development of the baby, child or young person
 - Parents and carers
 - Family and environment
37. These correspond to the three domains which form the basis of the *Department of Health Framework for Assessment 2000*. Under each of the three domains are several headings which cover different aspects of the domain.
38. The indicators listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement as to the level of support needed. **The indicators are a guide and not a pre-determined level of response.**

39. The indicator guide can be used before the assessment to help the practitioner to decide whether a EHA needs to be carried out, or to help them to agree the level of response after the EHA has been completed.

Other local guidance

40. All of the information above is supported by detailed local inter-agency policies and procedures. See MK Inter-Agency Safeguarding Procedures.

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

Development of the baby or child

Health

- Physically well
- Nutritious diet
- Adequate hygiene and dress
- Developmental and health checks and immunisations up to date
- Developmental milestones & motor skills appropriate
- Good height/weight
- Sexual activity appropriate for age
- Good mental health

Emotional development

- Good quality early attachments
- Able to adapt to change
- Able to understand others' feelings

Behavioural developments

- Takes responsibility for own behaviour
- Responds appropriately to boundaries and constructive guidance
- Plays positively

Identity and self-esteem

- 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

- Stable and affectionate relationships with carers
- Good relationships with siblings and peers
- Developing independent and self care skills

Learning

- 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

Parents and Carers

Basic care, safety and protection

- Provide for child's physical needs, *eg* food, drink, appropriate clothing, medical and dental care
- Protection from danger or significant harm, in the home and elsewhere

Emotional warmth and stability

- Shows warm regard, praise and encouragement
- Ensures stable relationships
- Provides consistency of emotional warmth over time

Guidance, boundaries and stimulation

- Encourages learning and development through interaction and play
- Enables child/young person to experience success
- Ensure the child can develop a sense of right and wrong
- Child/young person accesses leisure facilities as appropriate to age and interests

Family and Environment Elements

Family functioning and well-being

- Good relationships within family, including when parents are separated
- Sense of wider family, friends and community, networks

Housing, work and income

- Accommodation has basic amenities and appropriate facilities, and can meet family needs
- Parents/carers able to manage the working or unemployment arrangements
- Managing budget to meet individual needs

Social and community including education

- Family feels part of the community and is engaging with support offered
- Good social and friendship networks exist
- Community is generally supportive of families with children/young people

Level 2: ADDITIONAL NEEDS

Children whose needs require some extra support. A single universal or targeted service or two services are likely to be involved; there is not a 'team around the family' and a Lead Professional is not required.

Development of the baby or child

Health

- Inadequate diet, eg no breakfast
- Missing immunisations/checks
- Child is susceptible to persistent minor health problems or accidents
- Slow in reaching developmental milestones
- Minor concerns re diet, hygiene, clothing
- Weight not increasing at rate expected, or obesity
- Dental care not sufficient
- Vulnerable to emotional problems, perhaps in response to life events such as parental separation eg child seems unduly anxious, angry or defiant
- Early sexual activity or awareness
- Experimenting with tobacco, alcohol or illegal drugs
- Frequent accidents or A & E attendance or admissions to hospital

Emotional development

- Some difficulties with family relationships
- Some difficulties with peer group relationships and with adults, eg 'clingy', anxious or withdrawn
- 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

Behavioural development

- Not always able to understand how own actions impact on others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries and constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts

Identity and self-esteem

- Some insecurities around identity expressed eg low self-esteem
- May experience bullying around difference
- May be perpetrating bullying behaviour
- Misuse of social media (bullying, abusive comments, images)
- Receiving abuse over social media (bullying, abusive comments, images)
- Child can be over friendly or withdrawn with strangers
- Child/young person provocative in behaviour/appearance eg inappropriately dressed for school

Family and social relationships

- Lack of positive role models
- Child has some difficulties sustaining relationships
- Unresolved issues arising from parents' separation, step parenting or bereavement
- Links to and on periphery of gangs

Self-care skills and independence

- Disability limits amount of self-care possible
- Not always adequate self-care, eg poor hygiene
- Child slow to develop age-appropriate self-care skills

Learning

- Have some identified learning needs that result in a school level response
- Language and communication difficulties
- Diagnosed or suspected Autism
- Poor punctuality/pattern of regular school absences
- Not always engaged in play/learning, eg poor concentration
- Not thought to be reaching his/her education potential
- Reduced access to books/toys
- Home-School links not well established
- Limited evidence of progression planning
- At risk of making poor decision about progression
- Limited participation of young person in education, employment or training

Parents and Carers

Basic care, safety and protection

- Basic care is not provided consistently
- Haphazard use of safety equipment eg fireguards
- Parent/carer engagement with services is poor
- Parent/carer requires advice on parenting issues
- Some concerns around child's physical needs being met
- Young, inexperienced parents
- Teenage pregnancy
- Inappropriate child care arrangements and/or too many carers
- Some exposure to dangerous situations in the home or community
- Unnecessary or frequent visits to doctor/casualty
- Parent/carer stresses starting to affect ability to ensure child's safety

Emotional warmth and stability

- Inconsistent responses to child/young person by parent/carer
- Parents struggling to have their own emotional needs met
- Child/young person not able to develop other positive relationships
- Child/young person's key relationships with family members not kept up
- Starting to show difficulties with attachments

Guidance, boundaries and stimulation

- Parent/carer offers inconsistent boundaries
- Lack of routine in the home
- Child/young person spends considerable time alone eg watching television
- Child/young person is not often exposed to new experiences; has limited access to leisure activities
- Child/young person can behave in an anti-social way in the neighbourhood, eg petty crime

Family and Environment elements

Family functioning and well-being

- Parents/carers have some conflicts or difficulties that can involve the child/young person
- Parents have conflicts around contact arrangements
- A child or young person has experienced loss of significant adult, eg 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
- Privately fostered
- Adopted
- Limited friends and family support
- Child looked after by many different adults

Housing, work and income

- Poor housing
- Some problems over basic facilities
- Family seeking asylum or refugees
- Periods of unemployment of parent/carer
- Parents/carers have limited formal education
- Low income
- Financial/debt problems
- No recourse to public funds

Social and community including education

- Family new to the area or with limited contact with community members
- Some social exclusion or conflict experiences; low tolerance
- Community characterised by negativity towards children/young people
- Difficulty accessing community facilities

Level 3: CONSIDERABLE

Development of the baby or child

Health

- Concerns re diet, hygiene, clothing
- Child has some chronic/recurring health problems, not treated, or badly managed
- Missing routine and non-routine health appointments
- Weight gain becoming a cause of concern – below 3rd centile
- Limited or restricted diet, eg no breakfast, no lunch money
- Concerns about developmental progress, eg overweight/ underweight, bedwetting/soiling
- Developmental milestones are unlikely to be met
- Dental decay
- Smokes/other regular substance misuse
- 'Unsafe' sexual activity
- Learning significantly affected by health problems
- Significant speech language difficulties/delay or disordered development
- Child has significant disability
- Mental health issues emerging eg conduct disorder, ADHD, anxiety, depression, eating disorder, self-harming

- Frequent accidents

Emotional development

- Poor peer relationships difficulty sustaining relationships
- Child/young person finds it difficult to cope with or express emotions eg anger, frustration, sadness, grief
- Sexualised behaviour
- Significant difficulties with managing change
- Child appears regularly anxious, stressed or phobic
- Caring responsibilities affecting development

Behavioural development

- Does not accept responsibility for own actions; finds it hard to understand how own actions impact on others or learn from consequences
- Disruptive/challenging behaviour at school, home or in the neighbourhood
- Starting to commit offences/re-offend
- Interacts negatively with peers in learning and play contexts
- Child/young person is withdrawn, isolated/unwilling to engage
- Concerns of absences from home without parental consent
- Emerging behaviours which could suggest child exploitation*
- Known member of gangs and offending behaviour
- Indecent images **child-to-child**

Identity and self-esteem

- Child subject to persistent discrimination, eg racial, sexual or due to disabilities
- Demonstrates significantly low self-esteem/confidence in a range of situations
- Victim of crime or bullying
- Signs of deteriorating emotional well-being/mental health
- May not discriminate effectively with strangers
- Misuse of social media (bullying, abusive comments, images)
- Clothing is regularly unwashed or unsuitable
- Presentation (including hygiene) significantly impacts on all relationships
- Child lacks confidence or is watchful or wary of carers/people
- May be aggressive in behaviour/appearance

Family and social relationships

- Relationships with carers characterised by inconsistencies
- Child has lack of positive role models
- Child appears to have undifferentiated attachments
- Misses school or leisure activities
- Involved in conflicts with peers/siblings
- Lack of friends/social network
- May have previously had periods of LA accommodation
- Concerns of absences from home without parental consent
- Emerging behaviours which could suggest Child Exploitation
- Emerging behaviours that could suggest exploitation eg county lines or gang/ASB association
- Emerging behaviours that could indicate involvement in gangs/gang activity
- Emerging behaviours which could suggest a risk of radicalisation

Self-care skills and independence

- Disability prevents self-care in a significant range of tasks
- Child takes little or no responsibility for self-care tasks compared with peers

- Child lacks a sense of safety and often puts him/herself in danger
- Child is main carer for family member

Learning

- Identified learning needs that are being addressed at school level.
- Regular underachievement causing concern at school
- Poor nursery/school attendance and punctuality
- Poor home-nursery school link
- Some fixed-term exclusions
- Very limited interests/skills displayed
- Not in education (under 16)
- Not in education, employment, or training post-16

Parents and Carers

Basic care safety and protection

- Parent/carer is struggling to provide adequate care
- Parents have found it difficult to care for previous child/young person
- Inappropriate care arrangements
- Instability and domestic violence in the home
- Parent's mental health problems or substance misuse significantly affect care of child/young person
- Non-compliance of parents/carers with services
- Practitioners have serious concerns
- Experiencing unsafe situations
- Child/young person caring for siblings/parent
- Child/young person perceived to be a problem by parents
- Child/young person may be subject to neglect
- Child/young person previously looked after by Local Authority

Emotional warmth and stability

- Child receives erratic or inconsistent care
- Child has episodes of poor quality care
- Parental/carer instability/emotional needs affects capacity to nurture
- Some relationship difficulties
- Child has no other positive relationships
- Child has multiple carers; may have no significant relationship to any of them
- Child has been 'Looked After' by the Local Authority

Guidance, boundaries and stimulation

- Erratic or inadequate guidance provided
- Parents struggle/refuse to set effective boundaries eg 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, eg by behaving in an anti-social way
- Child not receiving positive stimulation, with lack of new experiences or activities
- Child/young person under undue parental pressure to achieve/aspire

Family and Environment Elements

Family functioning and well-being

- Incidents of domestic violence between parents/carers
- Acrimonious divorce/separation
- Family has serious physical and mental health difficulties
- Family has poor relationship with extended family or little communication
- Family is socially isolated

Housing, work and income

- Poor state of repair, temporary or overcrowded, or unsafe
- Living in interim accommodation
- Experiencing frequent moves
- Intentionally homeless
- Parents/carers experience stress due to unemployment or 'overworking', may be impacting on other aspects of family life eg marital relationship
- Parents/carers find it difficult to obtain employment due to poor basic skills
- Serious debts/poverty impact on ability to have basic needs met
- Low income plus adverse additional factors eg up to borrowing limit of Social Care Fund
- Rent arrears put family at risk of eviction or proceedings initiated
- NRPF and presenting as homeless

Social and community including education

- Parents/carers socially excluded/isolated
- Lack of a support network
- Low community support for families
- Acrimonious relationships within community
- Poor quality access to universal and targeted services
- Concerns expressed by others

* Please refer to MK E Indicator Tool on the Resources page of the MK Together website

Level 4: SPECIALIST NEEDS

Children with complex and enduring needs which cross many domains. More than one service needed, with a 'Team around the Family' and Lead Professional, commonly in a statutory role. At times statutory intervention may be required.

Development of the baby or child

Health

- Child/young person has severe/chronic health problems
- Child/young person's weight and height both under the 0.4th centile
- Other developmental milestones unlikely to be met; failure to thrive
- Lack of food may be linked with neglect
- Refusing medical care endangering life/development
- Seriously obese
- Dental decay and no access to treatment
- Persistent and high risk substance misuse
- Dangerous sexual activity and/or early teenage pregnancy
- *Child sexual/criminal exploitation
- **Suspected imminent risk of FGM (female genital mutilation)
- Sexual abuse
- Self-harming
- Non-accidental injury
- Acute mental health problems eg severe depression, threat of suicide, psychotic episode
- Physical/learning disability requiring constant supervision
- Disclosure of abuse from child/young person
- Evidence of significant harm or neglect
- Disclosure of abuse/physical injury caused by a professional

Emotional development

- Puts self or others in danger eg missing from home
- Severe emotional/ behavioural challenges
- Unable to connect cause and effect of own actions
- Unable to display empathy
- Suffers from periods of severe depression
- Self-harming or suicide attempts

Behavioural development

- Unable to determine boundaries, roles and responsibilities appropriately
- Cannot maintain peer relationships eg is aggressive, bully, bullied
- Regularly involved in anti-social/criminal activities
- Repeated missing persons episodes
- Prosecution of offences resulting in court orders, custodial sentences, ASBOs
- Non-compliant or poor response to support
- Professional concerns – but difficulty accessing child/young person
- Unaccompanied refugee/asylum seeker
- Privately fostered
- Abusing other children
- Young Sex Offenders
- Serious or persistent offending behaviour likely to lead to custody/remand in secure unit/prison
- Subject to Family Support or Child Protection Plan

Identity and self-esteem

- 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
- Socially isolated and lacking appropriate role models
- Alienates self from others
- Bullying
- Lack of confidence is incapacitating
- Victim of crime; may fear persecution by others
- Poor and inappropriate self-presentation
- Child/young person likely to put self at risk
- *Child sexual/criminal exploitation
- Evident mental health needs

Family and social relationships

- Repeated missing persons episodes
- 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 Council
- Family breakdown related to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse or neglect
- Child sexual/criminal exploitation*
- Suspected imminent risk of FGM (female genital mutilation)**
- Child is main carer for family member
- Suspected imminent risk of Forced Marriage
- Suspected imminent risk of honour-based violence
- Suspected imminent risk of radicalisation

Self-care skills and independence

- 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

Learning

- Puts self or others at risk through behaviour
- No, or acrimonious, home-nursery or school link
- Young child with few, if any, achievements
- No school placement
- Child/young person is out of school
- Has no access to leisure activities

*Please refer to MK Child Exploitation Indicator Tool

** See FGM information on www.mktogether.org